

Frailty

A plain-English guide for you and your family

WHAT IS HAPPENING

Think of your body as having a reserve tank — extra strength, extra healing power, extra bounce-back. When you are young and healthy, that tank is full. You catch a flu, you rest a few days, you bounce back. You trip, you catch yourself. You skip a meal, no big deal. Frailty means that reserve tank is nearly empty. Your muscles have shrunk (sarcopenia — loss of muscle mass and strength with age). Chronic inflammation simmers in the background (your immune system is always slightly on, wearing you down). You may be fighting two, three, or five diseases at once — diabetes, heart failure, kidney trouble, arthritis — and each one steals a little more energy. You may be on six or eight medicines, and some of them make you dizzy, tired, or confused. So when a small stress arrives — a urinary infection, a new blood-pressure pill, a stumble on the rug — there is no reserve left to catch you. You land in the hospital. You lose more muscle lying in bed. You get weaker, not stronger. Frailty is not one disease you can cure with a single pill; it is the slow drain of your body's shock absorbers. But it is not hopeless: strength training (even chair exercises), better nutrition (more protein), cutting unnecessary medicines, and treating the diseases that are stealing your energy can all help refill that reserve tank and give you your life back.

What you might feel

- Unintentional weight loss (10 pounds or more in a year without trying)
- Feeling exhausted most of the time (self-reported low energy or fatigue)
- Weak grip strength (measured with a hand dynamometer)
- Slow walking speed (takes longer to walk a short distance, often measured over 15 feet)
- Low physical activity (moving much less than before; little or no exercise)
- Trouble with basic daily tasks (bathing, dressing, eating, using the toilet)
- Trouble with harder tasks (shopping, managing money, taking medicines correctly)
- Falls or near-falls (stumbling, losing balance, or actually falling)

Call the doctor right away if...

- Sudden confusion or delirium (new or worsening trouble thinking clearly) — can signal infection, stroke, or medication toxicity.
- Unable to get out of bed or chair without help — marks severe muscle loss and very high fall risk.
- New chest pain, trouble breathing, or coughing up blood — may mean heart attack, heart failure, blood clot in the lung, or pneumonia.
- Not eating or drinking for more than a day — leads quickly to dehydration, kidney injury, and dangerous electrolyte imbalances.
- Pressure sores (bedsores) developing or worsening — shows the person is not moving enough and skin is breaking down from constant pressure; raises infection risk.

What the care team will do

- Assess fall risk using the Timed Up and Go test (time how long it takes the patient to stand from a chair, walk 10 feet, turn around, and sit back down); any result over 12 seconds means high fall risk
- Review the medication list with pharmacy and the provider to stop sedatives (sleep pills, benzodiazepines like lorazepam), drugs that lower blood pressure too much, and any pill without a clear current indication
- Teach and supervise resistance exercises three times per week, including sit-to-stand from a chair 10 times, wall push-ups 10 times, and holding light weights (1 to 3 pounds) for bicep curls
- Calculate daily protein needs at 1.2 grams per kilogram of body weight and create a meal plan with high-protein foods at every meal (Greek yogurt, eggs, chicken, fish, beans, cheese, protein powder)
- Screen for depression using a 2-question screen (feeling down or hopeless, and loss of interest in activities); refer positive screens to mental health
- Check vitamin D level and start supplementation with 1000 to 2000 international units daily if level is below 30 nanograms per milliliter
- Coordinate with social work or case management to arrange home safety evaluation, meal delivery, and caregiver respite services
- Teach family that frailty is reversible with exercise and nutrition, not a normal part of aging, and set specific functional goals like walking to the mailbox or cooking a meal independently

Medicines you may be given — and why

Comprehensive Geriatric Assessment (CGA)

Frailty is not treated with a single pill. Instead, a trained team reviews every part of your health—strength, nutrition, thinking, mood, home safety, medicines, and chronic illnesses—to find and fix the specific things making you weaker. This full review is called a Comprehensive Geriatric Assessment, or CGA for short. Think of it like a mechanic checking every part of a car instead of just guessing at the problem. The team then builds a plan that might include exercises, better food, stopping risky medicines, treating sadness or pain, fixing vision or hearing, and helping you stay safe at home. Each person's frailty has different causes, so each person gets a different plan.

Vitamin D (cholecalciferol)

Vitamin D is a nutrient your skin makes when sunlight hits it, but many frail older adults do not get enough sun or cannot make it well anymore. Low vitamin D weakens bones and muscles, making falls and fractures more likely. Taking a vitamin D pill (usually 800–1,000 IU daily) brings blood levels back up, which helps muscles contract with more strength and helps bones stay dense. Think of it like recharging a battery that has been running low. Vitamin D works in the gut (where it helps you absorb calcium from food), in bone cells (where it signals bone-building), and in muscle cells (where it supports the proteins that make muscles squeeze). When combined with calcium (1,000–1,200 mg daily from food or supplements), vitamin D lowers the risk of breaking a hip or spine bone if you fall.

Protein supplementation (whey protein, casein, or medical nutrition shakes)

Frail older adults often do not eat enough protein, so their muscles break down faster than they rebuild—a process called sarcopenia (muscle wasting that comes with age). Protein supplements are powders or ready-to-drink shakes that give you 15–30 grams of protein per serving, usually from whey (the watery part of milk), casein (the thick part of milk), or soy. When you drink or eat extra protein, your gut breaks it down into amino acids (the building blocks of protein), which travel in your blood to your muscles. There, the amino acids are used to make new muscle fibers and repair damaged ones. Think of amino acids like bricks delivered to a construction site. The goal is 1.0–1.2 grams of protein per kilogram of body weight each day (for a 70 kg person, that is 70–84 grams total), spread across meals. Protein works best when paired with resistance exercise, which signals your muscles to actually use the amino acids instead of just burning them for energy.

Deprescribing (stopping unnecessary or harmful medicines)

Many frail older adults take five or more medicines (a situation called polypharmacy), and some of those medicines cause more harm than good—making you dizzy, confused, weak, or at

risk for falls. Deprescribing means a doctor or pharmacist carefully reviews all your medicines and stops or lowers the dose of any that are no longer needed, that have risks outweighing benefits, or that interact badly with each other. For example, sedative-hypnotics like benzodiazepines (drugs such as diazepam or lorazepam that calm anxiety or help sleep) slow down the brain's signals and relax muscles, which can make you fall. Anticholinergic drugs (like diphenhydramine, the active ingredient in Benadryl, or oxybutynin for bladder control) block acetylcholine (a brain messenger that helps with memory and muscle coordination), causing confusion, dry mouth, constipation, and falls. Stopping these medicines carefully—often by slowly lowering the dose over weeks so your body can adjust—reduces those side effects and often makes you feel steadier and clearer.

Where this information comes from

- American Geriatrics Society (AGS) clinical practice guideline
- WHO Integrated Care for Older People (ICOPE) guidelines
- British Geriatrics Society frailty consensus
- Cochrane systematic review on frailty identification

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