

Frailty

For both the person living with Parkinson's and the care partner, observing your own signs of frailty allows you to make adjustments and also, the possibility of maximizing your quality of life.

Signs of frailty are clues that can help you to stay alert. They show that vulnerability is gradually taking hold. Being exposed to even minimal stress can have an impact on your daily functioning. However, these signs can be reversed or mitigated by certain useful strategies.

Therefore, early identification of these complications allows you to intervene more quickly and to call upon resources in your entourage and/or professionally.

On the next pages you will find the signs to identify and some recommended strategies.

Signs of FRAILITY (Fried, 2001)	Key points to monitor functional status SPICES (Fulmer, 2007; Lafrenière & Dupras, 2011)
➤ Involuntary weight loss (> 10 pounds in 1 year) ➤ Exhaustion (self-evaluation) ➤ Weakness (decreased strength) ➤ Slowed down walking ➤ Low physical activity (sedentary lifestyle)	➤ Sleep disorders ➤ Problems with eating or feeding ➤ Incontinence and constipation ➤ Confusion ➤ Evidence of falls ➤ Skin breakdown
If no signs present 	These key points target risk factors for functional decline and provide opportunities to intervene at these monitoring points.
If 1 or 2 signs present 	
If 3 or more signs present 	

As suggested by the SPICES tool, there are 6 monitoring points to consider.

As these key points are interrelated, acting on one will have a positive impact on another, thus preserving both your functional status.

Let's now consider **possible interventions** in relation to these key points and the observed signs of frailty. These strategies are helpful to promote:

1- Sleep disorders

- Use strategies to redesign your room, bed and bedtime routine to promote restful sleep.
- Learn tips from a physical therapist for getting in and out of bed to avoid pain, falls and back injuries.
- Use relaxation exercises or mobile apps to keep yourself calm and to better guard against stress, anxiety and depression.

2- Problems with eating or feeding

- Use utensils that make easier to eat; ask an occupational therapist for suggestions on utensils for your condition and tips on how to safely eat your meals.
- Increase your calorie and protein intake to maintain your energy.
- Stay hydrated according to your physical condition and your doctor's recommendation.
- Adjust solid foods until they are smooth and the consistency of liquids as needed if swallowing problems occur.
- Season your food with herbs and spices (thyme, pepper, curry, etc.) to counteract the loss of taste and smell that is common with Parkinson's.
- Rinse your mouth and brush your teeth after each meal and before bedtime to prevent mouth and lung infections.
- Take vitamin D as recommended by your doctor or pharmacist to keep your immune system and bones healthy and prevent falls and fractures.

3- Incontinence and constipation

- Have a regular and more frequent schedule for urination.
- Watch for signs of urinary tract infection by observing changes when you urinate, such as straining to urinate, burning or pain when urinating. Consult your doctor or pharmacist if this happens.
- Prevent constipation to avoid more serious bowel problems.
- Constipation slows the progression of stool to the bowel in people with Parkinson's. This slowing is due to the malfunctioning of nerve connections in the digestive system caused by the disease and the effects related to anti-Parkinson's medications (Parkinson Canada, 2018). To improve your gut's health, see what can be added or changed in terms of exercise, nutrition and hydration. In this regard, you are invited to refer to a health care professional, such as your doctor, pharmacist or a dietician.
- Establish a healthy bowel routine by taking into account the need to evacuate the bowel. Many people, of all ages, ignore this signal and this leads to constipation. In addition, a habit may be created a chronic constipation problem, if laxatives, suppositories and enemas are used regularly. Whether it's the amount of water to ingest or the medication to take when needed, get advices from your doctor or pharmacist.
- Maintain a safe environment in your bathroom: solid seats and grab bars.
- Drink when taking medications to help them be absorbed and have the desired effect.

4- Confusion

- Provide proper lighting and reduce distractions such as background noise and multitasking to improve your concentration.

- Be alert to sudden changes in behaviour and mood such as drowsiness, difficulty following simple instructions or being slower than usual. If this happens, it is important to consult your doctor to see if there is an underlying urinary tract or lung infection that can be treated.
- Keep your home safe.
- Use tips for coping with the many mood swings, communication and cognitive changes that can occur in the person living with Parkinson's; talk to your healthcare team, people around you or your support group to better equip you, take care of yourself, ask for some respite and help to avoid burnout.

5- Evidence of falls

- Preserve mobility by doing aerobics and resistance exercises (dosing schedule and onset of pain to be monitored), walking, using technical aids as needed (cane, walking sticks, walker, etc.).
- Prevent falls by learning about the causes (posture, malnutrition, vision problems, drop in blood pressure, etc.) and acting on them if possible (e.g. exercises for posture and balance, taking your time to change position, glasses and/or lighting, foot care, etc.) or by modifying your environment (e.g. reducing the clutter in your home, removing carpets and rugs, accepting technical aids such as a cane, walker, ramps, booster seat, grab bars in the bathroom, wheelchair, etc.).
- Ask your doctor to clean up your medication if necessary and arrange to take your medication on time to reduce side effects.
- Manage your stress by differentiating between stress that increases anxiety and stress that puts you into action.
- Prevent burnout by taking care of each of you by managing your respective stressors (e.g. doing breathing exercises, conserving energy, asking for and accepting help, etc.), monitoring and acting

on signs of burnout (loss of energy and motivation, being on edge, feeling useless, severe fatigue, sleep and appetite problems, increased use of stimulants, robotic behaviour, etc.). See a doctor if it doesn't get better.

- Watch for signs of depression whether you are the person with Parkinson's or the care partner, such as anxiety, apathy, social withdrawal, fears, feelings of helplessness or hopelessness. Talk to a doctor or someone on your health care team.
- Surround yourself with significant others to break the isolation and enjoy the benefits of their presence for your mental health and well-being.

6- Skin breakdown

- Encourage mobilization and change of position as needed.
- Maintain good personal hygiene.
- Check for redness and swelling of the skin.
- Treat wounds, if any, and seek nursing assistance if any deterioration occurs.

To supplement these interventions related to the key signs of frailty, here are some additional reading suggestions:

1) On the Parkinson Québec website, « [The Info Parkinson Guide: daily living with Parkinson's disease](#)». This guide, written healthcare experts in Parkinson's, provides answers to the most frequently asked questions addressed by people living with the disease and care partners. It also suggests different useful strategies to help them make the most of their lives.

From: <https://parkinsonquebec.ca/services/guide-info-parkinson/>

- 2) On the Parkinson Canada website, you will find a downloadable book entitled: "[Care partnership: managing Parkinson's Disease together](#)". This book delivers supportive, accurate information, and references to other resources that are a big help when navigating a Parkinson's journey.

From: <https://www.parkinson.ca/about-parkinsons/care-partnering/>

In addition to the Parkinson Québec and Parkinson Canada web sites, here are the different references used in this fact sheet:

Bonnet, Anne Marie, Hergueta, Thierry, et Czernecki, Virginie (2013). La maladie de Parkinson : au-delà des troubles moteurs. Éditeur John Libbey Eurotext, Paris, p. 76, 141 et 142.

Fried, Linda P., et al. (2001). Frailty in older adults: evidence for a phenotype. Medical sciences, 56A(3), M146-156.

Lafrenière, Sylvie, et Dupras, Annik (2011). OPTIMAH: ou comment mieux soigner les aînés à l'urgence et dans les unités de soins aigus. L'Avant-Garde, 8 (3), 1-16.

Lianna, Marie (2020). The complete guide for people with Parkinson's disease and their loved ones. West Lafayette: Purdue University Press, 240 pages.

Fulmer, Terry (2007). How to try this: Fulmer SPICES. American Journal of Nursing, 107 (10), 40 – 48.

Morley, John E., et al. (2013). Frailty consensus: a call to action. Journal of the American Medical Directors