

INTRODUCTION

Medical frailty is a state of decreased functional reserve and resilience, and increased risk of adverse outcomes (e.g., falls, delirium, hospitalization, disability, death) affecting 10-15% of community dwelling Americans over 65 years of age. Due to insidious onset, and confusion between frailty and aging, most patients are not diagnosed with frailty until developing functional disability. Outpatient frailty screening is now a standard patient care procedure in Canada and UK, leading to early intervention.

At ECU Family Medicine Center (FMC) 15,201 patients were seen from 1/1/2019 to 7/31/2021. Frailty was documented in only 49 patients' charts. This diagnostic prevalence of 0.32%, is markedly lower than the national average. Given the risks frailty imposes against healthy aging, a frailty screening quality improvement protocol was implemented for patients over age 65 seen at FMC Geriatrics Clinic from August 1, 2021.

MATERIALS & METHODS

Screening was initially performed using gait speed, with a positive screen (<0.8 m/s or inability to complete the test) followed by assessment via the FRAIL scale. Patients with a positive screen were referred to physical therapy (home based, outpatient or selfdirected as indicated by a clinician) and medical nutrition therapy, and frailty was reevaluated every 3 months.

The study includes a retrospective electronic chart review of up to 500 patients over age 65 seen at the FMC Geriatrics clinic from August 1, 2021, onwards. In addition to patients' frailty scores, we collected demographic data and outcome data including deaths and hospitalizations.

Effects of Physical Therapy and Medical Nutrition Therapy on Patients' Frailty Scores and Self-Reported Fear of Falls

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Objective

We will analyze the effects of physical therapy and medical nutrition therapy on patients' frailty scores and self-reported fear of falls from the baseline visit at which frailty was diagnosed until the 6-month and 12month follow-up visits. We hypothesize that frailty score and fear of falls improve more in patients who completed the intervention (physical therapy and medical nutrition therapy) than those who did not.



RESULTS

How much of the time during the past 4 weeks have you felt tired? All of the time. (2) Most of the time. (3) Some of the time. (4) A little of the time. (5) None of the time. By yourself and not using aids, do you have any difficulty walking up 10 steps without resting? (1) Yes (2) No By yourself and not using aids, do you have any difficulty walking a couple of blocks (e.g. several hundred yards)? (1) Yes (2) No Has a doctor ever told you that you have any of the following illnesses? hypertension, diabetes, cancer (other than a minor skin cancer), chronic lung disease, heart attack, congestive heart failure, angina, asthma, arthritis, stroke, or kidney disease? How many? How much do you weigh today? How much did you weigh one year ago? On a scale of 1-5, how afraid are you (the patient) of falling at home? Not at all afraid A little afraid (2) Moderately afraid (3) Very afraid (4) Extremely afraid (5)

Retrospective chart review and data collection is ongoing. We expect to find significantly improved frailty scores and self-reported fear of falls in patients who completed recommended physical therapy and medical nutrition therapy sessions. We will also analyze demographic, socio-economic, and clinical factors that are associated with change in patients' frailty score and selfreported fear of falls.

DISCUSSION & FUTURE DIRECTION

We hope to collect 3-month follow up data for analysis. Moreover, we hope to complete: (1) subgroup analyses of ambulatory vs. nonambulatory patients (2) analysis of actions taken – e.g., physical therapy, nutrition, home health, social work, (3) analysis of morbidity/mortality outcomes, and (4) analysis of demographic trends.

REFERENCES

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