



Early identification of frailty: Developing an international delphi consensus on pre-frailty

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1 in the open-ended comments sections in Round 1 were collated and mapped under existing
2 statements or refined as new statements to be circulated in Round 2. The final set of statements
3 was forwarded to participants in advance of the online consensus meeting.
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7 *Consensus meeting*

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10 Participants were invited to the online expert panel at the end of e-Delphi Round 2 on 15th April
11 2019 in order to refine the final statements to minimise duplication or repetition. Additional
12 clinicians with expertise in frailty were invited to participate in the meeting as external experts
13 to act as a sounding board.
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21 **Results**

22 *Round 1*

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24 Twenty-three participants from 12 countries contributed to Round 1 (response rate= 85.1%).
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26 Their backgrounds were in geriatric medicine, nursing, acute medicine and geriatrics,
27 endocrinology and active ageing, medical education and curriculum development,
28 physiotherapy and musculoskeletal health, primary care, psychology, public health and
29 statistics, sociology, and telemedicine and e-health. More than half of the participants were
30 geriatricians (n=13), the majority (n=17) were later stage researchers (≥ 10 years' experience)
31 and most were based in Europe (n=18) (Table 1). A total of 52.8% of the statements were
32 accepted (37/70) during this round. In summary, 27 statements were agreed outright by $\geq 70\%$
33 of respondents and 10 required edits based on comments received (see appendix for distribution
34 of the survey responses). Most of the excluded statements (n=11) were from section two
35 ('Types of pre-frailty') and resulted in the social pre-frailty subsection being excluded from the
36 survey. Eighty-eight comments received from participants were collated and mapped under
37 existing statements. Statements that did not meet the threshold level but were supported by
38 feedback in the comments boxes were edited accordingly and included to be re-rated in Round
39 2 (n=9 statements). Finally, comments or suggestions that did not address existing statements
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1 were added as new statements. This included a single open-ended question where participants
2 were asked to name the instrument (scale or questionnaire) that they considered optimal to
3 identify pre-frailty. The most frequent response, the Physical Phenotype (reported by 8 of 23
4 participants), was incorporated into a new statement “*Applying the Fried (physical) frailty*
5 *criteria is the optimal approach to assessing and classifying pre-frailty*”. These free-text
6 responses resulted in the generation of new statements (n=7) for Round 2. In total, 51
7 statements were forwarded to be rated in Round 2 (Figure 2).
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17 *Round 2*

18 Twenty-one individuals participated in Round 2; two with a background in geriatric medicine
19 dropped out (response rate= 91.3%). In all, 92.1% of the statements were accepted (47 of 51)
20 and were forwarded to be included in the consensus meeting for further discussion. Distribution
21 of survey responses and the included statements are provided in the appendix. Excluded
22 statements were from section three (‘Multifactorial aspects and causes of pre-frailty’, n=2), and
23 section five, (‘Screening and assessment instruments supporting operational definitions and
24 clinical assessment’, n=2).
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37 *Consensus meeting*

38 The final stage was an online consensus meeting with participation of 10 experts from eight
39 countries. In the meeting, the wordings of the statements were refined and they were merged
40 where possible to shorten the final list of statements. For example, ‘Types of pre-frailty’, was
41 merged with section three ‘Multi-factorial aspects and causes’. Similarly, section five
42 ‘Consequences of pre-frailty’ was merged with section one ‘Pre-frailty as a concept’. Thus, the
43 final list of statements consisted of a total of five sections. A detailed summary of the re-
44 phrasing and merger of statements is presented in the Appendix. The final multidimensional
45 consensus statement formed is presented in Table 2.
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