

Letters

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Frailty in old age

Jan De Lepeleire *et al*¹ have highlighted a very important area in the assessment of older patients. I fully endorse their emphasis on the ways that frailty may be reversed. However, frailty can be a prognostic indicator that should alert us to other issues, such as effective planning for end-of-life care. Frailty can be useful as a component in the identification of an irreversible decline.

Patients and relatives often need clear information about this state, that is also crucial for carers (professional or laypersons). At the end of life, frailty increases and may alert us to:

- the need to stop active or inappropriate interventions;
- to plan the place of end-of-life care;
- to ensure proper symptom control;
- to stop the revolving door cycle of fruitless admissions that can mar the final days/weeks of some older patients;
- to prepare relatives and carers that death is approaching; and
- to help relatives/carers prepare for death and appropriate grieving.

I was a little disappointed that the paper did not discuss this area in more detail. We are already moving away from the idea that palliative care/terminal care only applies to malignant conditions. Death is, at some point, inevitable. Part of our duty to patients and carers is to ensure that death is managed appropriately and with dignity. We need better understanding of when frailty is irreversible as well as an optimistic and rehabilitative approach to reversible factors.

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DOI: 10.3399/bjgp09X453846

Authors' response

We agree with Avril Danczak that palliative care for frail older people is an important issue, but our purpose was different. We wanted to reframe frailty and pre-frailty as tractable problems, even if temporary reversal of frailty is difficult in the current environment in many countries in primary care. The challenge is then to think about interventions to increase capability and function rather than provide prosthetic replacements for them.

Nevertheless, it is important to know when frailty becomes intractable. This is problematic, especially when cognitive impairment is severe and impedes communication. The predictions that practitioners make about the course of frailty are often wrong, with both underestimation and overestimation of mortality risk.

End-of-life care for frail older people has also tended to focus on what should be withheld, rather than on what should be done.¹ As Danczak says, the lack of clarity about prognosis and best practice in palliation can result in care that can easily fall below acceptable standards,

and inappropriate emergency admissions to hospital.

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DOI: 10.3399/bjgp09X453855

Music in the waiting room

Music is common in the GPs' waiting room despite conflicting evidence of its effect on patients' anxiety,^{1,2} and stress.³ In primary care Zalewsky,⁴ reports that 88% of patients find music improves their mood. Additionally, Kabler reports that in the UK 83% find it relaxing.⁵ 'Muzak', can provoke strong feelings.⁶ These studies report small numbers and have no comparator, and none of them report views of healthcare staff. We aimed to explore the perceptions held by patients