

Middlesex University Research Repository

An open access repository of

Middlesex University research

<http://eprints.mdx.ac.uk>

Sutton, Jennifer L., Gould, Rebecca L., Coulson, Mark, Ward, Emma V. ORCID logoORCID: <https://orcid.org/0000-0002-2076-832X>, Butler, Aine M., Smith, Megan, Lavelle, Grace, Rosa, Amy, Langridge, Margret and Howard, Robert J. (2019) Multicomponent frailty assessment tools for older people with psychiatric disorders: a systematic review. *Journal of the American Geriatrics Society*, 67 (5) . pp. 1085-1095. ISSN 0002-8614 [Article] (doi:10.1111/jgs.15710)

Supplementary material

This version is available at: <https://eprints.mdx.ac.uk/25443/>

Copyright:

Middlesex University Research Repository makes the University's research available electronically.

Copyright and moral rights to this work are retained by the author and/or other copyright owners unless otherwise stated. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge.

Works, including theses and research projects, may not be reproduced in any format or medium, or extensive quotations taken from them, or their content changed in any way, without first obtaining permission in writing from the copyright holder(s). They may not be sold or exploited commercially in any format or medium without the prior written permission of the copyright holder(s).

Full bibliographic details must be given when referring to, or quoting from full items including the author's name, the title of the work, publication details where relevant (place, publisher, date), pagination, and for theses or dissertations the awarding institution, the degree type awarded, and the date of the award.

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:

eprints@mdx.ac.uk

The item will be removed from the repository while any claim is being investigated.

See also repository copyright: re-use policy: <http://eprints.mdx.ac.uk/policies.html#copy>

Figure 2: Key findings in relation to the study aims

Aim 1 - To establish if any existing frailty assessment tools have been developed for or validated in older adult psychiatric populations

- Of the 48 multi-component frailty assessment tools identified, no tool has been developed for, or validated in, older adult psychiatric populations.

Aim 2 – To establish any construct overlap between the assessment domains of the existing multi-component frailty assessment tools and the DSM–5 diagnostic criteria for psychiatric disorders in older adults.

- Assessment domains of 41/48 multi-component frailty assessment tools significantly overlap with DSM-5 diagnostic criteria for psychiatric disorders.
- Indicators of frailty which significantly overlap with DSM-5 diagnostic criteria include: Weight loss/appetite changes (a diagnostic criterion in major depressive episode and bipolar affective disorder), fatigue (a diagnostic criterion in major depressive episode, bipolar affective disorder and generalised anxiety disorder), reduced concentration/processing skills (a diagnostic criterion in major depressive episode, bipolar affective disorder and generalised anxiety disorder), slowness (a diagnostic criterion in major depressive episode and bipolar affective disorder), reduced activity levels (a diagnostic criterion in schizophrenia) and sleep disturbances (a diagnostic criterion in major depressive episode, bipolar affective disorder and generalised anxiety disorder).
- Twenty-one frailty assessment tools contain a psychological assessment domain, explicitly measuring mental health symptoms.
- Eighteen frailty assessment tools include the presence of depressed mood and/or anxiety as a frailty indicator.
- Twelve frailty assessment tools include questions from existing psychiatric assessment tools to assess frailty indicators (e.g. questions from the CES-D to establish fatigue).
- A classification of frailty/pre-frailty can be made solely on the basis of mental health symptoms in 15/31 tools in which there is a clear cut-off point to establish frailty.
- Most construct overlap was observed in relation to major depressive episode (and hence the depressive criteria for bipolar affective disorder) and generalised anxiety disorder.