



Berkshire

davidoliver372@googlemail.com Follow

David on Twitter @mancunianmedic

Cite this as: *BMJ* 2021;374:n1683<http://dx.doi.org/10.1136/bmj.n1683>

Published: 07 July 2021

ACUTE PERSPECTIVE

David Oliver: What has the pandemic taught us about using frailty scales?

David Oliver *consultant in geriatrics and acute general medicine*

For decades the geriatric medicine clinical and research community has been discussing the concept, definition, causation, and clinical relevance of frailty,^{1,2} eventually influencing mainstream health policy and thinking outside our specialties.^{3,4} England's pandemic response has pushed frailty onto a bigger stage: notably, the use of the clinical frailty scale (CFS) to triage, target, and potentially ration scarce intensive and high dependency care.⁵

While I'm pleased to see frailty and structured assessments promoted so keenly, this hasn't been without controversies. In particular, the National Institute for Health and Care Excellence's rapid guidelines on covid-19 critical care in adults, issued at the start of the pandemic in March 2020, had to be revised and updated when advocacy groups raised concerns about using the CFS to withhold care from some patients.⁶

Clearly, frailty does have great relevance to health service use, healthcare outcomes, and design of services. For instance, in over 75s registered with NHS practices, severe frailty as defined by an electronic frailty index is associated with far higher risk of hospital admission, death, or care home admission in the following 12 months.⁷ People with frailty have less functional reserve and are far more likely (with or without covid-19) to present with immobility, falls, confusion, or generalised failure to thrive, or to get stranded in hospital or experience acute loss of function.^{8,9} Those in care homes, or who have dementia or are receiving home care or post-acute rehabilitation, will often be frailer and older.¹⁰ These groups are all at high risk from covid-19.

I think that the explicit use of a CFS cut-off was a well intentioned attempt to put some structure and transparent decisions around the rationing, or at least targeting, of critical care for the people with covid-19 who were most likely to benefit when services were likely to be overwhelmed. And since the early pandemic decisions, several systematic reviews and cohort studies have indeed shown close correlations between very high scores and a poor chance of survival or benefit.¹¹⁻¹⁵ Better, surely, an explicit than a covert or opaque decision making process, and one that evolves as empirical evidence emerges?

But, apart from the CFS not being designed or validated for the subsequently excluded groups, there was significant disquiet among the public, patients, media, and lobbying groups about what could be seen as the crude, depersonalising use of scales to determine whether someone might be given a chance of living.¹⁶⁻¹⁸ Don't all such assessments need to be based on personalised, individual clinical judgments,

with a scale used merely to guide decision making? Beyond this, instruments such as the electronic frailty index, CFS, or Fried frailty index¹⁹ are not designed to predict outcomes or the ability to benefit from critical or subcritical care in a SARS virus pandemic.

So, what have we learnt over the past few months about using frailty scores in clinical practice? An editorial in the *British Journal of Anaesthesia*²⁰ concluded that tools such as the CFS could never be used in isolation from individual clinical judgment or more recent, dynamic information about the patient's current physiology and acute comorbidities.

NICE itself has emphasised that patients' wishes, preferences, and best interests are a key factor in all of this. Let's keep it that way, but let's also not be squeamish in discussing these hard choices with the public, our patients, and the press.

Competing interests: See bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Lancet. Frailty. <https://www.thelancet.com/series/frailty>
- 2 British Geriatrics Society. Fit for frailty. <https://www.bgs.org.uk/resources/resource-series/fit-for-frailty>
- 3 NHS England. Frailty resources. <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/frailty-resources/>
- 4 Acute Frailty Network. <https://acutefrailtynetwork.org.uk/>
- 5 NICE Critical Care. Frailty. 2020. <https://www.criticalcare.nice.org.uk/frailty>
- 6 National Institute for Health and Care Excellence. NICE updates rapid covid-19 guideline on critical care. 25 Mar 2020. <https://www.nice.org.uk/news/article/nice-updates-rapid-covid-19-guideline-on-critical-care>
- 7 Clegg A, Bates C, Young J, et al. Development and validation of an electronic frailty index using routine primary care electronic health record data. *Age Ageing* 2016;45:353-60. <https://academic.oup.com/ageing/article/45/3/353/1739750>
- 8 Clegg A, Young J, Iliffe S, Rikkert MO, Rockwood K. Frailty in elderly people. *Lancet* 2013;381:752-62. <https://www.thelancet.com/pdfs/journals/lancet/PIIS0140673612621679.pdf>
- 9 British Geriatrics Society. Silver Book II: Quality care for older people with urgent care needs. Feb 2021. <https://www.bgs.org.uk/resources/resource-series/silver-book-ii>
- 10 Oliver D, Foot C, Humphries R. Making our health and care systems fit for an ageing population. King's Fund. 2014. https://www.kingsfund.org.uk/sites/default/files/field_publication_file/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdf
- 11 British Geriatrics Society. Covid-19: Frailty scores and outcomes in older people. 2021. <https://www.bgs.org.uk/covidfrailty>
- 12 Kastora S, Kounidas G, Perrott S, Carter B, Hewitt J. Clinical frailty scale as a point of care prognostic indicator of mortality in covid-19: a systematic review and meta-analysis. *EClinicalMedicine* 2021;36:100896. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00176-0/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00176-0/fulltext)
- 13 Sablerolles RSG, Lafeber M, van Kempen JAL, et al. Association between Clinical Frailty Scale score and hospital mortality in adult patients with covid-19 (COMET): an international, multicentre, retrospective, observational cohort study. *Lancet Healthy Longev* 2021;2:E163-70. [https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568\(21\)00006-4/fulltext](https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(21)00006-4/fulltext)

- 14 Pranata R, Henrina J, Lim MA, et al. Clinical frailty scale and mortality in covid-19: A systematic review and dose-response meta-analysis. *Arch Gerontol Geriatr* 2021;93:104324. doi: 10.1016/j.archger.2020.104324. <https://pubmed.ncbi.nlm.nih.gov/33352430/>
- 15 Wilkinson DJC. Frailty triage: is rationing intensive medical treatment on the grounds of frailty ethical? *Am J Bioethics* 2020. doi: 10.1080/15265161.2020.1851809. <https://www.tandfonline.com/doi/full/10.1080/15265161.2020.1851809>
- 16 Nuki P. Covid “lottery”: Doctors draw up triage protocol for patients in the event treatment has to be rationed. *Telegraph* 2021 Jan 5. <https://www.telegraph.co.uk/global-health/science-and-disease/covid-lottery-doctors-draw-triage-protocol-event-treatment-has/>
- 17 Specialised Clinical Frailty Network. Frailty & covid-19: why, what, how, where & when? <https://www.scfn.org.uk/clinical-frailty-scale>
- 18 Tuffrey-Wijne I. Covid-19: “The Clinical Frailty Scale is not suitable for use with people with learning disabilities”. *Nursing Times* 2020 Mar 26. <https://www.nursingtimes.net/opinion/covid-19-the-clinical-frailty-scale-and-people-with-learning-disabilities-26-03-2020/>
- 19 Cesari M, Gambassi G, van Kan GA, Vellas B. The frailty phenotype and the frailty index: different instruments for different purposes. *Age Ageing* 2014;43:10-12. <https://academic.oup.com/ageing/article/43/1/10/24207>
- 20 Howell SJ, Nair S. Measuring frailty in the older surgical patient: the case for evidence synthesis. *Br J Anaesth* 2021. [https://bjanaesthesia.org/article/S0007-0912\(21\)00005-2/abstract](https://bjanaesthesia.org/article/S0007-0912(21)00005-2/abstract)