Medical Podcasts In English For Non-Native Speakers

S2 E3 CGA Functional and frailty. PRESENTS interview – Dr Ylenia Garcia.

Functional abilities

- This looks at the patient's ability to cope with basic activities of daily living which are known as ADLs. Higher level activities such as managing finances are IADLs or instrumental activities of daily living.
- There are many scales used, such as the Barthel or Lawson index. However, it is worth bearing in mind that people of an older generation may have followed more traditional gender roles. This means they may score artificially low on certain activities such as finances or cooking, not because they are not capable but because their partner always did them in their home.
- Knowing the functional status means that you will be able to discharge patients home safely and any issues such as needing extra carers will be thought of from day one and not once they are medically fit for discharge.
- Any change from the patient's baseline functionality can be used as an alert that a medical and or social review may be needed.

Frailty

- Frailty is a distinct clinical entity from normal ageing consisting of multisystem dysregulation leading to a loss of physiological reserve resulting in a state of increased vulnerability to stressors.
- Although the current evidence does not point to routine screening, it does show better outcomes for patients who are identified as frail, whether it be in the community or in hospital.
- Using a scale used locally means that all health care professionals seeing the patient will be speaking the same language. The Rockwood Clinical Frailty Score can be carried out by a triage nurse, a family doctor or the patient themselves.
- Remember all older patients are frail, and not all frail patients are older.

Glossary.

- MFFD / Medically fit for discharge: The patient has no ongoing medical reason to stay in hospital but has functional needs which need to be covered before they can be discharged home.
- IADL = Instrumental activities of daily living.
- HCP = health care professional.

- Rockwood Clinical Frailty Scale

Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

DALHOUSIE UNIVERSITY Inspiring Minds

Interview with Dr Ylenia Garcia.

1. **Can you tell me what your project is about?**

   PRESENTS is a project whose aim is to recover intergenerational relationships between young and older people. It takes place in Barcelona. We worked with the Primary Health Centre team of San Antoni located in Manso and the Salesians de Rocafort secondary school.
   Students aged between 13 and 15 years old became the personal trainers of older patients for 2 hours a week during their school time.

2. **How did you find the older patients?**

   We used the electronic Health record diagnosis of "over-ageing" which we had found to be highly prevalent. These were mostly women aged over 75, and this diagnosis often conditioned a highly sedentary lifestyle combined with social isolation.

3. **Tell me a little more about what you actually do with the older people in these 2 hours?**

   It is an adapted physical activity program. This program takes place in the school and is optional. The first hour is dedicated to physical activity. Then the second hour

deals with emotions and self-healing. We use recreational activities and life stories to share different perspectives. This is how the intergenerational links are forged.

4. **How has this impacted on the health of your participants?**

   A pre and post-intervention study was carried out to measure different variables. There has been an improvement in the physical part which we evaluated using the Barthel scale and BPAAT. But the best result obtained has been a decrease of up to 10% in anxiety in the older people. On the other hand, qualitative findings indicate that the intergenerational program produces a very beneficial emotional impact on both students and the elderly. We are currently conducting a multicenter comparative study between several institutes where PRESENTS is taking place.

5. **What have been the main challenges to carrying this out**?

   The biggest challenge has been to recruit the participants. We did it by suggesting to the medical professionals and nurses of the health centre that they should include the programme in their social prescription. Participants are more open to accept community therapeutic proposals if it has been prescribed by their health professional.

   Getting the school on board was not only relatively easy but also enriching for everyone involved.

   The most challenging part was requesting financial and organizational resources to be able to allocate nursing professionals during the activity.

6. **Do you think the PRESENTS project can be reproduced in other primary health centres?**

   It is already taking place out in 4 other secondary schools and health centres in Barcelona. The PRESENTS program has worked with the Public Health Agency of Barcelona. Together, we prepared a project which explains what the PRESENTS consists of and provides the materials to carry it out. We have also collaborated with the Consorci d'Educació de Barcelona who has prepared student pedagogical evaluation. The Consorci has also put forward the PRESENTS project as a resource for the rest of Secondary Schools in Barcelona.

7. **Who should our listeners contact if they want to take part?**

   Dr Ylenia Garcia can be contacted at CAP San Antoni in Barcelona, or via her website www.yleniagn.com .

S2 E3 CGA Functional and frailty.

1) *Choose a locally used frailty scale and apply it to 4 of your patients. Were the results unexpected?*

2) *Is there another frailty scale which would be more appropriate in your environment?*

3) *If any of your patients are in hospital or you are a hospital doctor, how many are MFFD but awaiting social input which you could speed up?*

4) *Is there any local project similar to PRESENTS which you could get involved in?*