



DementiaUK
Helping families face dementia

Frailty and dementia



Dementia is a progressive condition and over time, many people with the diagnosis experience physical frailty. This is particularly true for older people.

It is important to understand, recognise and manage frailty so that the person with dementia and their family can access the right care and support and have a better quality of life. For example, by identifying and addressing the causes of frailty, it may be possible to avoid unnecessary hospital admissions and enable people to be cared for in their own home for longer.

What is frailty?

Frailty is a long-term state of health that relates to a person's physical and mental resilience. The physical characteristics of frailty are:

- weight loss
- poor nutrition
- hydration issues
- fatigue
- weakness
- reduced physical activity

- general slowing down

Frailty is a common condition and occurs in around 50% of people over the age of 85. Some people may experience frailty far earlier in life due to other physical or mental health issues, for example in young onset dementia (where symptoms develop before the age of 65). Often, people do not recognise themselves as frail.

People with frailty are unable to bounce back from even relatively minor injuries, illnesses or changes in their personal circumstances (for example a fall, infection, adjusting to a new medication, constipation, or urinary retention). As frailty increases, a person will steadily become more vulnerable, and this can have an increasingly negative impact on their health and independence.

Stages of frailty

There are three stages of frailty.

1. Mild frailty: the person may appear to be slowing down and need increasing help with everyday tasks such as meal preparation, managing finances,



heavy housework, medication management, and transport. They may also appear unsteady on their feet and be unable to walk alone outside. They often need to walk with a frame.

2. Moderate frailty: a person with moderate frailty will need help with all outside activities and all elements of housekeeping. They often have significant difficulty with stairs and will require some assistance with bathing and dressing – this may be supervision, guidance or hands-on support.

3. Severe frailty: a person who is severely frail will be dependent on others for full assistance with all aspects of care.

A person's level of frailty can change over time and may improve or worsen depending on what intervention, care and support they receive.

Understanding frailty syndromes

A syndrome is a group of characteristics, symptoms or conditions that typically go together. There are five frailty syndromes; if a person has one

or more of these, it is likely that they are living with overall frailty irrespective of their age.

The syndromes are:

1. Falls
2. Immobility
3. Delirium
4. Incontinence
5. Susceptibility to side effects of medication

Please see Sources of support on p14-15 for our information on delirium, continence and medication for dementia.

How are people assessed for frailty?

Frailty is not always apparent, so it is important that healthcare professionals actively look out for it and conduct a proper assessment so that it can be managed well. It may be overlooked if the person has another long-term condition like dementia, as their health professionals may focus purely on that.

Professionals use a range of frailty screening and assessment tools,

usually referred to as Clinical Frailty Scores/Scales. These assess the person's degree of fitness and frailty and classify it as mild, moderate or severe.

If you have concerns about frailty, the first step is to make an appointment with the GP. They may carry out an initial assessment themselves or refer the person to another professional or service for assessment.

Comprehensive Geriatric Assessment of frailty

If a person is identified as frail, they will typically receive a full assessment of their needs, known as a Comprehensive Geriatric Assessment (CGA). Despite its name, this assessment is also used for younger people with frailty.

A CGA is a review of the person's current symptoms and signs of frailty, taking into consideration any underlying medical conditions. It is carried out by a professional or team of professionals with expertise in the care and management of frailty. The person with dementia and their family should be involved in all



assessment and planning around their frailty needs.

What will be assessed?

The CGA comprises:

- an assessment of the person's overall health and wellbeing
- formulation of a care and support plan (CSP) to address any issues that are causing concern for the person and/or their family carers

It looks at the person's signs, symptoms and needs in a number of different categories.

On p11, you will find a table that

you can fill in before the CGA – this will ensure you go into the assessment feeling well prepared and give the assessor an overview of the person's condition and needs.

Functional capacity

This assesses the person's ability to perform everyday activities, taking into consideration factors such as their:

- mobility
- ability to communicate
- self-care
- self-direction, ie motivation

and ability to carry out tasks without assistance

- ability to work/work skills

Falls risk

This assesses:

- the person's current level of falls risk
- how many falls or 'near misses' they have had
- their risk of sustaining a fall with an injury such as a broken bone or head injury
- what factors contribute to the person's falls risk
- whether any of these risks can be modified or managed

Cognition

This assesses:

- the current challenges around the person's cognition (thinking)
- their level of confusion
- their diagnosis of dementia
- the stage of dementia
- behaviours and psychological symptoms



Mood

This looks at any issues and/or concerns affecting the person's general emotional and psychological wellbeing.

Polypharmacy

This refers to taking multiple medications and their effects. It may look at:

- any current medications that the person is taking
- how appropriate these are
- side effects
- contraindications of the medication prescribed

- issues around medication administration (for example, whether the person remembers to take it)

Social support

This considers who supports the person living with dementia and whether the current level of support is sufficient, alongside a discussion of ways to enhance any support that is in place.

Financial concerns

This looks at the person's eligibility for benefits and any other concerns regarding financial wellbeing.

Goals of care

This involves discussions around:

- the person and their family's insight and understanding of their health and wellbeing
- wishes around goals of care and what is achievable
- planning for their future needs

Advance care preferences

This offers an opportunity to plan for the progression of the person's condition and eventually,

end-of-life care.

There may be additional assessments of:

Nutrition/weight

This assesses:

- whether the person is eating a varied diet with adequate fluid intake – if issues are identified, they may be referred to a dietitian
- their weight
- any changes in their eating habits and tastes
- their ability to swallow – they may be referred to a speech and language therapist if there are concerns

There may be a discussion regarding the person's eating practices, such as times, routines, and processes, and whether items such as assistive cutlery could aid their independence. Please see Sources of support on p14 for our information on eating and drinking.

Urinary continence

This considers any concerns

around continence and the person's ability to manage it. The person may be referred to continence services for an assessment of their needs and tailored provision of incontinence products.

Sexual function

This looks at the person's sexual activity and any associated challenges. Please see Sources of support on p14-15 for our information on sex and intimacy and changes in sexual behaviour.

Vision/hearing

This assesses:

- any current or emerging concerns with the person's vision and hearing
- any glasses or hearing aids that they need and use
- whether vision problems are contributing to the person's falls risk

Dentition

This assesses oral health and denture use.

Living situation

This looks at the person's current and future social care support needs and how to manage and mitigate any risks, for example by introducing assistive technology – please see Sources of support on p14-15 for our information on assistive living aids and making the home safe and comfortable for a person with dementia.

Spirituality

This considers the person's spiritual, religious or cultural needs and wishes.

Planning for the future

Following a CGA, a care and support plan (CSP) should be formulated, focusing on:

- maintaining and optimising the health and functionality of the person living with frailty
- what to do if you or the person you support becomes unwell, including when you should seek help and who from
- making an ongoing care plan

Sometimes, frailty syndromes such as delirium, reduced



mobility and falls can mask other underlying illnesses. Knowing that a person has frailty – and ensuring that health professionals are also aware – can aid decision-making so they get the right treatment and support, particularly in emergency situations like an unplanned hospital admission.

Living with frailty

Frailty is a long-term condition and typically worsens over time. However, some simple lifestyle changes may help a person with frailty function as well as possible.

- Look for ways to make the person's home as safe and manageable as possible, eg removing trip hazards – you can ask social services for a needs assessment and home assessment to identify improvements or adaptations that may help. Please see Sources of support on p15 for information
- Make sure the person has regular health checks including blood pressure, hearing and sight tests to identify any problems that could lead to falls
- Support the person to eat a healthy, balanced diet and to stay well hydrated – this will

help their overall health and reduce the risk of issues such as constipation and urinary tract infections (UTIs) that can affect continence

- Encourage the person to stay mobile and if possible, take exercise, as this builds bone and muscle strength. Seated exercises can be beneficial for people with frailty
- Ensure the person takes any medication as prescribed and attends regular medication reviews
- Make sure the person sees their GP if there are signs of illness, infection, pain or delirium

Preparing for a Comprehensive Geriatric Assessment

Use the following table to write down your concerns in each of the CGA areas to share with the professionals conducting the assessment.

If you are completing the table on behalf of the person you support, remember to also think about your own needs as a carer – if you do not look after your own health and wellbeing, you will be less able to care for the person with dementia.



Area	What are your current concerns?	What help do you need in this area?	What is the plan, and who can and will help with this need now or in the future?
Functional capacity			
Falls risk			
Cognition			
Mood			
Polypharmacy			
Social support			

Area	What are your current concerns?	What help do you need in this area?	What is the plan, and who can and will help with this need now or in the future?
Financial concerns			
Goals of care			
Advance care preferences			
Nutrition/ weight			
Urinary continence			
Sexual function			

Area	What are your current concerns?	What help do you need in this area?	What is the plan, and who can and will help with this need now or in the future?
Vision/hearing			
Dentition			
Vision/hearing			
Living situation			
Spirituality			

Sources of support

To speak to a specialist dementia nurse about frailty or any other aspect of dementia, please call our Helpline on **0800 888 6678** (Monday to Friday 9am-9pm, Saturday and Sunday 9am-5pm) or email helpline@dementiauk.org

To book a phone or video call appointment with an Admiral Nurse, please visit dementiauk.org/book-an-appointment

Dementia UK resources

Changes in sexual behaviour

dementiauk.org/changes-in-sexual-behaviour

Continence

dementiauk.org/continence

Delirium

dementiauk.org/delirium

Eating, drinking and dementia

dementiauk.org/eating-and-drinking

Good hydration for a person with dementia

dementiauk.org/hydration

Living aids and assistive technology

dementiauk.org/living-aids-and-assistive-technology

Making the home safe and comfortable

dementiauk.org/safe-comfortable-home

Medication for people with dementia

dementiauk.org/medication-management

**Recognising the later stages of dementia
and moving towards end-of-life care**
dementiauk.org/end-of-life-care

Sex and intimacy
dementiauk.org/sex-intimacy-and-dementia

Staying healthy
dementiauk.org/staying-healthy

Understanding dying
dementiauk.org/understanding-dying

Other resources

Apply for a home assessment
gov.uk/apply-home-equipment-for-disabled

Apply for a needs assessment
gov.uk/apply-needs-assessment-social-services

NHS: getting a social care needs assessment
nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/getting-a-needs-assessment

NHS: home adaptations
nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/home-adaptations

The information in this leaflet is written and reviewed by dementia specialist Admiral Nurses. We hope you find it useful. If you have feedback, please email feedback@dementiauk.org

Publication date: March 2023

Review date: March 2025

© Dementia UK 2023

We want to ensure no one has to face dementia alone – and we can only do this because of our generous supporters. If you would like to help, please consider making a kind gift.



To donate: call **0300 365 5500**,
visit dementiauk.org/donate-to-support
or scan the QR code.

Thank you.



If you have questions or concerns about any aspect of dementia, please contact our Admiral Nurses.
Helpline: **0800 888 6678** or helpline@dementiauk.org
Virtual clinics: dementiauk.org/book-an-appointment



dementiauk.org • info@dementiauk.org

Dementia UK, 7th Floor, One Aldgate, London EC3N 1RE
Dementia UK is a registered charity in England and Wales (1039404) and Scotland (SC 047429).