



The Impact of Frailty on Healthcare Outcomes after Cardioembolic Ischaemic Stroke

Reno Torres*

Department of Clinical Gerontology and Geriatric Rehabilitation, University of Santo Tomas, Sampaloc, Manila, 1008 Metro Manila, Philippines

DESCRIPTION

Frailty is a multidimensional syndrome characterized by decreased physiological reserve and increased vulnerability to stressors. Its prevalence is escalating globally, particularly among older adults. Cardioembolic ischemic stroke, a common subtype of stroke, represents a significant health burden with diverse clinical outcomes. Understanding the intersection between frailty and cardioembolic ischemic stroke is crucial for optimizing healthcare outcomes in affected individuals. This article explores the impact of frailty on healthcare outcomes following cardioembolic ischemic stroke [1-3].

Frailty encompasses various domains, including physical, cognitive, and psychosocial factors. Commonly used tools for frailty assessment include the Fried Frailty Phenotype and the Frailty Index, which evaluate physical function, mobility, nutrition, cognition, and comorbidities. Cardioembolic strokes result from cardiac emboli, often due to atrial fibrillation, leading to arterial occlusion in the brain. Elderly individuals and those with cardiovascular risk factors are at heightened risk for cardioembolic stroke. Frail individuals are predisposed to cardiovascular diseases, including atrial fibrillation, thereby increasing their susceptibility to cardioembolic strokes. Frailty amplifies the complexity of stroke management due to pre-existing comorbidities, impaired functional status, and diminished physiological reserves.

Frail individuals may exhibit atypical stroke symptoms or have difficulty accessing healthcare services promptly, resulting in delayed diagnosis and treatment initiation. Delayed presentation contributes to larger infarct sizes, increased disability, and higher mortality rates among frail stroke survivors. Frailty influences treatment decisions, as standard stroke therapies may pose higher risks of complications in this population. Anticoagulation therapy for atrial fibrillation, a cornerstone in stroke prevention, requires careful consideration in frail individuals due to the increased risk of bleeding complications [4,5].

Frailty exacerbates post-stroke functional decline, limiting rehabilitation potential and impeding recovery. Comprehensive

rehabilitation programs tailored to frail patients' needs are essential for optimizing functional outcomes and quality of life post-stroke. Frail stroke survivors often require extensive support from caregivers for activities of daily living, increasing caregiver burden and stress. Adequate caregiver support and community resources are crucial for promoting the well-being of frail stroke survivors and their caregivers.

Multidisciplinary teams comprising physicians, nurses, therapists, and social workers can address the complex needs of frail stroke patients. Individualized care plans should prioritize functional preservation, optimize comorbidity management, and enhance patient-centered decision-making. Early initiation of rehabilitation interventions, including physical therapy, occupational therapy, and speech therapy, is vital for mitigating functional decline and enhancing recovery.

Palliative care integration ensures symptom management, advance care planning, and psychosocial support for frail stroke patients with complex needs. Engaging frail stroke patients and their families in shared decision-making facilitates alignment of treatment goals with patients' preferences and values. Establishing realistic and meaningful goals of care promotes patient autonomy and enhances satisfaction with healthcare interventions. Frailty significantly impacts healthcare outcomes following cardioembolic ischemic stroke, presenting challenges across the continuum of care from diagnosis to rehabilitation. A comprehensive understanding of frailty's implications is essential for developing tailored strategies to optimize outcomes for this vulnerable population. Multidisciplinary collaboration, early rehabilitation, and patient-centered approaches are key in addressing the complex needs of frail stroke survivors and improving their quality of life post-stroke.

ACKNOWLEDGEMENT

None.

CONFLICT OF INTEREST

None.

Correspondence to: Reno Torres, Department of Clinical Gerontology and Geriatric Rehabilitation, University of Santo Tomas, Sampaloc, Manila, 1008 Metro Manila, Philippines; E-mail: RenoTorres12@gmail.com

Received: 01-February-2024, Manuscript No. jggr-23-25281; **Editor assigned:** 02-February-2024, Pre QC No. P-25281; **Reviewed:** 16-February-2024, QC No. Q-25281; **Revised:** 22-February-2024, Manuscript No. R-25281; **Published:** 29-February-2024, DOI: 10.35248/2167-7182.2024.13.719

Citation: Torres R (2024). The Impact of Frailty on Healthcare Outcomes after Cardioembolic Ischaemic Stroke. *J Gerontol Geriatr Res.* 13: 720.

Copyright: © 2024 Torres R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

REFERENCES

1. Jaušovec N, Jaušovec K, Gerlič I. The influence of Mozart's music on brain activity in the process of learning. *Clin Neurophysiol.* 2006; 117:2703-2714.
2. Spencer FA, Emery C, Joffe SW, Pacifico L, Lessard D, Reed G, et al. Incidence rates, clinical profile, and outcomes of patients with venous thromboembolism. The Worcester VTE study *J Thromb Thrombolysis* 2009; 28:401-409.
3. Chi J, Xie Q, Jia J, Liu X, Sun J, Deng Y, et al. Integrated analysis and identification of novel biomarkers in Parkinson's disease. *Front Aging Neurosci* 2018; 10:178.
4. Yang CC, Kao CC. Cardiovascular diseases and the risk of venous thromboembolism: A hospital-based case-control study. *J Chin Med Assoc.* 2007; 70:103-109.
5. Spencer FA, Emery C, Lessard D, Anderson F, Emani S, Aragam J, et al. The Worcester Venous Thromboembolism study: A population-based study of the clinical epidemiology of venous thromboembolism. *J Gen Intern Med* 2006;21:722-727.