

Why use the Clinical Frailty Scale (CFS)?

CFS is a global clinical measure of a person's level of vulnerability to poor outcomes. Identification of frailty helps to **improve both long and short term** health management.

People with frailty require a more personalised approach to their needs.

Recognition of frailty should be part of a holistic assessment.

How to use the Clinical Frailty Scale (CFS)?

The CFS can be undertaken by any appropriately trained healthcare professional with training and support

- The CFS is only validated for people aged ≥ 65 . It should not be used in younger people, people with stable long-term disabilities (for example, cerebral palsy), learning disability or autism and an individualised assessment is recommended.
- Be **mindful of your prejudices**. Just because a person is old doesn't mean they are frail.
- Complete the screening based on how the person's function was **two weeks prior** to deterioration.
- This requires understanding their global function and cognition which means **talking to the patient**, their family members and their carers as appropriate.
- **Don't** just score in the middle or be too forgiving when scoring. This is your **objective assessment** of a person's clinical status, and not a personal judgement of the individual.
- In the guide below, you are **not** comparing the pictures to the person. **Ask questions!**

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with all **outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia.

Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.