

Frailty identification can positively impact Ireland’s future health and social care policy: new TILDA research

A new study from ageing experts at The Irish Longitudinal Study on Ageing (TILDA) at Trinity College, highlights the potential benefit of using the Clinical Frailty Scale (CFS) in community-based healthcare assessments, to better inform patterns of health and social care utilisation and help improve allocation of care resources for older adults. The study is released today, Tuesday, July 6th, 2021 and available [here](#).

The study contains pertinent information for healthcare providers and planners to help prepare and improve the future of overall care for Ireland’s growing ageing population, using targeted interventions. By 2030, one in five adults in Ireland will be 65 years or older. This research is particularly relevant following increased policy interest to consider frailty measures (rather than chronological age alone) to inform fair and equitable distribution of health and social care resources.

What does the study show?

The Clinical Frailty Scale (CFS) has attracted interest for its simplicity and consideration of multiple health concerns that affect older people such as multimorbidity, impaired mobility, low levels of physical activity, dependency on others, and memory problems. Using data from Wave 5 of TILDA, researchers applied the Clinical Frailty Scale tree to divide older adults aged 65 and over into sub-groups to assess acute medical service needs, community-based healthcare needs, and formal and informal social care supports.

Frailty and its impact on Ireland’s growing ageing population

In older adults, frailty occurs when several systems in the body gradually lose their inbuilt reserves. This can have a negative influence on health, as older people living with frailty face more adverse impacts when exposed to infection, illness or injury compared to those with more robust health reserves. Frailty is not a medical diagnosis, and the good news is that it is not an inevitable part of ageing. In many cases, it can be delayed and even reversed.

As society gradually re-emerges from the COVID-19 crisis, this has led to a greater need for rehabilitative and social care supports for older adults, following not only COVID-19 related illnesses, but a rise in cases of de-conditioning in those who had to ‘cocoon’. There is also an increased policy emphasis on the enhancement of community-based supports to ensure that the right care is available in the right place at the right time (and as close to home as possible), so that everyone will have equitable access to services based on need. In this context, the proactive identification of those in greater need, and the provision of timely interventions to prevent or delay frailty in older adults is more important than ever.

Key Findings:

- According to the CFS classification, only a minority (about 30%) of adults aged 65 or more in the community were living with some degree of frailty (CFS 4 or more).
- Increasing CFS categories were associated with a sharp rise in the use of hospital and community health services, and hours of formal and informal social care provision.
- The benefit of TILDA being a long-term longitudinal study is that over the course of 8 years, it was clear that the CFS status of older individuals is dynamic over time, with improvements evident.
- For example, older people who were classified as ‘Vulnerable’ at one wave, had a 22% probability of being classified as “Fit” 2 years later.
- Findings suggest the CFS classification was able to segment the TILDA population aged 65 years and over into subgroups with increasing health and social care needs; and suggests CFS could be used (as part as an integrated assessment) to aid the allocation of health and social care resources in older people in Ireland.
- Given how dynamic frailty is, the study recommends that if used in the community, the CFS status of individuals is reviewed at least every 2 years.

The findings from this study serve as an important resource for policymakers and planners to aid Ireland’s future health policy, addressing priorities identified in the recent [Sláintecare Implementation Strategy & Action Plan 2021 — 2023](#) to reduce avoidable hospital admissions and support ageing in place. The study also signifies the importance of implementing and appropriately resourcing community-based ‘hubs’ and integrated care programmes for older people. Implementation of the national falls prevention programme, and increased capacity in reablement, frailty and enhanced intermediate short stay care will bolster prevention and healthy living programmes and improve healthcare delivery.

Associate Professor, Consultant in Medical Gerontology in Trinity, and member of the TILDA Leadership team, Professor Roman Romero-Ortuno said:

“Sláintecare presents a pathway to reform and strengthen Ireland’s health system and policy to meet the needs of our growing population. Elements of the recent Sláintecare Implementation Plan focus on prevention and successful interventions to reduce the prevalence of unhealthy behaviours that contribute to chronic disease, to help people live longer and healthier lives. This is particularly important for older people. This latest piece of TILDA research provides vital insight for healthcare planners and policymakers to consider the proactive identification of frailty in the community, as part of a strategy that enhances community-based integrated care to reduce avoidable hospitalisations and help our older people stay well at home for as long as possible.”

Senior Research Fellow, TILDA Biobank Manager and first author of the study, Dr Aisling O’Halloran said:

“Ageing in place is a key goal of the Irish National Positive Ageing Strategy, which explicitly outlines the Government’s policy of supporting older people to live in dignity and live independently in their own homes or communities as long as is feasible. Previous research has shown the utility of the CFS, rather than chronological age, to predict mortality, negative health outcomes and healthcare utilisation in older people across clinical settings in Canada. Our research highlights how this model can be replicated in the Irish context to show the

average levels of health and social care utilisation that can be expected for our ageing population. This evidence is of vital importance for health and social care service planning and delivery into the future which will benefit healthcare access, health outcomes and quality of life for Ireland's older people. "

To read the full paper, entitled "*Informing patterns of health and social care utilisation in Irish older people according to the Clinical Frailty Scale*" please visit <https://doi.org/10.12688/hrbopenres.13301.1>

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Trinity Media Relations Contact

Dr Aisling O'Halloran

Senior Research Fellow and TILDA Biobank Manager,
The Irish Longitudinal Study on Ageing (TILDA)
aiohallo@tcd.ie | + 35387 675 2012

Maria Gillan

Research Communications Officer
The Irish Longitudinal Study on Ageing (TILDA)
mgillan@tcd.ie | +353 87 4608679

Notes for the Editor

About TILDA

The Irish Longitudinal Study on Ageing (TILDA) is a large-scale, nationally representative, longitudinal study on ageing in Ireland, the overarching aim of which is to make Ireland the best place in the world to grow old. TILDA collects information on all aspects of health, economic and social circumstances from people aged 50 and over in a series of data collection waves once every two years. TILDA is funded by the Department of Health and the Health Research Board, Science Foundation Ireland, Atlantic Philanthropies and Irish Life. <https://tilda.tcd.ie/>