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# FUNCTIONAL DECLINE IN FRAGILITY SYNDROME IN THE ELDERLY

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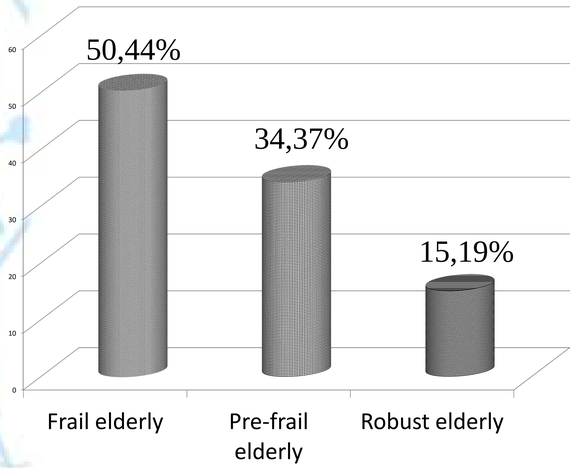
**Introduction.** Geriatric fragility syndrome refers to the elderly prone to frequent decompensations that occur at minimal demands with the installation of an increased state of vulnerability and negative prognosis. It is commonly found in people over 60 and is often accompanied by disability and polypathology.

**Keywords:** functional decline, fragility, elderly

**Purpose.** Assessing the functional status of frail elderly patients in the context of fragility syndrome.

**Material and methods.** The epidemiological study included 224 patients , more > 65 years (73.44±0.38 years), according to the Fried criteria (5 criteria). Frailty syndrome was established in 116 respondents (74.74±0.53 years). Functional decline was assessed by assessing autonomy (Katz, Lawton), gait and balance (Tinetti score) and muscle strength (dynamometry) and Nottingham questionaire.The results were analyzed in the software program Statistics 7.



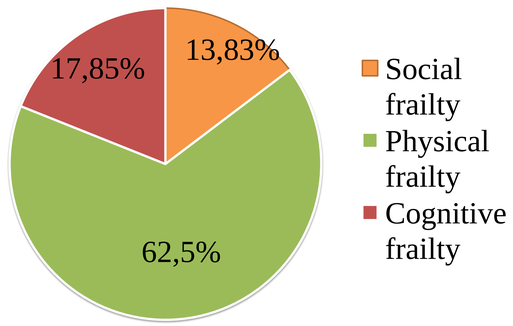




Figure 1. Graphical representation of the weight and types of fragility in the elderly

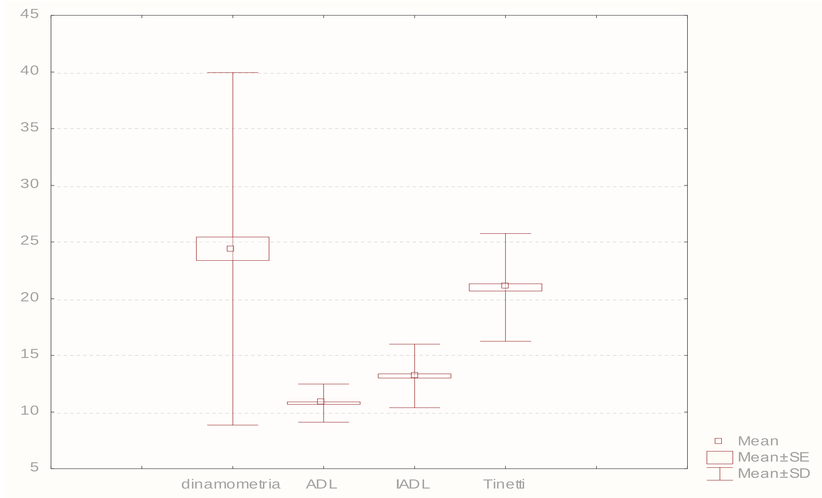



Figure2. Graphical representation of the average values of the physical status assessment scores.

**Results.** Based on the frailty criteria was diagnosed pre-fragile elderly - 34.37% of cases, fragile elderly - 50.44% of cases and robust patients - 15.19% of cases (Figure 1). From the study group was determined the functional aspect of fragility in frail patients (50,44%), which revealed a decrease in autonomy – Patient autonomy assessment data (Figure 1) revealed an average value of the ADL score of 10.79 ± 0.11 points and the IADL - 13.19 ± 0.18 points, which represents a decreased self-care capacity in the elderly from the study. The mean values of the dynamometry were 24.40 ± 1.03. Katz score (10.17±0.19), Lawton (11.87±0.28), Lack of energy (80.49±2.66), reduced physical ability (56.88±2.45), Tinetti (gait and balance) (18.81±0.47) were found in frail elderly. Physical fragility was determined at 81.03%, reduced physical activity 85.34%, reduced dynamometry 54.31% fragile elderly cases (Figure 2).

**Conclusions.** The results of the study reveal the functional status as one of the most affected aspects of fragility syndrome and highlight the need for early prevention measures to improve the quality of life of the elderly with fragility syndrome.