

Editorial



How to Assess Frailty: Role of Comprehensive Geriatric Assessment

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As the world's population is getting aged, more and more people need hospital care. In old age, the reservoir of the body's physiological functions is reduced, resulting in weakness and senility.¹ Increasing frailty with aging is a huge problem for older people. Frailty has many negative effects on the elderly. Hence, frailty is considered as a core part of geriatric medicine. Patients with frailty has increased risk of geriatric syndromes and adverse health outcomes, including unplanned and repeated hospitalizations, extended hospital stays, and high inpatient mortality. In other words, frailty in older people can increase the risk of negative consequences, so early intervention or integrated assessment should be provided immediately.

However, frailty screening remains problematic in primary care settings.² Although multiple screening tools have been developed to improve feasibility, the diagnostic test accuracy of several screening instruments has not been sufficiently established. In particular, elderly people with complex diseases must check for frailty through multi-faceted evaluation. Therefore, in order to overcome these issues, the comprehensive geriatric assessment (CGA), which assesses the health status of the elderly, can be used as a tool for screening and measuring frailty. Furthermore, considering the characteristics of frailty, several studies have already demonstrated that the CGA is proper option to assess frailty. The meta-analysis provides evidence for the effectiveness of CGA compared to general treatment in an acute care setting in severely frail and moderately frail patients.³

In the current issue of the *Journal of Korean Medical Science*, Jang et al.⁴ reviewed the concept of frailty, the role and meaning of the CGA as a tool for evaluating frailty. The authors also explained in detail that several frailty targeted interventions in various clinical settings. They concluded that an important aim in frailty assessment is to develop and implement individually tailored geriatric interventions that can lead to continuous care and emphasized the CGA-based interventions that focus on improving clinical outcomes of older adults. However, considering the characteristics of CGAs, which require medical personnel from various occupations such as doctors, nurses, pharmacists, and physiotherapists, and that require a lot of testing time, it is not easy to activate CGA in Korea. It is somewhat regrettable that this article contents are mainly about the CGA rather than the CGA-frailty relationship and there is no actual content on the difficult part of performing the CGA.

CGA is the process of identifying and quantifying frailty by examining various risky domains and body functions, which is the basis for geriatric medicine and research. CGA provides physicians with information on the reversible area of frailty. Therefore, frailty assessment based on understanding CGA and its relationship with frailty can help establish treatment strategies and intervention in frail older adults.⁵

In conclusion, proper frailty assessment is essential for evaluation of the health status of the elderly and for proper treatment. For this purpose, it is important to make appropriate use of CGA which enables us to assess elderly patients comprehensively. However, it is difficult to perform CGA for all patients. At the present time, awareness of frailty and CGA needs to be raised in Korea. Therefore, there is a need for guidance on the implementation of frailty and CGA in the future. We recommend geriatricians to select the appropriate patients and to implement CGA as efficiently as possible.

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