

## Expanded Abstract

# Frailty identification and management among Brazilian health care professionals.

*Identificação e manejo da fragilidade entre profissionais de saúde Brasileiros.*

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### Abstract

Frailty is a complex and dynamic geriatric syndrome characterized by reduced functional reserves and greater individual susceptibility to negative outcomes. Thus, identifying frailty is essential for its prevention and management among older adults in different contexts. This study aimed to find out how Brazilian healthcare professionals identify and manage frailty in practice. An online anonymous survey, including questions about socio-demographics characteristics, working context, tools used to evaluate, and management of frailty, was circulated in social networks, personal contacts, and mailing from two public universities of São Paulo State between 2020 and 2021. Data are presented in absolute and relative values. Differences were compared using the qui-square test. The significant level was set at 5%. 271 questionnaires were analysed. The majority of participants were female (74.9%), white (79.3%), and between 25 and 49 years old (69%). The use of frailty-specific tools was lower than 50%, ranging between 44 and 48% for doctors, gerontologists, and nurses. The most frequently used was the Frailty Index (52%), Frailty Phenotype (36%) and FRAIL (34%). More confident professionals to manage frailty were physiotherapists (66%), gerontologists (44%), and doctors (43%). Lacking knowledge (43%), lacking adequate training (21%), lacking adequate conditions (15%), and complexity of the syndrome (4%) were the main reasons for low confidence related to frailty management. No differences were observed for frailty identification, confidence in management, and having a management plan among complexity of health care levels. The results support the need for standardized screening tools and management plans for frailty at the national level.

Keywords: Aged. Frailty. Health Personnel.



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## Introduction

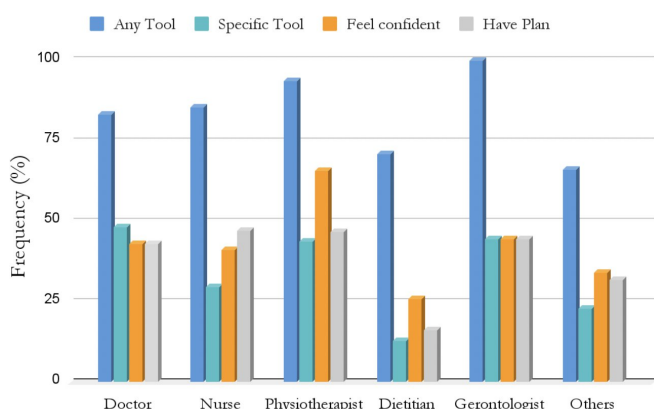
Frailty is a complex syndrome that is associated with different negative outcomes (falls, hospitalization, dependence, and death) in older adults (HOOGENDIJK et al., 2019). In Brazil, the overall prevalence of frailty in non-institutionalized older adults is higher compared to more developed countries, varying according to tools used and context (MELO, et al., 2020). Even increasing with age, frailty can be prevented and reversed (HOOGENDIJK et al., 2019). So, the present study aimed to find out how Brazilian healthcare professionals identify and manage frailty in practice.

## Material and Methods

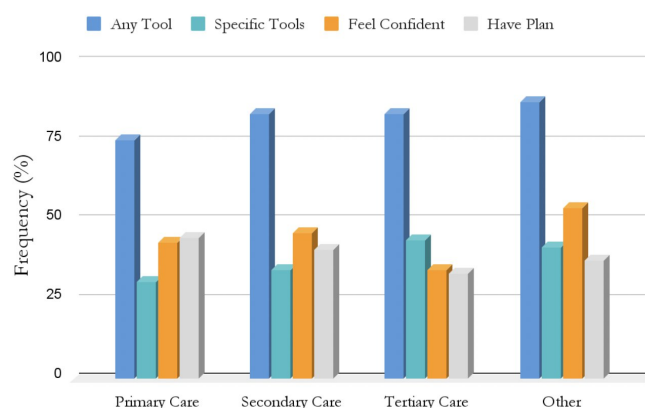
An online anonymous survey, including questions about socio-demographic characteristics (sex, age range, and ethnicity), working context (nature of the institution, years and main place spent in clinical practice, experience with caring for older people, etc.), tools used to evaluate, and management of frailty (usage of management plans and confidence to manage frailty), was circulated in social networks, personal contacts and mailing of two public University of São Paulo State (UNESP and USP) between 2020 and 2021. To build the survey and manage the data, REDCap software was used. The present study was approved by the Ethics committee board of the São Paulo State University under the C.A.A.E. number: 24296719.7.0000.5411. Data are presented in absolute and relative values, which was compared using Chi-square test. For all analysis, significant level was set at 5%.

## Results and Discussion

271 questionnaires were analysed. The majority of participants identified as being of female gender (74.9%), being white (79.3%) and aged between 25 and 49 years old (69%). In relation to occupation, 41% were medical doctors, followed by nurses (12.6%), physiotherapists (11.9%), dietitians (11.5%), and gerontologists (6.7%). Other different professionals corresponded to the remaining responders (15.8%). Participants worked in public (48.3%), private (29.2%) and both (22.5%) sectors. Frailty identification, confidence in management, and having a management plan are presented in figures 1 and 2. The utilization of frailty identification tools differed among professionals ( $p < 0.05$ ), being higher than 80% for gerontologists, physiotherapists,



**Figure 1.** Frailty identification, confidence in management, and having a management plan according to professionals. Source: own authorship.



**Figure 2.** Frailty identification, confidence in management, and having a management plan according to complexity of the health care. Source: own authorship.

nurses, and doctors. The use of specific tools was lower than 50%, ranging between 44 and 48% for doctors, gerontologists, and nurses. Among specific tools, Frailty Index was more frequently utilized (52%), followed by Frailty Phenotype (36%) and FRAIL (34%). More confident professionals to manage frailty were physiotherapists (66%), gerontologists (44%) and doctors (43%). Reasons for low confidence in managing frailty are associated with lacking knowledge (43%), lacking adequate training (21%), lacking adequate resources (15%), and complexity of the syndrome (4%). No differences were observed for frailty identification, confidence in management, and having a management plan among complexity of health care levels. According to Mesquita and Ricci (2022), Brazilian primary health professionals reported very little/no knowledge concerning frailty (52.6%) and demonstrated low practical knowledge (55.1%). Among the participants, only 12.5% correctly define the frailty syndrome. Taking this information together, it is urgent that adequate frailty screening and management be placed among the priority of the health care of older people in Brazil (MELO et al., 2020).

## Conclusion

Frailty identification, confidence in management, and having a management plan differed among Brazilian professionals. Reasons for low confidence in managing frailty includes lacking knowledge, lacking training, lacking adequate conditions, and the complexity of the syndrome. The results support the need for standardized screening tools and management plans for frailty at the national level.

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