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MEDIA RELEASE

WOMEN MORE FRAIL BUT MORE RESILIENT THAN MEN

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WOMEN tend to have poorer health status and are more frail, but are more resilient and have longer life expectancy than men, according to the authors of a narrative review on frailty, published online today by the *Medical Journal of Australia*.

Frailty can be defined as a state of increased vulnerability that is associated with adverse health outcomes.

“It has been estimated that just over 10% of community dwelling adults aged 65 years and over are frail,” wrote the authors, Dr Emily Gordon, a consultant geriatrician, and Professor Ruth Hubbard, from the Centre for Health Services Research at the University of Queensland.

“A frail older person takes longer to recover after any sort of insult (such as infection, infarction or adverse drug reactions) and during the period of recovery is more vulnerable to further stressors. Increasing frailty is associated with syndromic disease presentations; falls, delirium, functional decline and new urinary incontinence may reflect acute illness in a frail older person and should never be dismissed as ‘normal for age’.”

Gordon and Hubbard described the differences in frailty between men and women as the “sex-frailty paradox”.

“In community dwelling populations aged over 65 years, women are more likely to be frail and to have a greater burden of frailty than men of the same age. Yet women appear to be more resilient — at any given age or level of frailty, their mortality rates are lower,” they wrote.

“In Australia, the life expectancy of females continues to be about 4 years longer than that of males. Yet throughout their lives, women are burdened by chronic disease and disability to a greater extent than men and, unsurprisingly, women have poorer self-rated health.”

In their review Gordon and Hubbard examined the evidence about frailty interventions. Exercise and nutrition-based interventions were found to have the highest levels of evidence.

“Many of these interventions target phenotypic features of frailty, including weakness, slowness and wasting,” they wrote.

“Yet frailty is more than just physical signs and symptoms. Cognitive training strategies and comprehensive geriatric assessment with interdisciplinary interventions address important non-physical health domains.

“More recently, researchers have reported benefits from multifactorial interventions incorporating exercise, a nutritional intervention, and cognitive training with social support or medication review.

“It is also important to note that very few studies have examined interventions to prevent the development of frailty in non-frail older adults. Further, the evidence-base for interventions to prevent or reduce frailty in institutionalised or hospitalised older adults is limited.”

Some evidence implies that some interventions work better for one sex than the other, wrote Gordon and Hubbard.

“Sex differences in the effectiveness of interventions have not been specifically addressed by the research literature to date,” they wrote.

“Exercise programs appear to be effective in both sexes. However, sarcopenia, low physical activity and functional impairment are more prevalent in older women than men, and it is possible that women may benefit from a different type or intensity of exercise intervention than men.

“With respect to nutrition, men may benefit from interventions to a greater extent than women. Several studies have indicated that men tend to have a poorer understanding of nutrition and make unhealthy dietary decisions.

“Sex differences in frailty highlight that older men and women may respond to interventions in different ways and may benefit from more sex-specific strategies.”

The authors concluded that there was a scope and growing need for further research into frailty, and particularly the sex-frailty paradox.

“To provide optimal, patient-centred care, sex differences should inform our practice,” they wrote.

“While the evidence base for sex-specific frailty interventions is lacking at the present time, the knowledge gleaned and hypotheses generated from observational data should inspire programs of research, instigate public health initiatives, and prompt reflection by health professionals.”

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