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### Editorial Comment

## When to Start Interventions for Pre-Frail Elderly?

Frailty is considered to be highly prevalent with increasing age and associated with adverse health outcomes. Numerous studies had been conducted to investigate the effective interventions to reduce the level of frailty in community-dwelling older adults. But the definitions of frailty are various and studied interventions include different combinations of physical activity, nutrition support, home modification, medication adjustment, or social worker consultation.<sup>1</sup>

In this issue, Yu-Yang Hung et al. presented their positive result of outpatient personalized multidisciplinary intervention model for pre-frail and frail elderly. After 3 months of programs guided by a physical therapist, a psychologist, a nutritionist, and a pharmacist for the corresponding interventions, according to the results of their comprehensive geriatric assessment, significant improvement in frail status was found. The finding consisted with growing evidence indicating relatively greater effectiveness of multi-domain over mono-domain interventions.<sup>2</sup> Interestingly, they found that exhaustion is the only one of five frail phenotypes significantly associated with the improvement (odds ratio 2.77). This finding may help clinicians to choose the elderly for proper interventions when resources of health care are limited.

Fried and colleagues developed five phenotypes (weight loss, exhaustion, low physical activity, slowness, and weakness) for the diagnosis of frailty.<sup>3</sup> Among them, exhaustion was defined as the subject feeling everything he or she did was an effort for more than 3 days in the past week. Evidence from two cohort studies demonstrates that feelings of exhaustion emerge early and weight loss near

the onset of frailty syndrome.<sup>4</sup> The best interventions to improve frailty among older adults have not yet been fully defined, but the current study suggests that effects of multidisciplinary interventions could be expected when exhaustion phenotype is presented. Further studies and guidance are needed to unify the definition, screening, and cost-effective management of frailty syndrome.

### References

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Kuang-Hua Cheng

Department of Critical Care Medicine, Mackay Memorial Hospital,  
Taipei, Taiwan

E-mail: [jeff01@mmh.org.tw](mailto:jeff01@mmh.org.tw)