

Investigating the frail elderly patient with lower bowel symptoms: what do we do now and can we improve?

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Editor – Frailty is increasingly recognized as an important geriatric syndrome related to, but not synonymous with, ageing. It differs from ageing in that it is amenable to both prevention and treatment.¹ Given the improved scientific characterisation of frailty,² it is a pity that the authors of the paper on investigation of the 'frail elderly' with lower bowel symptoms (Clin Med February 2013 pp 37–41) did not use one of the recognised clinical tools for assessing frailty.

While the judgment of a range of referring physicians, or the treating gastroenterologist, as to fitness for colonoscopy may be a proxy measure for frailty, it may equally be an indicator of ageism given the relative safety of colonoscopy in older people³ and existing evidence of ageism in a range of cancer services worldwide, including bowel investigations.⁴ A formal assessment of frailty would assist in clarifying this issue.

In addition, the continued use of the term 'elderly' may not be helpful as it is rarely associated with fit older people, is widely considered to imply frailty, and European advocacy organisations have pressed for rejection of its use as a descriptor for older people.⁵ It would be helpful if Clinical Medicine would consider avoiding the term and instead use 'older person' or 'older people', which are less value-laden and of greater scientific utility.

References

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