EDITORIAL

THE MEANING OF (SOCIAL-)MOBILITY AND FOODS IN FRAIL ELDERLY PEOPLE

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It is well known that mobility - including physical as well as social mobility - and the use of an adequate diet are considered preventive strategies in combating frailty in elderly people. Hereby the question emerges if frailty is a useful concept for the public health worker or for the clinician. Clearly, conflicting ideas exist on the definition of frailty, the criteria to be used in the diagnosis, as well as on its relationship with ageing, disability and chronic disease.

Notwithstanding this uncertainty, frailty has attracted increasing attention in the literature. Bergman et al (2007) (1) reported that at the second International Meeting on Frailty and Ageing there was general agreement that the core feature of frailty is increased vulnerability to stressors, due to impairment in multiple inter-related systems. The latter leads to decline in homeostatic reserve and resiliency. The main consequence is an increased risk for multiple adverse health related outcomes.

Frailty and disability while related are distinct concepts. According to a survey of 62 American geriatricians (2) most stated that disability and frailty differed and more than half cited the following features as characteristics for frailty: undernutrition, dependence, prolonged bed rest, pressure ulcers, gait disorders, general weakness, extreme old age, weight loss, anorexia, fear of falling, dementia hip fracture, immobility and polypharmacy.

The paper of Bergman et al discusses more into depth questions such as what is the distinction between frailty and ageing? What is its relationship with chronic disease? Is frailty a syndrome or a series of age-related impairments that predict adverse outcomes? The discussions show potential for better criteria in diagnosing frailty and may lead to early warning signals with the goal to prevent or delay adverse consequences.

However as long as there is no consensus on the definition of frailty, research into nutrition health and ageing carefully has to describe endpoints of the study when using the concept of frailty.

In this issue, the nutrition section contains work from the division of Human Nutrition Wageningen UR. The topics are 1) The effect of a nutrient Dense Drink on Mental and Physical Function in Institutionalized Elderly people (3); 2) Optimal preferred MSG concentration in potatoes, spinach and beef and their effect on intake in institutionalized elderly people (4); and 3) Characterization of different groups of elderly according to social engagement activity patterns (5). The topics vary widely both in approach, and in selecting endpoints of the different aspects of the frailty concept. Nevertheless the ultimate goal is clear: to decrease vulnerability and preserve health in elderly people.

References

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