

## Presentation Patterns of Frailty in the ED

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## Outline

- Case Presentation
- What is frailty ?
- How frail elders present to the ED
  - 11 General principles
  - Specific patterns
- Data on presentation patterns of frailty
- Summarize: Tips, Tricks & Traps!



## Case

- 89 year old female, lives alone in own home
- Called 911 “strangers in the house”
- Dispatched Ambulance - Unsure why she is here – Irrate!
- No living family
- Previous ED visit 2 years ago for a fall
- PMHx: HTN, “Early Dementia”



## Case: Physical Exam

- Thin, small stature (4'11”)
- Afebrile, BP 188/98, HR 90
- No signs of acute medical illness
- No focal neurological deficit
- Ambulates on own slowly
- Disoriented to time & place, agitated, suspicious of my motives
- Is this woman “frail” ?



## What is Frailty?

- Vulnerable / At Risk
- Weak / Fragile  
(Lack of Physiologic Reserves)
- Disabled/ Dependent
- Characterized by multiple problems  
(Comorbidity / Multiple chronic illnesses)
- Individually, no one problem defines frailty;  
Together, the sum does.

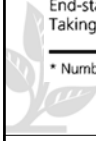


## What is Frailty 1?

### Synonyms Encountered in Reviewing the Medical Literature on Failure to Thrive in Older Adults\*

Pre-death (1)  
The dwindles (2)  
Failure to maintain (2)  
Physical and psychosocial failure (2)  
Biopsychosocial failure (2)  
Asthenia/cachexia syndrome (3)  
Wasting away (3)  
End-stage frailty (4)  
Taking to bed (5)

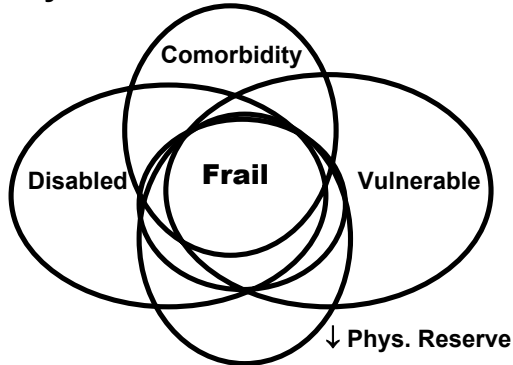
\* Numbers given in parentheses are reference citations.



Sarkisian, C. A. et. al. Ann Intern Med 1996;124:1072-1078

Annals of Internal Medicine

## Frailty is... Controversial<sup>2</sup>



## One Definition of Frailty<sup>1,2,4</sup>

"A state of high vulnerability for adverse health outcomes, including:

- disability
- falls
- need for long-term care
- mortality"
- (? mismanagement in the ED)

## What Happened

- Held over in ED for 2 nights waiting "placement" for dementia
- Neighbor contacted GEM nurse on 3rd day (had been away)
- Patient doing all her own shopping & cooking 1 week prior
- Patient normally drives and volunteers at another hospital...
- Chronically suspicious but functional
- Alprazolam stopped (ODB database)

## How frail elders present to the ED<sup>3</sup> General Principles

- 1) Complex is the Norm
- 2) Presentations are typically **atypical**
- 3) Forget Occam's Razor<sup>8</sup>  
Why have 1 illness when you can have **3.5?**
- 4) Often, it's our fault (**Polypharmacy**)

<sup>3</sup> Adapted from Sanders "Geriatric Emergency Care Model"

## How frail elders present to the ED<sup>3</sup> General Principles

- 5) The patient and the professional may be **confused**
- 6) Having an **abnormal test may be normal** (and vice-versa)
- 7) May present because of what they can or can't **do** (functional change) rather than the diseases they have

<sup>3</sup> Adapted from Sanders "Geriatric Emergency Care Model"

## How frail elders present to the ED<sup>3</sup> General Principles

- 8) Problem may be caused or cured by the **social support** system
- 9) Presentation confusing if you don't know what they are **normally like**
- 10) How they **feel** may determine how & why they present
- 11) Often present reluctantly – **seize the opportunity!**

<sup>3</sup> Adapted from Sanders "Geriatric Emergency Care Model"

## How They Present & What's Wrong

### How They Present

- Falls
- Weakness
- Confused
- Not Coping
- Brought by Police
- NO SPECIFIC COMPLAINT

### What's Wrong

- Medical Illness?
- Delirium
- Functional Decline?
- Nutrition?
- Mental Health?
- Dementia
- Social Support?

## No Specific Complaint Where to Start?

- Refine the presenting complaints
- GET SECONDARY HISTORY
- Prioritize importance of problems
- Baseline function
- Precipitants?
- Family, friends, 1° care, neighbours
- **Internet / DB**
- "Importance" to:
  - Patient ?
  - Family ?
  - You ?

## Presentation patterns: Not Coping

1. Support system changed ?
  - Loss / refusal of previous services ?
  - Care-giver burn out ?
  - Transient or Permanent ?
2. Patient changed ?
  - IS THIS FUNCTIONAL DECLINE?
  - Acute or Gradual ?
  - Transient or Permanent?

## Presentation patterns: Falls

- Cause?
  - Underlying medical illness?
  - Functional decline?
  - Environment?
- Consequence?
  - Injury?
  - Functional impairment

## Presentation patterns: Altered Level of Consciousness

- Toxic: Medications
- Metabolic: Electrolytes / Endocrine / Hypoxia / Hypoglycemia
- Infectious Urosepsis / Pneumonia
- 1° CNS: Dementia / Stroke / Seizure / Chronic Subdural
- Multifactorial Delirium

## Presentation patterns: Weakness

- Iatrogenic: Medications
- Infection: Urosepsis / Influenza
- Malnutrition
- Malignancy

## Presentation patterns: Weakness

- Psychosocial Causes
  - Substance Abuse
  - Major Depression
  - Acute Grief Reaction
  - Elder Abuse



## Presentation patterns: Weakness

- Neuro: TIA / CVA
- Cardiac (MI / CHF)
- Resp: Pneumonia/ COPD/ Hypoxia/ PE
- Heme: Anemia
- Electrolytes ( Na<sup>+</sup> / K<sup>+</sup> / Ca<sup>++</sup> /Mg<sup>++</sup>)
- Endocrine (Thyroid / Adrenal)



## How Elders Present: Data?

- One Swiss study addressing this!<sup>5</sup>
- “Failure to thrive” in 9.3% of patients > 65 (“Hauptobacht Unmöglich”)
- Among patient with no obvious medical problem:
  - 26% were under-triaged
  - 12% No vital signs done
- Twice as likely to present on the weekend



## Frailty in the ED: Tips, Tricks & Traps

- **No Story, No discharge**
- **Forget Ocham’s Razor:**  
**Multiple diagnoses more common than single problem in the elderly**
- **No Vitals, No discharge**
- **Abnormal Vitals =  
Delirium until proven otherwise**



## Frailty in the ED: Tips, Tricks & Traps

- **“Is this what they normally look like?”**  
**No Baseline, No discharge**
- **No Walk-Test, No discharge**
- **Rapid functional decline =  
Delirium / Acute Medical disease  
until proven otherwise**



## Tips for Assessing Functional Decline


- **ADL’s = ± “Hierarchical”<sup>6</sup>**
  - Can patient bath or shower?
  - Are they dressed (or in Pajamas?)
  - Washed & Groomed?
  - Walking?
  - Continent?
  - Can feed themselves?  
(Not meal preparation)



## Tips for Assessing Functional Decline

- Performance-based assessments better, but time consuming
- Mobility                      **Timed up & go**  
10-15 secs = mobile  
> 25 = severe restriction
- Vision                         **Jaeger / Snellen Card**
- Hearing                        **Whisper test**
- Contenance                observation in ED?

## Tips for Assessing Functional Decline

- IADL's mnemonic "SHAFTT"<sup>7</sup> 
- Shopping
- Housework
- Accounting
- Food
- Transportation
- Telephone
- Memory Aid?

## Questions ?



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