CORRESPONDENCE

Determinants of Perioperative Outcome in Frail Older Patients

by Anna Mende, Dr. med. Ann-Kathrin Riegel, Dr. med. Lili Plümer, Dr. med. Cynthia Olotu, Prof. Dr. med. Alwin E. Goetz, and Prof. Dr. med. Rainer Kiefmann in issue 5/2019

A Widely Accepted Definition Is Lacking

In their interesting article, Mende et al. highlighted a very important and virtually unresolved issue in the diagnosis and management of frailty, i.e., the lack of a universally agreed definition for this condition (1). This concerning lack of harmonization may not only challenge or delay the diagnosis and treatment of frail individuals but, even more importantly, would create a major setback for identifying reliable predictive factors that would enable early and accurate stratification of subjects at higher risk of becoming frail.

The FRAILOMIC consortium, a vast research initiative aiming at identifying predictive factors of frailty and disability, has recently endorsed a practical definition of frailty, as an “age-associated syndrome, characterized by decreased biological reserve and resistance to stressors due to functional decline of several physiological systems, which places the individual at enhanced risk of disability, hospitalization and death” (2). This clear-cut definition not only appears inclusive of some essential psychological, social and cognitive factors, as clearly advised by

Mende and colleagues, but can also be reliably used for establishing effective preventive measures. The concept of disability can in fact be translated into a clearly identifiable phenotypic picture, entailing a kaleidoscope of physiological, psychological, and social impairments resulting from progressive aging, change of lifestyle factors, incident diseases, and the multifaceted interaction among all these variables. I believe that the use of this definition will help harmonization in frailty research.

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References

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2. Erusalimsky JD, Grillari J, Grune T, et al.: In search of ‘Omics’-based biomarkers to predict risk of frailty and its consequences in older individuals: The FRAILOMIC Initiative. *Gerontology* 2016; 62: 182–90.

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In Reply:

Frailty is one of the most important predictors of perioperative risk. Unfortunately, recognizing frailty in the perioperative context is a challenge. This circumstance is at least partially due to the large number of different definitions and assessment tools—a selection of which we presented in our article (1). We completely agree with Lippi’s proposal of “frailty” as an “age-associated syndrome, characterized by decreased biological reserve and resistance to stressors due to functional decline of several physiological systems, which places the individual at enhanced risk of disability, hospitalization and death” (2). Nonetheless, the difficulty of identifying at-risk persons in everyday clinical practice remains. We therefore very much welcome the FRAILOMIC initiative, and we are hopeful that appropriate assessment tools/

markers will be developed to allow preoperative detection of vulnerable patients, in order to improve the postoperative outcome of older patients.

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Conflict of interest statement

The authors of both contributions declare that no conflict of interest exists.