

Frailty as the Cornerstone of Elderly Care: Strategies for Early Detection and Intervention

Abu Baker¹

¹Semmelweis University Geriatric Clinic and Research Centre for Nursing, Hungary, ORCID: <https://orcid.org/0009-0005-1947-5799>

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Background

Frailty is increasingly recognized as a cornerstone of elderly care. It represents a multidimensional syndrome of vulnerability that increases risks of disability, hospitalization, institutionalization, and mortality. Frailty is not an inevitable consequence of ageing and can be delayed or mitigated through early detection and intervention.

Objective

This review synthesizes recent evidence on frailty, with particular attention to its prevalence, methods of early detection, intervention strategies, and system-level considerations, while highlighting implications for Central and Eastern Europe.

Methods

A systematic literature review was conducted in PubMed, Medline, CINAHL, and Google Scholar (2003-2025). Eighteen studies met inclusion criteria and were appraised using CASP checklists. Findings were synthesized narratively across four domains: prevalence, screening, interventions, and health system integration.

Results

Frailty prevalence ranged from approximately 7-12% among community-dwelling adults aged 65 years and older to nearly 40% in hospitalized patients in low- and middle-income countries. Community-based studies also showed frailty rates of around 20-25%, with strong links to falls and functional decline. Early detection was supported by validated instruments such as the Edmonton Frailty Scale, the Timed Up & Go test, the Dynamic Gait Index, and comprehensive geriatric assessment. Intervention strategies, particularly those combining resistance training, nutritional support, counselling, and interdisciplinary care, consistently improved independence

and reduced adverse outcomes. Multisystem approaches, such as structured exercise, were shown to be especially effective. If this is seen as a system it can be said that barriers to implementing frailty care included limited resources and staff training, while facilitators included leadership support, coordinated pathways, and the integration of personalized management into primary and hospital care.

Conclusion

This review positions frailty not only as a clinical condition but as a strategic framework for organizing elderly care systems. For Hungary and the wider Central/Eastern European region, integrating frailty screening into primary care and hospital workflows is an urgent priority. Recognizing frailty as a cornerstone of ageing policy can reduce preventable decline and support healthier, more independent ageing.