Identifying and managing frailty in Brazil: a scoping review protocol

Ruth Caldeira de Melo¹ Carina Junqueira Cervato¹ Ivan Aprahamian² James Gavin³ Katie Robinson⁴ Rachael Frost⁵ Paula Schmidt Azevedo⁶ Paulo Villas-Boas⁶ Kathryn Hinsliff-Smith⁷,⁸ Adam L. Gordon⁹

¹ School of Arts, Sciences and Humanities, University of São Paulo, São Paulo, Brazil, ² Group of Investigation on Multimorbidity and Mental Health in Aging (GIMMA), Geriatrics Division, Internal Medicine Department, Faculty of Medicine of Jundiaí, Jundiaí, Brazil, ³ School of Health Sciences, University of Southampton, Southampton, UK, ⁴ Division of Rehabilitation and Ageing, University of Nottingham, and Nottingham University Hospitals NHS Trust, Nottingham, UK, ⁵ Department of Primary Care and Population Health, University College London, London, UK, ⁶ Medical School, São Paulo State University, Botucatu, Brazil, ⁷ De Montfort University, Leicester, UK, ⁸ The Nottingham Centre for Evidence-Based Healthcare: A JBI Centre of Excellence, and ⁹ Division of Medical Sciences and Graduate Entry Medicine, University of Nottingham, Nottingham, UK

ABSTRACT

Objective: The objective of this review is to scope the evidence on how researchers, health, and social care professionals in Brazil currently identify and manage frailty in older adults.

Introduction: The rapidly aging population and associated increased healthcare usage by older people with frailty are challenging the sustainability of healthcare for older people in Brazil. Understanding how frailty is identified, measured, categorized, and managed in Brazil is an important part of building a response to the challenge.

Inclusion criteria: This scoping review will consider studies that included older Brazilian adults (>60 years old) recruited from different settings (community, primary care, health care centers, hospital, and long-term care institutions). Studies will be included if they involved any kind of frailty assessment (tools, scales, and measures) and/or interventions. This review will consider all study designs, regardless of their rigor. National policies for older people will be also be considered for analysis.

Methods: Indexed and gray literature in English or Portuguese from 2001 to the present will be considered. The searches will be conducted using bibliographic databases, university repositories, and the Brazilian Government official database. The studies will be independently screened according to the inclusion criteria by two reviewers based on their title, abstract, and full text. In case of disagreement, a third reviewer will be consulted. A customized data extraction form will be used to extract data from the included studies. The results will be presented in tabular form, accompanied by a narrative summary related to the objective of the present scoping review.

Keywords Aged; frailty; prevention and control


Introduction

Frailty is broadly defined as a clinical state in which there is an increase in an individual’s vulnerability to developing disability and/or mortality when exposed to a stressor.¹ There are different operational definitions for frailty, ranging from physical or phenotypic criteria (e.g. Fried’s phenotype criteria)², through deficit accumulation models (e.g. Frailty Index),³ to multidimensional, biopsychosocial integral conceptual models, which combine physical and psychosocial domains.⁴ Regardless of the criteria used, frailty is associated with adverse health outcomes (including falls, disability, hospitalization, institutionalization, and/or death).⁵ The prevalence of frailty and pre-frailty appears to be higher in community-dwelling older adults in upper-middle-income countries compared with high-income countries, which has important implications for healthcare planning.⁶ In high-income countries, frailty prevalence is estimated to range from 9.9% to 13.6%, with an overall weighted
A meta-analysis of frailty prevalence in upper-middle-income countries, including many studies from Brazil (57% of all studies in the meta-analysis), showed that frailty varied from 3.9% to 51.4% and pre-frailty ranged from 13.4% to 71.6%. The pooled prevalence for upper-middle-income countries included in this meta-analysis was 17.4% and 49.3% for frailty and pre-frailty, respectively. The authors attributed this wide variation in prevalence partly due to the differences in frailty tools used among the studies.

Currently, there is no gold-standard method of identifying frailty. However, two of the mentioned models are in widespread use for frailty identification. The first model, known as the Frailty Phenotype, is based on a physical perspective, as the association among some physical components (weight loss, exhaustion, weakness, slowness, and reduced physical activity) marks an underlying physiologic state of multisystem and energy imbalance. The second model is more comprehensive and multifactorial, and is based on deficit accumulation throughout life, consisting of a chosen number of impairments and conditions that are biologically sound, saturated with aging, and that predispose older people to negative outcomes. The division of the sum of those factors by the number of total variables yields the Frailty Index.

In order to establish an international consensus, a group of representatives from six major international societies suggested four major points about physical frailty: i) definition: “a medical syndrome with multiple causes and contributors that is characterized by diminished strength, endurance, and reduced physiologic function that increases an individual’s vulnerability for developing increased dependency and/or death”; ii) management: “physical frailty can potentially be prevented or treated with specific modalities, such as exercise, protein-calorie supplementation, vitamin D, and reduction of polypharmacy”; iii) evaluation: “simple, rapid screening tests have been developed and validated, such as the simple FRAIL scale, to allow physicians to objectively recognize frail persons” and iv) target: “all persons older than 70 and all individuals with significant weight loss (≥5%) due to chronic disease should be screened for frailty.”

It is important to recognize that the idea that all aspects of frailty can be treated in a particular medical sense has been challenged. As a complex, long-term condition it benefits from multidimensional approaches to care; many of these are designed not to cure, or even slow, frailty but rather to support people experiencing frailty to compensate for its effects. It is therefore more inclusive to use the term “management” to refer to health and social care responses to frailty, rather than use the term “treatment.”

Considering the negative outcomes associated with frailty, identifying and managing it in different settings can help to improve the quality of care services for older people and the quality of life of frail people as well. In this way, some countries are adopting guidelines for identification and management of frailty. In the United Kingdom, for example, guidelines recommend that older people should be assessed for the presence of frailty during all encounters with health and social care professionals, using a specific questionnaire (PRISMA), slow gait speed, and timed up-and-go test. Provision of training in frailty identification for professionals in aging care (health and social) is also supported by the guideline. Once frailty is identified, there are 10 recommendations to manage it (for example, carrying out a comprehensive review of frail older people’s needs, ensuring that reversible medical conditions are adequately covered, conducting personalized reviews of prescription drugs, generating a personalized shared care and support plan, and establishing protocols and shared systems to better assist frail older people in different settings).

The diversity of conceptual and operational models for frailty contributes to a wide variety of tools to screen for, identify, and measure it, making it more difficult for researchers and clinicians to choose the most appropriate one. Moreover, many of the frailty instruments do not meet all validity and reliability criteria. In Brazil, the scenario is the same, which may generate uncertainty about how to measure frailty among those involved with care of older people. In the attempt to identify the frailty concepts and assessment tools used in Brazil, a group of researchers published a Frailty Consensus based on a task force to review the Brazilian scientific production in this theme. According to this consensus, the recognition of frailty as a syndrome is important for identifying older adults at risk of negative outcomes and improving health care for people with frailty at an individual level. The group
suggested, however, that much more must be done in Brazil, mainly in terms of establishing rapid frailty assessments and management strategies for different settings. Although the task force raised important points for further studies, their narrative review did not include policies, their searches were conducted in only two databases, and the synthesis did not follow an established systematic or scoping review structure.

The absence of a gold-standard tool for measuring frailty complicates comparisons between studies and the interpretation of intervention results. Although previous literature has evaluated a large number of interventions for frail older adults, there are still few studies that focus on frailty in both initial measures and primary outcomes, instead of an element of frailty (e.g. grip strength), hospitalisation, or mortality. For example, one systematic review found mixed results regarding the effectiveness of frailty interventions. The authors found that physical exercise interventions are generally effective in reducing or postponing frailty. Favorable effects on frailty indicators were also observed after interventions such as physical exercise with supplementation, supplementation alone, cognitive training, and combined interventions.

A search of PubMed and the JBI Database of Systematic Reviews and Implementation Reports, using the search term “frailty,” was performed and found that there are no current scoping reviews about identifying and managing frailty in Brazil. Although Puts et al. published a scoping review of the literature and international policies about interventions to prevent or reduce the level of frailty in community-dwelling older adults, this did not include Brazilian evidence and thus the recommendations are less able to be generalized to the Brazilian context. Puts et al. included 14 studies, mainly from the USA and Japan. The interventions identified in this review included physical exercise (alone or combined with nutrition support and memory training), prehabilitation (physical therapy plus exercise plus home modifications), and comprehensive geriatric assessment. In addition, only European guidelines on frailty management were presented. Although clear recommendations based on international evidence are located in previous reviews, scoping the full range of evidence available for the Brazilian context will allow a comparison to international research to determine what assessment tools and interventions will be most relevant for the Brazilian policy and health care context. Previous authors have carried out scoping reviews to determine the level of evidence specific to individual countries and provided useful recommendations for local policy – for example Bautista and Malhotra published a scoping review on identification and measurement of frailty among older adults in Singapore.

Against this background, the objective of this scoping review is to identify relevant scientific, peer-reviewed journal articles and gray literature on tools and interventions to respectively identify and manage frailty in older Brazilian adults.

**Review question**

How are researchers, health and social care professionals identifying, measuring, categorizing, and managing frailty in older Brazilian adults?

**Inclusion criteria**

**Participants**

This review will consider studies that include, or policies that refer to, older Brazilian adults (60 years old and over) recruited from different settings (community, primary care, healthcare centers, hospital, and long-term care institutions). As a wide range of health and social care professionals could be involved in frailty management, no strict range will be set for the professionals in this review.

**Concept**

Frailty is the main concept of the proposed review. Due to the different operational definitions for frailty used in the literature, articles will be included if frailty assessment has been conducted using any kind of scales, tools, or measures. Frailty management will be considered as any type of intervention (defined as any action taken by a health or social care professional or an older person to reduce the progression and/or reverse the level of frailty) that has been used or recommended in national policies.

**Context**

This review will consider articles and dissertation/theses conducted in Brazil. In terms of health, life expectancy at birth in Brazil is 74.7 years old – six
years lower than the Organization for Economic Co-operation Development average of 80.6 years. However, Brazil is the fifth-largest country in the developing world, and has a rapidly aging population. In addition, the number of people aged 85 years and older in Brazil is also increasing, together with the life expectancy. This specific portion of the population is the one that commonly suffers frailty. The potential increased healthcare usage by older people with frailty presents a challenge to the sustainability of healthcare for older people in Brazil.

Type of studies
This review will consider all study designs, regardless of rigor. National policies for older people will be also considered for analysis.

Methods
The present review will be conducted based on JBI guidelines, the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping Reviews (PRISMA-ScR), and previously published recommendations about scoping review methodology.

Search strategy
The search period will be limited between 1 January 2001 and the present, as the term frailty was first used to describe a measurable clinical syndrome by Fried in 2001. It will include studies published in English or Portuguese with different research designs (descriptive, correlational, semi-experimental, experimental, and policies). The studies will be included if they 1) are published in peer-reviewed journals (retrieved from search databases), are products from master and doctoral thesis (retrieved from Brazilian universities repositories) or official government documents (retrieved from governmental databases); 2) include older people (aged 60 years and over); and 3) are conducted in older adults that live in Brazil and participate in studies about frailty.

For the proposed scoping review, the following keywords and their synonyms will be combined and searched both in English and Portuguese when appropriate: “frailty” (frigílidade) AND “elderly” (idoso) AND “Brazil” (Brasil). As preliminary searches returned fewer numbers of studies when the keywords “intervention” or “treatment” were added in the search algorithm, a more open search will be pursued (i.e. without these keywords). The results of each search will be loaded into an EndNote (Clarivate Analytics, PA, USA). A full search algorithm for PubMed/MEDLINE is presented in Appendix 1. Hand-searching and screening of reference lists of included studies will be performed to identify other potential studies that meet the inclusion criteria.

Information sources
For published studies, electronic searches will be conducted in the following sources: MEDLINE through PubMed, Ageline, LILACS, Scielo, CINAHL, Scopus, PeDRO and JBI Database of Systematic Reviews and Implementation Reports. The search for unpublished studies (gray literature) will be conducted in the Theses and Dissertations Catalog from Coordination for the Improvement of Higher Education Personnel (CAPES) and the Brazilian Government official database for laws and policies. Additionally, any key websites identified during searches and reading of policy documents will also be searched.

Study selection
Following the search, studies will be independently selected according to the inclusion criteria by two reviewers from the research team, based on their title and abstract. In case of discordance, a third reviewer will be consulted. For more detailed analysis, suitable studies will be read in full by two reviewers and the discrepancies will be solved by discussion. Studies that may meet the inclusion criteria will be retrieved in full and their details imported into the EndNote Web library database. The review decision process will be presented in a PRISMA flowchart, including the results from the search (research databases and additional sources), removal of duplicate citations, phases of studies selection (title/abstract and full text), reasons for excluded papers after full-text read, and final number of included studies.

Data extraction
Data will be extracted from studies included in the review by two independent reviewers using a data extraction form aligned to the objectives and questions of this research (as recommended by JBI) for data charting. Any disagreement between the reviewers will be solved by discussion. For data
extraction, an extraction form has been developed specifically for this scoping review. The information to be extracted from the included studies is presented in Appendix II. The data extraction form will be piloted on five studies and modified as necessary during the process of extracting data.

**Data presentation**

The results will be presented in tabular form, accompanied by a narrative summary related to the objective of the present scoping review. A data presentation table will be developed based on the extracted data, grouped according to study type. The findings will be discussed with regards to future research, practice and policy for the Brazilian context.

**Relevance and dissemination**

The present scoping review has the potential to inform policy makers, clinicians, healthcare professionals and researchers on how frailty is assessed and managed in Brazil. The evidence identified will be helpful to improve not only the research in this field, but may also give support for the development of Brazilian guidelines for managing frailty in the future. The complete scoping review will be disseminated through presentation at national conferences about aging in Brazil (e.g. Brazilian Geriatric and Gerontology Society) and publication in a peer-reviewed international journal.

**Funding**

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**References**


Appendix I: Search strategy for MEDLINE/PubMed

Search conducted on 15 September 2019.

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**Appendix II: Draft data extraction form**

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<tr>
<td>- article title</td>
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<tr>
<td>- source (journal, volume, issue, page numbers, internet address) or dissertation/thesis (university, internet address)</td>
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<tr>
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<tr>
<td>- type of study</td>
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<tr>
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<td></td>
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<tr>
<td>- details about participants (age, sex, schooling, prevalence of frailty, associated factors, etc.)</td>
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