

iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club	CHAHS (MAST)
JC Facilitator	Antonia McGrath
JC Discipline	OT

Clinical Scenario

"Does the administration of a frailty scale in community dwelling older people assist in determining length of service or type/intensity of service required".

Review Question/PICO/PECO

- P** Community aged Care
- I** use of frailty scales
- C** not using a scale
- O** Prediction LOS or levels of service provision

Article/Paper

Gobbens R, van Assen M, Luijkx K & Schols J (2012) The Predictive Validity of the Tilburg Frailty Indicator: Disability, Health Care Utilization, and Quality of Life in a Population at Risk, *The Gerontologist*, 0, 0; 1-13.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the [DOHSA librarian](#).

Article Methodology: Longitudinal study

Journal Club Meeting on: 19 Jan 2012



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Ques No.	Yes	Can't Tell	No	Comments
1		✓		Is this test relevant to practice? Journal club to answer.
2	✓			Was there a review of literature? The study provided background literature on the determinants of frailty (Gobbens, Luijkx et al. 2010 & Gobbens, van Assen, Luijkx et al. 2010) followed by the development of the Tilburg Frailty Indicator (TFI). The literature review was used to justify the need for the current study with the predictive validity of the TFI for adverse outcomes in the long term not previously examined. Gobbens, R. J., Luijkx, K. G., Wijnen-Sponselee, M. T., & Schols, J. M. (2010). Towards an integral conceptual model of frailty. <i>J Nutr Health Aging, 14</i> , 175–181. doi:10.1007/s12603-010-0045-6 Gobbens, R. J., van Assen, M. A., Luijkx, K. G., Wijnen-Sponselee, M. T., & Schols, J. M. (2010). Determinants of frailty. <i>J Am Med Dir Assoc, 11</i> , 356–364. doi:10.1016/j.jamda.2009.11.008
3	✓			Was the objective of the questionnaire clear? Yes, the objective of the questionnaire was to assess the quality of life and adverse outcomes of frailty (disability and health care utilization). A year after the TFI was distributed additional questionnaires was used to assess adverse outcomes. The objectives of these questionnaires were also clearly stated in the text.
4	✓			What variables/indicators were measured? Were they consistent with the objective of the questionnaire? Yes the variables measured were consistent with the objective of the questionnaire. These included the different domains of frailty---physical, psychological, and social.

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5			<p>Are the results of this study valid?</p> <p>Currently there is no gold standard to assess frailty. In place of this the authors used other instruments for adverse outcomes. Disability: assessed using the Groningen Activity Restriction Scale (GARS) (Kempen & Surmeijer, 1990); Health care utilization: assessed by asking seven indicators of health care utilization (please see below) and Quality of life: assessed four domains of QOL using a brief version of the World Health Organization Quality of Life questionnaire (WHOQOL Group, 1998). These measures have previously been validated.</p> <p>The study has used an appropriate spectrum of subjects (i.e. community dwelling persons over the age of 75 years) however this was validated for use in the community not hospital or health care settings (but this has been suggested by the authors as a direction for future research).</p> <p><i>Seven indicators of health care utilization:</i> visit to a general practitioner, contacts with health care professionals, hospital admission, receiving personal care, receiving nursing care, receiving informal care, and use of facilities in care home/nursing home/rehabilitation center.</p> <p>WHOQOL Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. <i>Psychol Med</i>, 28, 551–558. doi:10.1017/S0033291798006667</p> <p>Kempen, G. I., & Surmeijer, T. P. (1990). The development of a hierarchical polychotomous ADL-IADL scale for noninstitutionalized elders. <i>Gerontologist</i>, 30, 497–502. doi:10.1093/geront/30.4.497</p>
6			<p>What were the results?</p> <p>The study results found that the predictive validity of the TFI assessed in 2008 for disability, health care utilization, and quality of life was corroborated by a medium to very large associations of frailty with adverse outcomes 1 or 2 years later and an increase in predictive accuracy of most adverse outcomes. Physical frailty was mostly responsible for the predictive validity of the TFI.</p> <p><i>Bottom line result:</i> The TFI is a valid instrument to predict disability, many indicators of health care utilization, and quality of life of older people, 1 and 2 years later.</p>

7	✓		<p><i>Were the methods for performing the test described in sufficient detail to permit replication?</i></p> <p>The article reported demographic characteristics and information on all the predictors of adverse outcomes (life-course determinants, multimorbidity, and frailty). It was noted in the paper that in place of some of the questionnaires a shortened version was used with only selected sections being used- sufficient detail was given to replicate the sections used in this study.</p>
8			<p><i>Will the test be available, affordable, accurate and reliable in my setting?</i></p> <p>Journal club to answer</p>

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