Measures Of Frailty And Their Importance In PAD Patients

Me Weinberg, MD
Assistant Professor of Medicine
Harvard Medical School
Medical Director, VASCORE
Massachusetts General Hospital

Disclosures
- Scientific Advisory Board – Novate Medical
- Non compensated consultant – BTG

There is More to Walking than Arteries
- Muscle mass
- Muscle tone
- Stability
- Overall energy
- Psychological drive
- Systemic medical limitations

Not All Elderly are Made the Same

Characteristics of Frailty:
- Low physiological reserves
- Increased vulnerability to acute stressors
- Functional decline

Frailty is BIOLOGICAL, Not CHRONOLOGICAL

- Self-reported:
  - Unintentional weight loss
  - Exhaustion
  - Low physical activity

- Objective:
  - Grip strength
  - Slow walking speed

Not frail: 0
Pre-frail: 1-2
Frail: 3+

Fried Scale

Frailty is Associated with Mortality

Walking Parameters Differ Between Elderly PAD Patients and Control; Mainly in NON-Frail

Frailty Affects Multiple Domains. Thus, It Has the Potential to Impact CLI Significantly

Frailty Independently Associated with Survival and Amputation Free Survival in CLI Patients

Frailty may Equate Futility... But “Prehabilitation” May be Useful to Improve Frail Patient’s Readiness for Intervention

“But Ido, How Can I Assess Frailty in the Office?”
The Timed Get Up and Go Test: A Surrogate to Frailty

Timed Up-and-Go is Associated with Frailty

https://www.youtube.com/watch?v=j77QUMPTnE0


@Angiologist