Frailty in Older Adults
Assessment, support, and treatment implications in patients with cancer

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BACKGROUND: Frailty is defined as a disability in those of advanced age, often with comorbidities, poor nutritional status, cognitive decline, and reduced functional status.

OBJECTIVES: The purpose of this article is to discuss the concept of frailty, assess the use of a comprehensive geriatric assessment (CGA), and understand the implications for treatment to maintain or enhance physical, functional, and cognitive health of older adult patients with cancer.

METHODS: Literature about frailty in older adult patients diagnosed with cancer was reviewed to determine evidence-based assessment and treatment options.

FINDINGS: About half of all older adult patients with cancer experience some degree of frailty. CGA is a useful way to evaluate frailty and the extent of limitations. Many frailty-specific tools have been developed. Evidence-based strategies are available to address limitations associated with frailty in older adult patients with cancer.

Definition of Frailty
The concept of frailty has evolved from early descriptions associated with weakness and vulnerability. Frailty is currently defined broadly in the geriatric oncology literature in relation to the high-risk older adult characterized by disability, functional deficits, advanced age, comorbidities, polypharmacy, poor nutritional status, and/or cognitive decline (Huisveld-Scheetz & Walston, 2017). Research has focused on the development and validation of a formal definition of frailty and various assessment tools. Frailty is generally defined as a state of vulnerability to adverse stressors in older adults.