

In Reference to the Original Article “Prevalence of Frailty Syndrome and Chronic Diseases among the Elderly Population: A Hospital-based Study from a Tertiary Care Center”

Atanu Chandra

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Sir/Madam,

The authors have rightly enlightened us about frailty syndrome that is an important consideration in the geriatric population characterized by an age-associated decline in physiological reserve of various organs and increased vulnerability for serious adverse events.¹ Seven chronic diseases are taken into consideration in the study population of the article and found that the frail individual has commonly one or more than one of the diseases. So, it is better to manage all of these comorbidities to decrease the prevalence of frailty syndrome in older adults, which becomes an important conclusion of this study.

Compared to other studies mentioned in the article, the prevalence was found to be quite high as it was based on hospital setup, and the population got multiple comorbidities that had influenced the results.² This made this study a unique one, but a larger study population is necessary to establish the fact. Another important aspect is the study population mainly includes male individuals where at the end almost two halves of female individuals are found to be in the frail category. So, we need more hospital-based studies like this, involving a large study population and including more female individuals.

The frailty phenotype model described by Linda Fried, which is being commonly practiced in the previous literature, has also been used to identify the frailty syndrome in this article also.³ But this model includes some instrument that can easily be affected by cognition and other domain, and more importantly reporting of exhaustion and gait speed may be of subjective variation that can affect the results.⁴ This problem should be kept in mind before deciding the conclusion, and evaluation of an alternative methodology for diagnosis remains the task for us in the future. But still this study gave us an idea about the prevalence of frailty syndrome and an important association with chronic diseases that

Department of Internal Medicine, RG Kar Medical College and Hospital, Kolkata, West Bengal, India

Corresponding Author: Atanu Chandra, Department of Internal Medicine, RG Kar Medical College and Hospital, Kolkata, West Bengal, India, Phone: +91 9474190374, e-mail: chandraatanu123@gmail.com

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would help to decrease the morbidity and mortality rate in our geriatric population.⁵

REFERENCES

1. Xue QL. The frailty syndrome: definition and natural history. *Clin Geriatr Med* 2011;27(1):1–15. DOI: 10.1016/j.cger.2010.08.009. PMID: 21093718; PMCID: PMC3028599.
2. Kojima G, Liljas AEM, Iliffe S. Frailty syndrome: implications and challenges for health care policy. *Risk Manag Healthc Policy* 2019;12:23–30. DOI: 10.2147/RMHP.S168750. PMID: 30858741; PMCID: PMC6385767.
3. Fried LP, Tangen CM, Walston J, et al. Frailty in older adults: evidence for a phenotype. *J Gerontol A Biol Sci Med Sci* 2001;56(3):M146–M156. DOI: 10.1093/gerona/56.3.m146. PMID: 11253156.
4. Fried LP, Cohen AA, Xue QL, et al. The physical frailty syndrome as a transition from homeostatic symphony to cacophony. *Nat Aging* 2021;1:36–46. DOI: 10.1038/s43587-020-00017-z.
5. Espinoza SE, Quiben M, Hazuda HP. Distinguishing comorbidity, disability, and frailty. *Curr Geriatr Rep* 2018;7(4):201–209. DOI: 10.1007/s13670-018-0254-0. PMID: 30984516; PMCID: PMC6457658.