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COMMENTARY

FRAILTY : SUCCESSFUL CLINICAL PRACTICE IMPLEMENTATION

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I was really pleased reading N. Tavassoli's paper published on behalf of the whole Toulouse Gerontopôle team (1). This paper confirmed that it is possible to implement frailty awareness and detection in clinical practice (2, 3). These results were already expected after the publication of J. Subra's paper (4). This new report on a wider sample testifying the increasing collaboration with the community care partners shows the acuracy of the frailty topic and the unmet need of care of the aged population.

The most striking point of this successful story is the close collaboration between geriatricians, public health specialists and general practionners (GPs). By increasing the frailty awareness of all the Toulouse health care professionals, the GPs are now the key actors of a growing public health concern. By detecting aged community dwelling adults with pre-frailty or frailty, GPs are now contributing, with the geriatricians (5), to delay both frailty consequences (falls, fractures, emergency visits, "avoidable" disability) and certainly nursing home admisssion.

Neda Tavassoli's paper (1) reaffirms the multicomponent of frailty in the population very well selected by the GPs and addressed to the "Frailty day clinic": well-known physical features, nutritional insufficiency, sensory disturbances, mood disorders, cognitive impairments, and sociological problems. The high rate of comorbidities (87%), visual disturbances (83.4%), urinary incontinence (76.8%), mild cognitive impairment (51.1%) and depressive symptoms (36.6%) are alarming. Is the target population too old? The mean age of patients of Subra and Tavassoli cohorts is quite the same: 87.7 and 82.9 years (1, 4).

The Survey of Health, Ageing and Retirement in Europe (6) showed that the spontaneous transitions from not frail to pre frail and frail is much more important in the oldest than in the always possible reverse way from frail to pre frail and not frail (7, 8). This point is crucial thinking of

1) The major efforts which will have to be done to not only involved in such frailty assessment the aged adults, but more and more the ageing and midlife adults.
2) The detection of pre frail adults will allow identifying a population with less comorbidity, willing to maintain or return to a good functioning level and enjoy a high quality of life.

Indeed, this question will stay open, until getting the results of the care advice provided to the GPs who addressed their patients to the "Frailty" Day Clinic. After their day assessment, 2.2 ± 1.3 interventions were proposed by the geriatric team per patient. How many of them will be followed? What will be the results of these individualized care proposals? What will be the public health outcomes of such multi-targeted care advice? The answers to all these questions will come very soon (1, 9).

Whatever, it is sure that the Toulouse model of collaborative care for community dwelling ageing/aged adults has to be very well welcomed and spread out France, Europe and other continents which will face in the coming years a tsunami of disability (10, 11).

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