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Frailty

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Freitag S, Schmidt S, Gobbens RJJ (2016) Tilburg frailty indicator. German translation and psychometric testing. *Z Gerontol Geriat* 49:86-93

It was with great interest that I read the very good article, “Tilburg frailty indicator – German translation and psychometric testing” by S. Freitag, S. Schmidt and R.J.J. Gobbens, published in a very recent issue of the *Z Gerontol Geriat* [1].

I would like to comment on that article’s second section on “frailty assessment”. When searching the national and international literature, our colleagues at the University of Greifswald, unfortunately, missed two articles, the first of which was published in this journal in 2012 [2]. That article presented the German version of the self-administered LUCAS Funktions-Index (LUCAS functional ability index; FA index) describing a functional classification/risk-screening instrument.

This instrument can easily be used to screen the heterogeneous population of community-dwelling senior citizens for early signs of functional decline by focusing equally on both a decline in resources and an increase of risk factors [3]. It can be easily completed by seniors, and a general practitioner, for example, will be able to quickly evaluate the older person’s functional level/situation with regard to the probability of becoming in need of help, such as professional nursing care. It has also been shown that the functional level, as expressed by the self-administered LUCAS FA index, is associated with future mortality.

Furthermore, it was remarkable to mention that this statistical relationship

remained highly significant after adjustment for sex, age and self-reported health (likelihood ratio = 22.29, 3 df, $p = 0.0001$). In other words, the LUCAS FA index predicted mortality risks that were not explained by sex, age and self-reported health. The index was predictive over the longer term. Differences between the groups “preFRAIL” and “FRAIL” became clearly evident after almost 3 years. In general, this last point, in fact, stresses the “add on”-value of research based on the observation of longitudinal cohorts, as is, for example, being continued in the LUCAS longitudinal cohort [4].

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For all members of the LUCAS research core-team, Forschungsabteilung der Medizinisch-Geriatriischen Klinik am Albertinen-Haus, Universität Hamburg

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Conflict of interest. W. von Renteln-Kruse declares that he has no conflict of interest.

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