

## Frailty in Parkinson's Disease Patients

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### COMMENTARY

Frailty and Parkinson's disease (PD) are both becoming increasingly common as people get older, and both lead to increased morbidity and death for patients. According to the Canadian Community Health Survey, 24% of Canadian community-dwelling seniors (65 years) are frail. This proportion rises with age, rising from 16% of those aged 65–74 to 52% of those aged 85. PD also becomes increasingly common with age, with 1.2% of men and 0.6% of women aged 65–79 years suffering from the disease, rising to 2.1% of men and 1% of women aged >80 years. Individuals with Parkinson's disease who live in long-term care facilities are more likely to be feeble than those who do not have the disease. Despite its rising frequency with age, the impact of frailty on people with Parkinson's disease is little understood.

Parkinson's disease is an age-related neurological illness that affects 1-2% of people aged 60 and up. Aside from motor indications, non-motor manifestations of Parkinson's disease (PD) demand a thorough evaluation of patients, particularly in terms of related geriatric syndromes such as frailty. Frailty is a geriatric syndrome associated with a high risk of negative outcomes such as functional decline, disability, increased hospitalisation, and death. Few researches have looked into the prevalence of frailty in Parkinson's disease. Although it is well established that frailty is common in Parkinson's disease, little is known regarding the association between frailty and clinical circumstances in the disease. In fact, because the clinical signs of PD and frailty are so similar, PD patients have been omitted from frailty research.

There are various instruments available for assessing frailty, however the Fried Frailty Index (FFI) is one of the most commonly used and contains objective measurements. TUG is a well-known functional mobility test in Parkinson's disease and community-dwelling older persons. TUG is linked to global health decline,

disability in activities of daily living, and falls in community-dwelling older persons. It is particularly beneficial in identifying patients at risk of falls and hospitalisation in Parkinson's disease. It is an objective measurement that may be used in any context and requires no specialised. TUG has been found to be related with frailty in community-dwelling older persons. So far, no studies have been conducted to investigate the association between TUG and frailty in Parkinson's disease patients.

Aging is also significantly linked to the development of chronic diseases and age-related health disorders, which have a negative impact on older people's health and quality of life. It has been stated that elderly people aged 65 and up have at least one chronic ailment. In the United States, 38% had zero or one chronic ailment, whereas 47% had two or three chronic conditions. Chronic oral health issues also have a significant impact on the health of elderly people. Periodontal disease is one of the most common chronic diseases worldwide, and it grows more common as people get older. In order to maintain their quality of life, functional performance, and general systemic health, elderly people require proper oral health care.

Aside from the conventional emphasis on single (or related) chronic diseases, there is now a wider acknowledgment that multisystem problems such as frailty play an essential role in the health of older populations. Frailty is defined as "a clinically identifiable condition of heightened susceptibility caused by aging-related declines in reserve and function across many physiologic systems, such that the ability to cope with every day or acute stressors is reduced." Frailty is a prevalent clinical syndrome or illness in elderly people that increases the risk of negative health outcomes such as falls, disability, hospitalisation, mortality, and long-term care. Frailty, like chronic conditions like periodontal disease, develops substantially with age.

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