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Aspects of frailty syndrome, nutritional status and comorbidities in the elderly

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Abstract

Background: Frailty syndrome is one of the most important multifactorial medical syndromes, which is characterized by a decrease in functionality of many systems and organs.

Material and methods: In order to establish the nutritional determinants that contribute to the onset of frailty syndrome, a study was performed on a group of 50 patients, aged ≥ 65 years with chronic pathologies and geriatric syndromes. All participants were examined according to clinical features (history, clinical examination), Mini Nutritional Assessment and of the Complex Geriatric Assessment, which included: the data of the frailty tools, age category, Vulnerable Elders Survey, Charlson Comorbidity Index, autonomy – Activity Daily Living, Instrumental Activity Daily Living, Tinetti scale, psychoaffective status – by memory test Mini-Mental State Examination and the Geriatric Scale of Depression in the context of nutrition in the elderly. A clustered analysis (*k*-means method) of nutritional status showed that the most relevant indicators that separated the clusters were: age category, gender, clinical scale of frailty, comorbidities and polymedication.

Results: Frailty through the multidimensional aspects that it meets has an increased prevalence among the elderly with an unfavorable prognosis. Following the proposed study, it was revealed that insufficient nutrition and comorbidities can lead to the weakening of the institutionalized age. The results obtained by evaluating the bio-psycho-social aspects characterize the profile of the institutionalized elderly and can be used as a basis for the development of effective strategies aimed at reducing physical, cognitive and social frailty.

Conclusions: The comparative evaluation between both groups of elderly people by gender, showed a normal nutritional status with a higher share in women in the group of 75-84 years, compared to older men, and malnutrition was practically manifested equally in both groups in the study (men/women).

Key words: nutritional status, frailty, comorbidities, elderly.

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