Published in final edited form as:

J Am Med Dir Assoc. 2014 February ; 15(2): 142–143. doi:10.1016/j.jamda.2013.11.011.

Response to the Letter to the Editor: “Frailty Consensus: A Call to Action”

Wm. Cameron Chumlea, PhD, FACN

Lifespan Health Research Center, Boonshoft School of Medicine, Wright State University,
Dayton, OH

To the Editor

Drs Xue and Varadhan¹ question the use of “weight loss” as part of a “first-line screening” for frailty. They distinguish between preventing or treating frailty; both are important. In the absence of an accurate measure of body composition such as dual-energy x-ray absorptiometry to fractionate changes in lean and fat, weight can be measured in a standardized manner, accurately and reliably in a clinical setting. As such, it is a valid clinical indicator of body mass.

Involuntary weight loss is a significant clinical indicator at any age. Among older adults, those 70 years and older, weight loss is an indicator of (1) an immediate health problem such as an underlying disease, (2) the risk for one, or (3) possible mortality.^{2,3} These 3 conditions require some form of clinical treatment, regardless of the purpose or manner in which the weight loss is determined.

In the Hemodialysis Study, weight loss monitored monthly as an action item was associated with continued declines during the course of dialysis treatments,⁴ and negative monthly trends in body composition were related to morbidity and mortality.⁵ Except in clinical settings, accurate monthly weights of older adults are not likely to occur; thus, an involuntary weight loss should be viewed with heightened clinical importance regardless of the purpose or manner for measuring weight. To err on the side of caution, we maintain that “any person with a significant weight loss” should be screened for frailty. We consider a significant weight loss as a minimum of 2.5 kg over a period of 3 months or less.

References

1. Xue QL, Varadhan R. What is missing in the validation of frailty instruments? *J Am Med Dir Assoc.* 2014; 15:141–142. [PubMed: 24405640]
2. Morley JE. Weight loss in older persons: New therapeutic approaches. *Curr Pharm Des.* 2007; 13:3637–3647. [PubMed: 18220800]
3. Strandberg TE, Stenholm S, Strandberg AY, et al. The obesity paradox, frailty, disability, and mortality in older men: A prospective, longitudinal cohort study. *Am J Epidemiol.* 2013; 178:1452–1460. [PubMed: 24008903]
4. Rocco MV, Dwyer JT, Larive B, et al. HEMO Study Group. The effect of dialysis dose and membrane flux on nutritional parameters in hemodialysis patients: Results of the HEMO study. *Kidney Int.* 2004; 6S:2321–2334. [PubMed: 15149346]
5. Su CT, Yabes J, Pike F, et al. Changes in anthropometry and mortality in maintenance hemodialysis patients in the HEMO study. *Am J Kidney Dis.* 2013; 62:1141–1150. [PubMed: 23859719]