

Frailty in Older Adults

Assessment, support, and treatment implications in patients with cancer

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BACKGROUND: Frailty is defined as a disability in those of advanced age, often with comorbidities, poor nutritional status, cognitive decline, and reduced functional status.

OBJECTIVES: The purpose of this article is to discuss the concept of frailty, assess the use of a comprehensive geriatric assessment (CGA), and understand the implications for treatment to maintain or enhance physical, functional, and cognitive health of older adult patients with cancer.

METHODS: Literature about frailty in older adult patients diagnosed with cancer was reviewed to determine evidence-based assessment and treatment options.

FINDINGS: About half of all older adult patients with cancer experience some degree of frailty. CGA is a useful way to evaluate frailty and the extent of limitations. Many frailty-specific tools have been developed. Evidence-based strategies are available to address limitations associated with frailty in older adult patients with cancer.

KEYWORDS

geriatric oncology; frail; comprehensive geriatric assessment; cancer; older adult

DIGITAL OBJECT IDENTIFIER

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THE AGING OF THE BABY BOOMER GENERATION (THOSE BORN FROM 1945–1964) is producing a demographic shift in the population of the United States (U.S. Census Bureau, 2018). The number of adults aged 65 years and older will increase from the current 49.2 million to 73.1 million by 2030 (U.S. Census Bureau, 2018). The fastest growing age group consists of individuals aged 85 years and older, which will increase from 6.4 million to 11.8 million by 2035 (U.S. Census Bureau, 2018). Adults aged 65 years and older account for 15% of the population in the United States; however, they account for 53% of newly diagnosed cancers (Surveillance Epidemiology and End Results Program [SEER], 2018). The mortality rate is highest for those aged 65–75 years, at 26.5% (SEER, 2018).

Frailty is a key factor in determining the provision of healthcare services for older adults, particularly when it comes to cancer treatment decisions. By 2030, an estimated 70% of all cancers will occur among adults aged 65 years or older (White et al., 2014). Frailty is a complex syndrome characterized by declining functional reserves (Balducci, 2013) and adverse health outcomes, and it is estimated to occur in 19%–44% of older adults (Campitelli et al., 2016). Frailty or pre-frailty (the state between robust physical capability and dependency [van Velsen et al., 2015]) are estimated to occur in more than 50% of older adult patients with cancer (Ethun et al., 2017). The increasing risk of developing cancer and frailty in the older adult population necessitates astute and thorough assessment, individualized cancer treatment planning, and supportive care. This article will discuss the concept of frailty and the application of a comprehensive geriatric assessment (CGA) with implications for treatment and care for older adults with cancer.

Definition of Frailty

The concept of frailty has evolved from early descriptions associated with weakness and vulnerability. Frailty is currently defined broadly in the geriatric oncology literature in relation to the high-risk older adult characterized by disability, functional deficits, advanced age, comorbidities, polypharmacy, poor nutritional status, and/or cognitive decline (Huisinigh-Scheetz & Walston, 2017). Research has focused on the development and validation of a formal definition of frailty and various assessment tools. Frailty is generally defined as a state of vulnerability to adverse stressors in older adults