

Frailty free life expectancy in the older population: the Netherlands

***Dorly J.H. Deeg, PhD
Martine T.E. Puts, MSc***

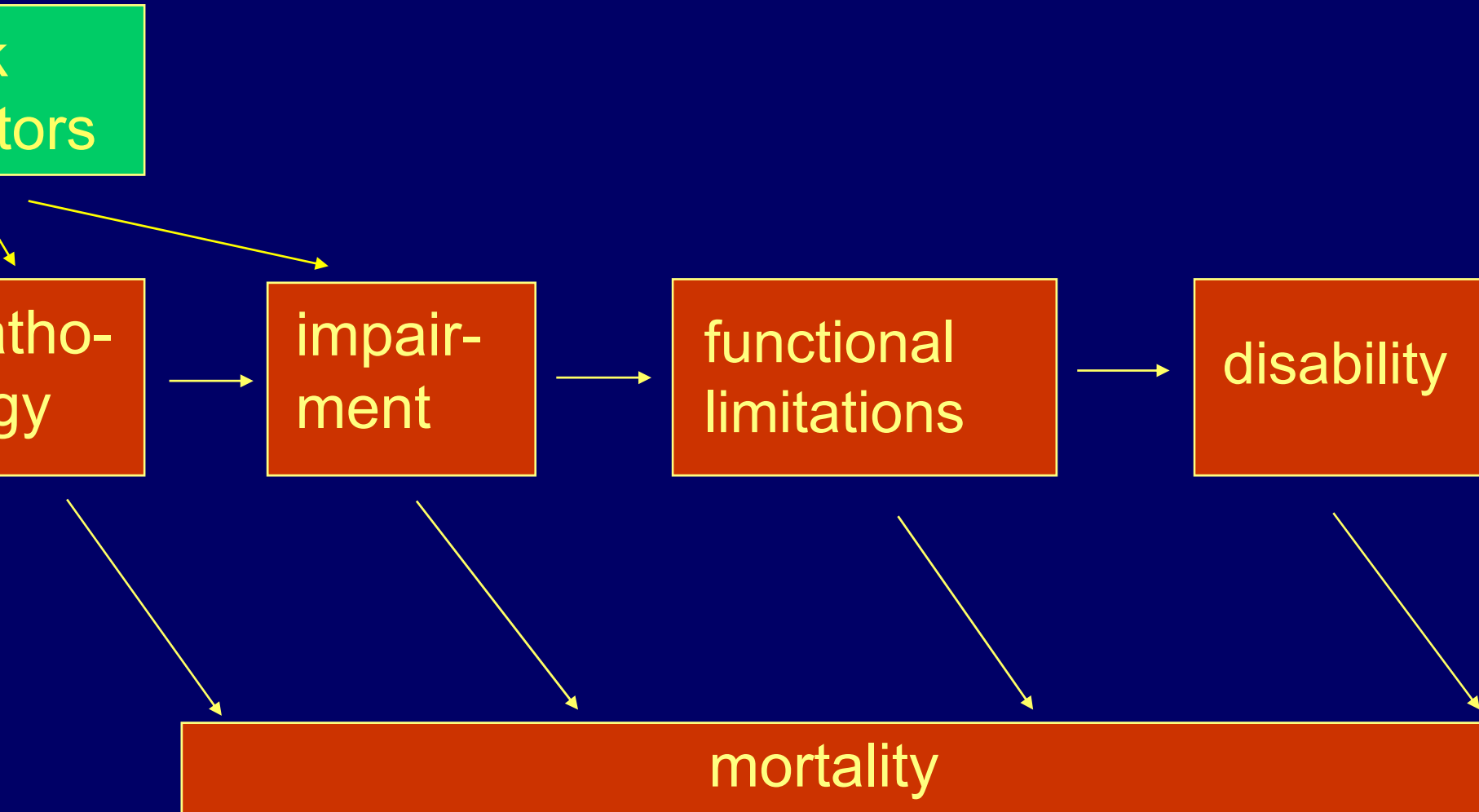
Department of Psychiatry and
Institute for Research in Extramural Medicine
Vrije Universiteit Amsterdam, The Netherlands

Conceptual definition of frailty

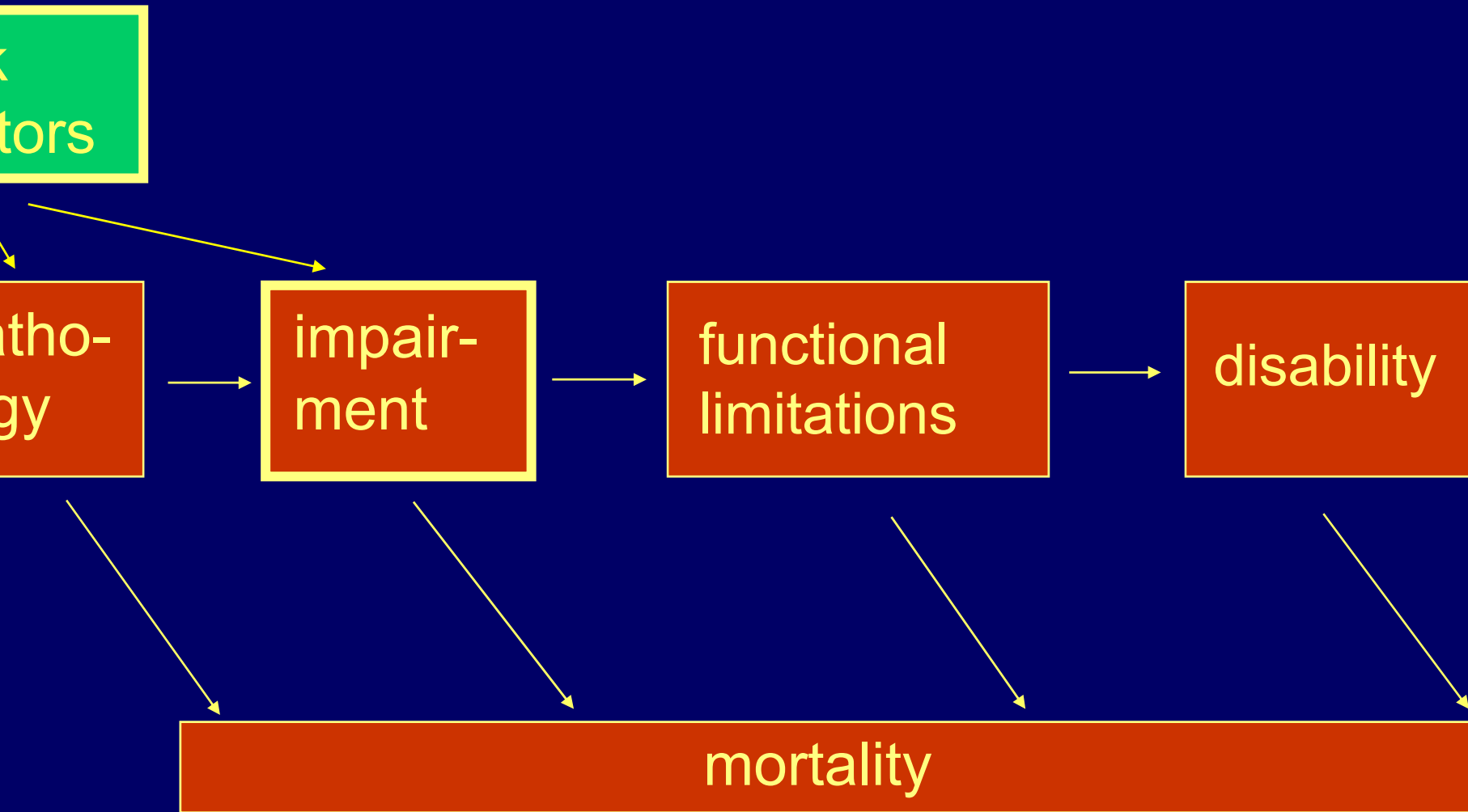
The concept of frailty denotes

- multisystem decline, as a consequence of aging-related changes in the neuromuscular, endocrine and immune systems, and
- with adverse outcomes such as disability, institutionalization, and mortality

The disablement process



The disablement process



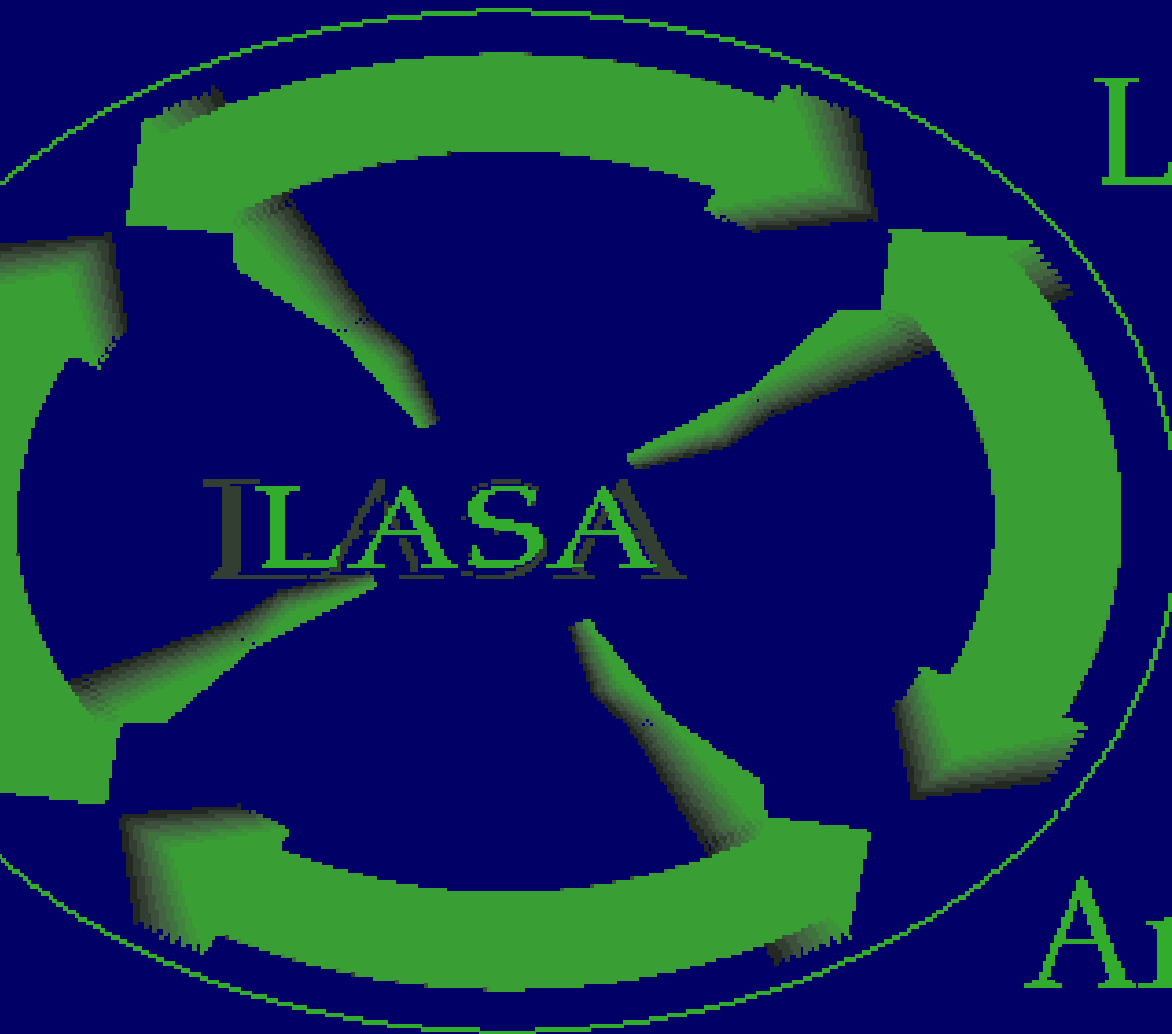
= frailty

Background

- Frailty, chronic conditions, and disability are separate, partly overlapping concepts (Fried 2004)
- Health expectancies have been calculated based on chronic conditions, impairments, and (mild/severe) disability, but not on frailty

This study:

1. Calculation of frailty-free life expectancy
2. Comparison with LE free of mild/severe disability



Longitudinal
Aging
Study
Amsterdam

Longitudinal Aging Study Amsterdam

Random sample

3107 men and women

Ages 55-85

Start 1992

3-year intervals



Frailty markers LASA

- BMI<23
- Lowest quintile peak flow
- Lowest quintile physical activity
- Incontinence
- Poor distant vision
- Poor hearing
- MMSE<24
- Depression
- Lowest quintile mastery

Operational definition of frailty

Frailty =

the presence of three or more
frailty markers



Functional disability

- Walking up and down a staircase of 15 steps
- Walking outside 5 minutes without resting
- Getting up from and sitting down in a chair
- Dressing and undressing one-self
- Using own or public transportation
- Cutting one's toenails

Response categories:

(0) “Yes without difficulty” to (4) “No I Cannot”

Scale score ranges between 0 and 24

Mild / severe disability

No disability = 0-2 ($< 0 + 1/2 \text{ SD}$)

Mild disability = 3-15 ($> 0 + 1/2 \text{ SD}$)

Severe disability = 16+ ($> 0 + 2 \text{ SD}$)

Approach

ages 65-88;
= 1688

1995/96 = T₂:
frailty markers

1995/96 = T₂:
functional disability

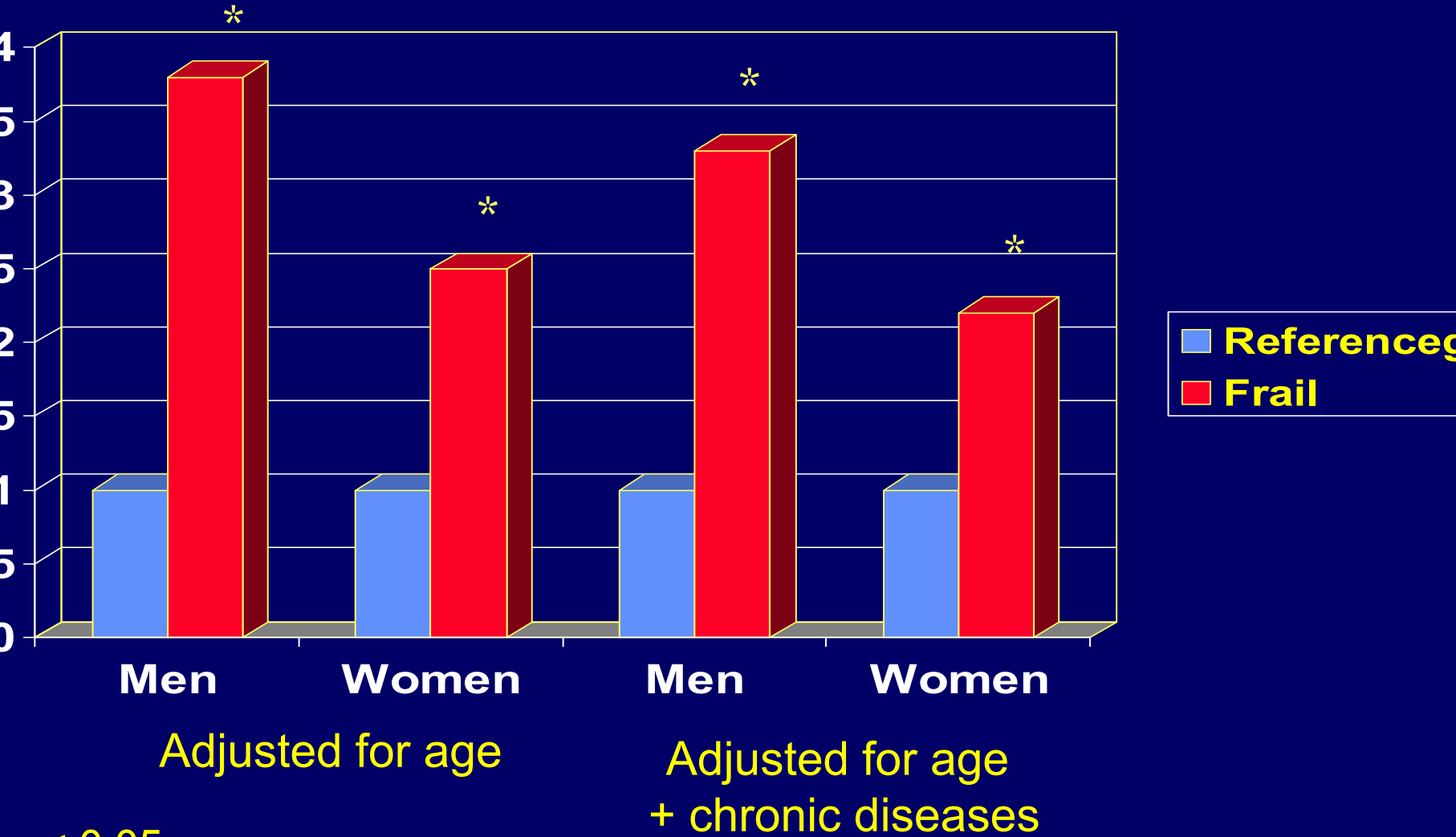
1998/99 = T₃:
functional disability



Overlap frailty - disability (T₂)

	Men	Women
Frail	17%	23%
<i>Of these:</i>		
Mildly disabled	71%	79%
Severely disabled	29%	43%

Association of frailty and functional decline



$p < 0.05$
* = any three markers



Life & Health Expectancy (yrs) at age 65

	Men	Women
Total LE	14.3	18.7
LE_Frailty	2.0 (14%)	4.1 (22%)
Mild LE_Disability	4.0 (28%)	9.0 (49%)
Severe LE_Disability	1.1 (7%)	3.6 (19%)

Conclusions (1)

- Gender differences: the overlap between frailty and disability is greater among women than among men,
- However, frail men have greater risk of functional decline than frail women
- The population impact of frailty is greater than that of severe disability
- This is especially the case among men, who spend about 1.8 as much time in frailty as in severe disability

Conclusions (2)

- Increase in functional limitations in the older population
- The use of frailty in health expectancy provides complementary information to health expectancy based on disability
- Same period. decrease in care services supply
- Most expensive care service. hospital days decrease
- 1992-2002: less professional home care; more care by partner after hospital admission

The oldest person in the world lives in the Netherlands



**Hendrikje
Van Andel,
114 years old**