Rockwood frailty index door Collerton e.a.

De Rockwood-kwetsbaarheidsindex is gebaseerd op 40 deficits volgens de methodiek gerapporteerd in Searle et al. [Searle S.D., Mitnitski A., Gahbauer E.A., Gill T.M., Rockwood K., (2008). A standard procedure for creating a frailty index. *BMC Geriatrics 8, 24*]. De Rockwood-kwetsbaarheidsindex wordt berekend door de totale score voor elke variabele waarvoor geldige gegevens beschikbaar waren (dat wil zeggen niet ontbreken) te delen door het totale aantal variabelen met geldige gegevens. Als er bijvoorbeeld geldige gegevens aanwezig zijn over 36 variabelen en de totale score voor die 36 variabelen is 21, dan was de kwetsbaarheidsindex 21/36, d.w.z. 0,58. De 40 tekorten worden hieronder beschreven. Een indexscore van 0,3 of meer duidt op een kwetsbare patiënt.

	Domain and specific item(s)	Data source and deficit scoring method
	Activision of daily living	I
1	Activities of daily living	 Interviewer administered questionnaire.
2	Are you able to get in and out of bed? Are you able to get in and out of a chair?	Current ability to perform each item with
3	Are you able to get on and off the toilet?	response options: 'I have no difficulty doing
	Are you able to get around in the house?	this by myself' (scored 0); 'I have some
4 5	Are you able to walk at least 400 yards?	difficulty doing this by myself' or 'I can do
5 6	Are you able to dress and undress	only do this by myself if I use an aid or
6	yourself?	appliance' (each scored 0.5); and 'I am unable
7	Are you able to wash your face and	to do this by myself, I need someone else's
1	hands?	help' (scored 1).
8	Are you able to wash yourself all over?	-
9	Are you able to cut your own toenails?	
10	Are you able to feed yourself (including	-
10	cutting up food)?	
11	Are you able to take your medication?	-
12	Are you able to manage money such as	-
12	paying bills and keeping track of	
	expenses?	
	jexpenses.	1
	Diseases	
13	Hypertension	Pre-existing diagnoses extracted from
14	Ischaemic heart disease (angina,	general practice medical records.
	myocardial infarction, coronary artery	For ischaemic heart disease, diabetes
	bypass grafts, coronary angioplasty, or	mellitus and thyroid disease, participants
	coronary stent)	without a diagnosis in the general practice
15	Cerebrovascular disease (stroke, transient	records could additionally be assigned on the basis of a 12 lead electrocardiogram
	ischaemic attack, or carotid	with Minnesota codes commencing 1-1 or 5-
	endarterectomy)	1; fasting blood glucose ≥7mmol/l;
16	Peripheral vascular disease	and thyroid stimulating hormone >10 mIU/l,
17	Heart failure	or <0.099 mIU/I with free thyroxine
18	Cancer within previous 5 years (including	>23pmol/l and/or free tri-iodothyronine
	non-melanoma skin cancer)	>6.5pmol/l respectively ¹⁰ .
19	Chronic lung disease (chronic obstructive	Absent disease (scored 0); present (scored
	pulmonary disease, asthma, or other	1).
20	chronic lung disease)	
20	Chronic joint disease (osteoarthritis,	
	cervical or lumbar spondylosis,	

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	rheumatoid arthritis, other arthritis, or	
2.1	arthritis with type not specified)	_
21	Osteoporosis	_
22	Diabetes Mellitus	_
23	Thyroid disease	_
24	Parkinson's Disease	_
25	Dementia	_
26	Eye disease	
	lo de tata a constante a	hat and a constant and a state of a constant and a
27	Geriatric syndromes Urinary incontinence	Interviewer administered questionnaires Problems over previous 12 months graded according to McGrother et al.: No incontinence (scored 0); minimal incontinence (scored 0.25); moderate incontinence (scored 0.5); severe incontinence (scored 0.75); profound incontinence or catheterised for previous 12 months (scored 1).
28	Faecal incontinence	Problems over previous 12 months: never/rarely (scored 0); several times per year (scored 0.25); several times per month (scored 0.5); several times per week (scored 0.75); several times per day or continuously (scored 1).
29	Visual impairment	Difficulty recognising friend across the road and/or difficulty reading newsprint. 'No' (scored 0); 'yes' (scored 1).
30	Hearing impairment	Difficulty hearing someone talking in a quiet room and/or difficulty following conversation if background noise. 'No' (scored 0); 'yes' (scored 1).
31	Falls	Number of falls in previous 12 months. None (scored 0); one (scored 0.5); more than one (scored 1).
	Symptoms	
32	Depressive symptoms	Geriatric Depression Scale (15 item) ⁴ score: 0-5 (scored 0); 6-7 (scored 0.5); 8-15 (scored 1).
33	Dizziness	Dizziness: presence and whether limiting. No dizziness or dizziness which 'kept you from doing the kind of things other people of your age do' for 'none of time' (scored 0); dizziness which 'kept you from doing the kind of things other people of your age do' for 'most of time' or 'some of time' (scored 1).
34	Pain	Pain in past month lasting at least one day graded on basis of number of days of pain: no pain lasting at least one day (scored 0); pain on 1-7 days (scored 0.25); pain on 8-14 days (scored 0.5); pain on 15-21 days (scored 0.75); pain on 22-31 days (scored 1).
35	Oedema- feet/ankle/leg	Presence of oedema graded by severity. No oedema or less severe oedema (scored 0);

		oedema so severe unable to put on shoes (scored 1).
36	Cough	'Do you usually have a cough?' 'No' (scored 0); 'Yes' (scored 1).
37	Difficulty swallowing (other than due to dry mouth)	'No difficulty' (scored 0); 'Difficulty' (scored 1).
	Cognitive function	
38	Standardised mini-mental state examination score ⁸	Total score 26-30 (scored 0); 22-25 (scored 0.25); 18- 21 (scored 0.5); 10-17 (scored 0.75); 0-9 (scored 1).
	Self-rated health	
39	Self-rated health- compared to others of the same age	Excellent, very good or good (scored 0); fair (scored 0.5); poor (scored 1).
	12 lead electrocardiogram	
40	Clinically significant arrhythmia	No clinically significant arrhythmia (scored 0); clinically significant arrhythmia (scored 1).

Referentie: Collerton, J., C. Martin-Ruiz, K. Davies, C.M. Hilkens, J. Isaacs, C. Kolenda, C. Parker, M. Dunn, M. Catt, C. Jagger, T. von Zglinicki, and T.B. Kirkwood, *Frailty and the role of inflammation, immunosenescence and cellular ageing in the very old: cross-sectional findings from the Newcastle 85+ Study.* Mech Ageing Dev, 2012. **133**(6): p. 456-66.