

### 3rd European Union Health Programme



**A comprehensive validation of tools to screen and diagnose frailty in different clinical and social settings to provide instruments for integrated care in older adults (FRAILTOOLS)**



**Coordinator:**

**Dr. Leocadio Rodríguez Mañas, Head of Geriatric Service, Getafe University Hospital, Madrid Regional Health Service**

Frailty is now considered to be the main element on which health authorities can act to promote healthy ageing of the population. The importance of detecting this syndrome adequately and early lies in the fact that it is a good predictor of adverse health events such as falls, hospitalisation, reduced mobility, disability and, finally, death, in older people.

In this sense, the FRAILTOOLS project was developed, coordinated by Dr. Leocadio Rodriguez Mañas, head of the Geriatrics Service of the University Hospital of Getafe. The objective of the project was to evaluate the usefulness of the tools we currently have for the diagnosis of frailty syndrome in the elderly, both at a clinical level and in the social sphere. The project was carried out in the hospital environment in the Geriatric Service, in Primary Care and in geriatric residences. Moreover, through these tools, sequential diagnostic algorithms will be designed to be used in clinical practice.



FRAILTOOLS project kick-off meeting held on 22 May 2015 in Luxembourg

FRAILTOOLS, had a budget of over 1.9 million euros granted by the European Commission's 3rd Health Programme, and involved almost 15,000 participants aged over 75 and professionals from 5 European reference hospitals in research on older people: Hospital Universitario de Getafe, in Madrid; Centre Hospitalier Unversitaire de Toulouse in France; Università Cattolica del Sacro Cuore, in Italy; Jagiellonian University Medical College, in Poland; and Aston University, in the United Kingdom.



FRAILTOOLS consortium meeting in Taplow, UK, in 2015

The project started on 1 May 2015 and ended on 31 December 2018. At its closure, the project showed highly satisfactory results. FRAILTOOLS carried out an evaluation of the 6 main frailty scales and performed a functional, cognitive and nutritional assessment in each of the care environments with the highest number of frail older people: acute care unit and outpatient clinics in Geriatrics, health centres and nursing homes.

The frailty scales evaluated were: L.P. FRIED criteria, FRAIL Scale, Rockwood Frailty Index, Modified Rockwood Frailty Scale or Clinical Frailty Scale: CFS, SHARE Frailty Index, GERONTOPOLE Frailty Screening Tool, FTS. A functional, cognitive, and nutritional evaluation was also performed in each of the care settings where frailty is most prevalent (acute geriatric unit, geriatric outpatient consultations, primary care and nursing homes).

After the first assessment, a telephone follow-up was carried out at 6 months and then a face-to-face follow-up at months 12 and 18.

Among the 1460 participating subjects, 382 were in primary care, 367 in residential care, 340 in outpatient geriatrics and 371 in the acute geriatrics unit. According to the data obtained, the results were very satisfactory and it was possible to verify the hypotheses raised, which will provide reliable and efficient tools to detect the frailty syndrome in the elderly according to the care environment in which they are treated. This will allow us to address the problem adequately and carry out a multidisciplinary and individualized work program to prevent functional decline and disability in such vulnerable older people.



The FRAILTtools consortium at its closing meeting in December 2018

Since many professionals were involved in the development of this project, the main researchers want to thank all the collaborators at the Hospital, Primary Care and Nursing Home levels, and particularly all the older participants, without whose participation it would have been impossible to carry out this task.

For any question regarding the FRAILTtools Project, please contact

Prof. Leocadio Rodríguez Mañas  
 Jefe de Servicio de Geriatría  
 Hospital Universitario de Getafe  
 Ctra. de Toledo, Km. 12,5  
 28905-Getafe  
 España  
[leocadio.rodriguez@salud.madrid.org](mailto:leocadio.rodriguez@salud.madrid.org)

### LEADER IN EUROPEAN PROJECTS ON FRAILITY AND AGEING

Dr. Rodríguez Mañas, through the Geriatrics Service and the Biomedical Research Foundation of the University Hospital of Getafe, has coordinated 7 relevant European research projects on frailty and prevention of dependency in older patients (FOD-CC, MIDFRAIL, FRAILOMIC, FRAILCLINIC, FRAILTOOLS, DIABFRAIL-LATAM AND POSITIVE), funded through European programmes such as the EU's Seventh Framework Programme, Horizon 2020, or the European Commission's Health Programmes.

Likewise, Dr. Rodríguez Mañas has also coordinated, by delegation of the Spanish Ministry of Health, - through the Hospital of Getafe, the European Joint Action on Frailty Prevention in older people ADVANTAGE, which has aimed to build a strategic framework for the preventive approach of this topic at a European level and to promote collaboration between European member states to help solve public health problems. This joint action was part of the Third European Programme of Action on Health 2014-2020 and was provided with an EU budget of 3.5 million euros. In addition to Spain, more than 40 entities from 23 European countries have participated in ADVANTAGE

Overall, the projects coordinated by Dr. Rodríguez Mañas have received European grants amounting almost 30 million euros, and have involved more than 70 entities from 24 European countries, the United States, Chile, Colombia, Mexico and Peru, as well as the World Health Organization (WHO) and the Pan American Health Organization (PAHO). The fundamental objectives of these projects are the knowledge of the mechanisms of frailty in the older population and the discovery of treatments that allow the reversion of the frailty status, avoiding or reducing disability.

Also within the Area of Aging research, the group led by Dr. Rodríguez Mañas at the University Hospital of Getafe participates as a partner in other European research projects (SPRINT-T, FACET, DECI, ACANTO, VIVIFRAIL and SYNCHROS), all of them funded by the European Union.

Likewise, Dr. Rodríguez Mañas coordinates the Networked Biomedical Research Center on Frailty and Healthy Aging (CIBERfes), within the CIBER consortium of the Carlos III Health Institute, Spanish Ministry of Health.



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