PROFILE OF PRE-FRAIL ELDERLY RESIDENTS IN LONG-TERM CARE FACILITIES

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ABSTRACT

Pre-frailty in the elderly represents an intermediate stage between healthy aging and full frailty. It is crucial to implement early interventions, such as exercise programs, dietary modifications, and psychosocial support, in order to delay or reverse the progression to total frailty. The objective of the study was to verify the prevalence of pre-frailty in elderly residents of a long-term care institution in a municipality in Goiás, as well as their sociodemographic, economic, general health, and functional independence characteristics. A descriptive cross-sectional study was conducted in a long-term care institution for the elderly (ILPI) in the municipality of Rio Verde – Goiás. Elderly residents of the Institution over 60 years old who were classified as pre-frail were included, and those with less than six months of institutionalization were excluded. Data were collected regarding identification, sociodemographic and economic characteristics, general health, and level of frailty (EFE). It was found that 12.0% (n=9) of the evaluated elderly were considered pre-frail, all of whom were male, and most of them had no partner, no level of education, used fewer than 5 medications, and had more than 3 comorbidities. The identification of pre-frail elderly individuals offers a valuable opportunity for the implementation of targeted interventions, such as exercise programs, dietary adjustments, and psychosocial support, in order to delay or even reverse the process of frailty.

Keywords: Frail elderly; Long-Term Care Facility for the Elderly; Elderly health; Health services for the elderly.

INTRODUCTION

Frailty is generally related to a decrease in the functioning of various physiological systems, resulting in a greater susceptibility to stressors (DENT et al., 2019). Frailty increases the risk of various adverse health outcomes, such as loss of mobility, falls, hospitalization, institutionalization, and a higher risk of mortality (HOOGENDIJK et al., 2019).

Pre-frailty in the elderly represents an intermediate stage between healthy aging and full frailty. Pre-frail elderly individuals exhibit signs of vulnerability and

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weakness, but have not yet reached the full level of frailty (VERONESE et al., 2019). Among the common indicators of pre-frailty, gradual loss of muscle strength, chronic fatigue, reduced functional reserve, balance and gait problems, unintentional weight loss, and social isolation can be included. These signs are concerning because they indicate a higher risk of health complications and a decrease in quality of life (SIVIERO et al., 2022).

Identifying pre-frailty in the elderly is important to implement early interventions, such as exercise programs, dietary modifications, and psychosocial support, in order to delay or reverse the progression to full frailty (RIBEIRO et al., 2020).

The objective of this study was to verify the prevalence of pre-frailty in elderly residents of a long-term care institution in a municipality in Goiás, as well as their sociodemographic, economic, and general health characteristics.

METHODOLOGY

Descriptive cross-sectional study conducted in a long-term care facility for the elderly (ILPI) in the municipality of Rio Verde – Goiás, where at the time of data collection, 100 elderly individuals resided. The study included elderly residents of the Institution who were over 60 years old and classified as pre-frail. The elderly who had been institutionalized for less than six months were excluded.

Data collection took place within the ILPI premises in April and May 2014, through interviews with the elderly and/or caregivers; observation, clinical evaluation, and analysis. The data collection consisted of obtaining information regarding identification, sociodemographic and economic characteristics, general health, and level of frailty.

For the analysis of the degree of frailty, the Edmonton Frail Scale (EFS) was used, an instrument validated and translated in Brazil (ROLFSON et al., 2006; FABRICIO-WEHBE et al., 2009). This instrument is composed of nine domains: cognition, general health status, functional independence, social support, medication use, nutrition, mood, continence, and functional performance. Each domain can be

scored from 0 to 2 points each, with a total possible score of 18 points. The EFE detects the following levels of frailty: 0 to 4 points, no frailty; 5 and 6 points, pre-frail; above 7 points, frail.

The study was conducted in accordance with the research ethics legislation in force in Brazil (BRAZIL, 2012), and was approved by the Ethics Committee of the Catholic University of Goiás on February 26, 2014, with opinion 537.642.

The data were subjected to descriptive statistical analysis, and the categorical variables were analyzed through absolute and relative frequencies.

RESULTS

It was observed that 12.0% (n=9) of the population was considered pre-frail. Among the 75 elderly residents of the ILPI evaluated, the 9 (12.0%) classified as pre-frail were included in the study.

The average age of the participants was 77±8.02 years, and all of them were male. The characteristics of the sample were described in Table 1.

Table 1. Distribution of pre-frail elderly according to the EFE* based on sociodemographic, economic, and health variables (n=9). Rio Verde, GO, Brazil, 2023

Variables	n	%
Age (in years)		
60 I---I 79	7	77,8
≥ 80	2	22,2
Sex		
Female	-	-
Male	9	100
Marital Status		
Without a companion	7	77,8
With a partner	2	22,2
Education		
With instruction	3	33,3
Without instruction	6	66,7
Income		
Yes	9	100
No	-	-
Number of medications		
<5	5	55,6
≥5	4	44,4
Reported comorbidities		

<3	3	33,3
≥ 3	6	66,7
Fragility (n=75)		
Not pre-fragile	66	88,0
Fragile	9	12,0

Source: the authors

CONCLUSION

The results of this study indicate the existence of pre-frail elderly among residents of a long-term care facility. The presence of pre-frailty among institutionalized elderly highlights the need for specific attention and care for this population. The identification of pre-frail elderly individuals offers a valuable opportunity for the implementation of targeted interventions, such as exercise programs, dietary adjustments, and psychosocial support, in order to delay or even reverse the process of frailty.

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