Conflicts
Objectives

• “Frailty” to identify patients appropriate for hospice

• Know $\geq 3$ hospice qualifications for “frail” persons

• Initiate management for some common problems found in frail individuals at the end of life.
Case Vignette
Definitions

FRAILTY

END OF LIFE
Frailty

Loss of Reserve
Prognostication

Medians of Predictions Estimated from Data on These Days before Death

- Congestive heart failure
- Lung cancer

Median 2-month Survival Estimate

Medians of Predictions Estimated from Data on These Days before Death
Severity of Illness ≠ Prognosis

Prognosis often uncertain
--right up to the end of life

- *On the day before death*
- Median patient with serious chronic heart failure has 50-50 chance to live 6 months
Prognostication

• Disease

• Individual’s Function
  – Functional decline has been noted to occur prior to death.
  – Common trajectories of illness
Dementia/Frailty Trajectory

Time

Function

High

Low

DEATH
Medicare Decedents

- Frail: 46%
- Cancer: 22%
- Heart and Lung Failure: 16%
- Other: 9%
- Sudden: 7%
How to recognize Frailty: Dying intersect

“Well, it’s not a good sign, that’s for sure ...”
Recognising Transition Markers

Disease - independent

- Frailty syndrome
- From independence to dependence
- Cognitive impairment
- Symptom distress
- Increasing family support needs
Transitional Markers

- Increased hospitalizations
- Terminal diagnosis without pursuit of life-prolonging interventions
- Marked physical or functional decline
- Decreased oral intake
- Progressive weight loss
- Increased proportion of time sleeping
Transitional Markers

- Increased pain – reported or exhibited
- Behaviour changes
- Disorientation or other cognitive changes
- Statements about approaching death “I am dying”
- Social and/or emotional withdrawal
- Inward reflection, review of life
Prognostication Tools

See your toolkit

• Nursing Home
• Hospitalized
Hospice Diagnoses: Frailty

Frailty is not a recognized diagnosis

• Adult Failure To Thrive (AFTT)
• Debility, Unspecified
• Dementia
Hospice: AFTT

Supported by:

• Unexplained wt loss
• Malnutrition
  – BMI below 22
  – Declines /not responds to nutritional support
• Disability
  – Karnofsky or Palliative Performance Scale ≤40%
Hospice: Debility, NOS

- Karnofsky Performance Status < 50% and at least one of the following conditions within the past 12 months (next slide)
- Significant dysphagia with associated aspiration measured objectively (e.g., swallowing test or a history of choking/gagging with feeding).
Hospice: Debility, NOS

- Aspiration pneumonia
- Pyelonephritis or other upper urinary tract infection
- Septicemia
- Decubitus ulcers, multiple, stage 3-4

- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and calorie intake with > 10% weight loss during the previous six months or a serum albumin of < 2.5 gm/dL.
Hospice: Dementia

FAST score 7A or above.

Medical complications.

Alzheimers & related dementias. . . Not M ID
End-of-Life Symptoms: Difficult for Families

- Anorexia
- Constipation
- Dehydration
- Pain
- Excess secretions
- Terminal Restlessness
Anorexia
Dehydration
Pain
Excess Secretions
Terminal Restlessness
Summary