SÍNDROME DA FRAGILIDADE EM IDOSOS
FRAILTY SYNDROME IN ELDERLY PEOPLE

Alyce Brito Barros¹
Sabrina Martins Alves²,³,⁴
Wilma José de Santana⁴,⁵
Dayse Christina Rodrigues Pereira Luz⁴,⁵

DEAR EDITOR,

The percentage of elderly people in Brazil is increasingly growing. According to the IBGE, until 2042, the country will have twice the number of people over 60 years, being 57 million elderly, i.e., 24.5% of the total population in comparison to the year 2017, when there were 28 million elderly people, corresponding to 13.5% of the population¹. Due to the accelerated aging and increased life expectancy, the respect for health, such as limitations and morbidity, deserves attention from the society².

The human aging is a process that includes factors, and occurs progressively, relating to many aspects, such as biological, psychological, socio-economic, cultural and social aspects. These directly affect the functionality of the human body, triggering several diseases and limitations to perform, for example, daily and instrumental activities, and the appearance of the Frailty Syndrome³.

The fragile individual, when defined clinically by the literature, is a subject that is dependent on third parties or is at high risk of becoming dependent. Moreover, an individual with comorbidity and/or loss of physiological reserves, medical and psychosocial complex problems, is also considered fragile. These definitions are also applied to people with accelerated aging, being candidates for specialized geriatric programs⁴.

The Frailty Syndrome is associated with the loss of functional capacity and comorbidity. However, currently, these do not apply to all individuals considered fragile, because there are those who do not have disabilities and neither comorbidities⁴. The reduced homeostasis results in physiological vulnerability related to aging, the body does not respond correctly to stress and there is the decay of various functional systems, very common in the elderly population, bringing great harm, such as muscle and bone problems, malnutrition, exposure to infections and traumas, and altered blood pressure⁵.

The frailty has no consensual definition among researchers, considering that many authors affirm its multidimensionality. Therefore, due to the variety of consensus, the etiology of frailty depends on the life history of the elderly person due to changes that may occur because of psychological, social, biological aspects, among others, having different results from individual to individual⁶.

The Frailty Syndrome is directly related to weight and muscle mass loss, fatigue, lack of appetite, unstable body posture, which provides both the aggravation of pre-existing diseases, as well as the emergence of new ones. All these consequences derive from the main characteristics of the Frailty Syndrome, which are decreased homeostatic reserve and difficulty to respond to the stresses due to such vulnerability⁷.

Therefore, despite the age and the presence of comorbidities, environmental factors are important in the involvement process of the Frailty Syndrome, such as financial and family problems, among others. Contrary to common opinion, frailty can be diagnosed, once it directly affects the quality of life of the elderly person and his/her caregivers. The early discovery of the syndrome is relevant so that it can be avoided as soon as possible. Moreover, there is need to report the syndrome to people who contribute in the work of helping elderly people so that they have the ability to recognize it.

REFERENCES


¹Nursing undergraduate student at the College of Juazeiro do Norte – FJN, Ceará
²Master’s student in Health Sciences at the Medical School of ABC-FMABC, Santo André/SP
³Coordinator of the Nursing Course of the College of Juazeiro do Norte – FJN, Ceará
⁴Professor of the Nursing Course of the College of Juazeiro do Norte – FJN, Ceará
⁵PhD in Health Sciences from the Medical School of ABC – FMABC, Santo André/SP
E-mail: dayse.luz@fjn.edu.br

