

The Relationship between Frailty and Poverty in Older Adults: A Systematic Review

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Received: 12- January -2023

Revised: 26- February -2023

Accepted: 25-March-2023

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Abstract

Background: Frailty is deterioration in physiologic reserve, putting individuals at risk to stressors emanating from diverse aspects, such as the social and environmental aspects. Being frail, in addition to poverty, might contribute significantly to negative consequences, including low quality of life. The aim of this review was to examine whether cases of frailty among the elderly population could increase their chances of facing poverty.

Methods: this research applied the review approach by using a narrative synthesis process. Studies were sought and obtained from three different online journal article databases, including CINAHL, Medline, Scopus and Google Scholar. These studies were sought by using specific keywords. Only the studies that were published between 2008 and 2020 were included in the review. The methodological and reporting quality of each of the studies was assessed, and summary of the screening and exclusion were documented using the PRISMA diagram. Further, two reviewers independently examined the quality of the each of the study before inclusion.

Findings: Nine English articles met the inclusion criteria confirming the existence of the different kinds of association between the elderly frailty and level of poverty by formulation a code from the outcomes that been extracted to make three final themes in related to the role of poverty in development frailty among elderly people and the three themes were: frailty, social life, poverty; frailty; poverty, environment conditions; and frailty, poverty and financial issues.

Interpretation: Poverty disrupts the social activities, impeding the successful relationships building in the society. Frailty needs to be considered holistically, taking into account financial and economic factors. Poverty is one of the

financial issues, demanding a prompt solution, which in turn, worsens the the quality of life an experienced by the elderly populations, notably adults.

Keywords: Older Adults; Frailty; Poverty; Quality of Life

Introduction

There is a projected acceleration in the growth of elderly population of more than 60. Such projections consider that there will be a significant decrease in life expectancy and it also based on the evidence that there was already an increase from 61.7% to 71.8% between 1980 and 2015. The improvement is also based on the advancements in the healthcare service delivery.^{1,2,3} In fact, some studies have noted that about a 13 % of the international population with nearby 3% annual a growth rate,³ and this is also estimated to increase nearby 2 billion by 2050.⁴ So as result of that, illnesses related to elderly people will increase and that will affect the amount of services that will be needed from comprehensive and coordinated health care facilities.⁵ Thus, several studies has stated that frailty among the features closely associated with ageing syndrome which found the incidence of frailty among elderly varying is extending from 10% to 59.1%.^{6,7,8}

As a consequence of existing frail older adults, there will be increase in health resources usage, spending and quality of life.⁷ Admittedly, Fuertes-Guiró and Viteri Velasco⁹ suggested in their review, there was significant relationship among the economic factors and frailty as costly syndrome, finding that in specific an increased hospitalization rate which consider the most costly part of health care services provided for frail elderly patients mainly in the hospital stay and pharmaceutical costs,^{9,10} as a result of decrease reserve to resist any weakening and possible damage in the major organ systems, such as the respiratory and cardiovascular systems.^{11,12}

Frailty is a decline in physiologic reserve, putting individuals at risk to stressors emanating from different domains, including social and environmental domains.¹³ Being frail, in addition to poverty, might contribute significantly to negative consequences, including low quality of life. Over the past years, different factors have become the main cause of developed the aging syndrome which is frailty. There is a remarkable increase in the frailty since early recognition may help to avoid or suspend the potential severe outcomes, which consider a multi- perspective approach that includes the incorporates the biological and psychosocial factors.¹⁴ A lot of investigations have concentrated on the differences in the level of frailty among elderly populations with concern to socioeconomic elements, defined by the level of education, occupation and financial income.^{15,16,17,18,19,20}

One of these well-known socioeconomic conditions that may have contributor effect to frailty is poverty.^{19,21} Poverty can be well thought to be the leading factor of deteriorated health since it influences different elements that has been found mostly in rural areas that has different sociodemographic and economic features such as aging age, being female, depressive symptoms, poor self-perception of health, cognitive impairment, dependence on activities of daily living^{22,23} and the presence of comorbidity, can contributed in increase the chance to have frailty in elderly.²² Furthermore, Youn and colleagues²¹ have found that those who experience poverty at any stage was transitions, are at higher risk of poorer physical, psychological, and cognitive functioning²⁴ and all indirect factors for developing frailty²¹ as well as Alcalá and his colleagues²⁵ who found that nearby 11% of frail tied older adults was related to advanced age and insufficient income and low educational level.

In a nutshell, there is inadequate research exploring the physical, psychosocial and behavioral effects of poverty on frailty, so there is important shed light on the effect of poverty relates to frailty by deep exploring and evaluation that can afford a further understand the implication of frailty on the development of since frailty growth is affected by the emergence of deficits linked to aging. There is no worse situation than combination of frailty and poverty among older adults. This unwelcoming situation should be addressed, even on a simple way, to understand how frailty affects the development of poverty. This review was designed to investigate whether frailty among the elderly adults and population could affect the levels of poverty.

Methods

Study Design

This research applied the approach of systematic review by using the narrative analysis. The approach was systematically organized using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The relevant studies were keenly examined to check if they have valid research process and outcomes before inclusion.

Search strategy

The literature search was conducted among reliable journal sites with the mission to find research studies that were conducted between 2008 and 2020. Three-stage search approaches were used in this review. The articles were obtained from specific databases, including CINAHL, Medline, Scopus and Google Scholar were commenced followed a keen scrutiny of the key words used to index the article in the journal site. Henceforth, the second search using entirely recognized keywords were done in the included key databases. Finally, the references at the end of each included studies were also scrutinized for further studies. While searching for articles, the researcher focused on the medical subject heading (MeSH) and keywords as separated with the operators: *"frailty"* AND *"social life"* AND *"poverty"* AND *"environment conditions"*; *"socioeconomic factors"* AND *"financial issues"*.

Assessment of methodological quality

Assessment and revision the methodological nature, quality or rigor of each study that were based on studies that were coded and assessed for any cases of bias. The assessment and agreements were obtained from two independent investigators. The procedure towards the collection of data was done in a stagewise process: firstly, the two expert reviewers conducted the assessment and inclusion of the most relevant and quality studies which was done by keenly analyzing the abstracts of each article. In addition, addressing the studies' results; that explore the relationships that the researchers established between poverty among elderly population and cases of frailty as well as financial status was done. Any significant differences that stand up among the reviewers were fixed via a critical discussion, and in some cases, done by another reviewer who was not previously involved. In cases of missing information or data, the researcher contacted and obtained information from the authors directly.

Review Methods and Data Extraction and Synthesis

A review of the literature applying the narrative synthesis including analysis of the relationships that exists between frailty and observed cases of poverty among older adults was conducted. This review considered quantitative studies potentially eligible if they exploration of relationships that exists between poverty in the elderly adults and incidences of frailty experienced by them, and that include a cross sectional or longitudinal design. Randomized controlled trials, reviews, conference abstracts, editorials and comments were excluded. Only the research studies that were published using the English language were deemed suitable and hence slotted in the review.

Data of each study was extracted by two authors. The extracted data were patterned, discussed and resolved in case of disagreements in related the relationships between frailty and poverty among older adults by third author. Then the two reviewers met and agreed on the final inclusion of studies. The extracted data was keyed into the Excel workbook by two different experts, then third author reviewed extracted data in for confirm accurateness and stability of recorded information.

The selected nine articles included in the review were assessed and extracted for their quantitative data by a recognized data extraction protocol of Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument.²⁶ The obtained data that had reference details like the year of article publication, study methods, research objectives, and the authors identities were recorded. All presented populations features and the significant observations regarding the association of poverty and frailty were extracted. In cases where the statistical approaches could not work well, such as the quantitative data, the researcher used the narrative approach and analysis. Further, tables were used to summarize the outcomes.

The significant and most relevant outcomes on the studies were assessed and a reviewed in details for confirming whether the incidences of frailty among the old could have any significant implication on their experienced cases and level of poverty by formulation a codes from the outcomes that been extracted from the articles to make final them which was the role of poverty in development frailty among elderly people and three themes were extracted and retrieved from the review of the pertinent literature: Frailty, social life and poverty; frailty, poverty and environment conditions; and frailty, poverty and financial issues (See Figure 1).

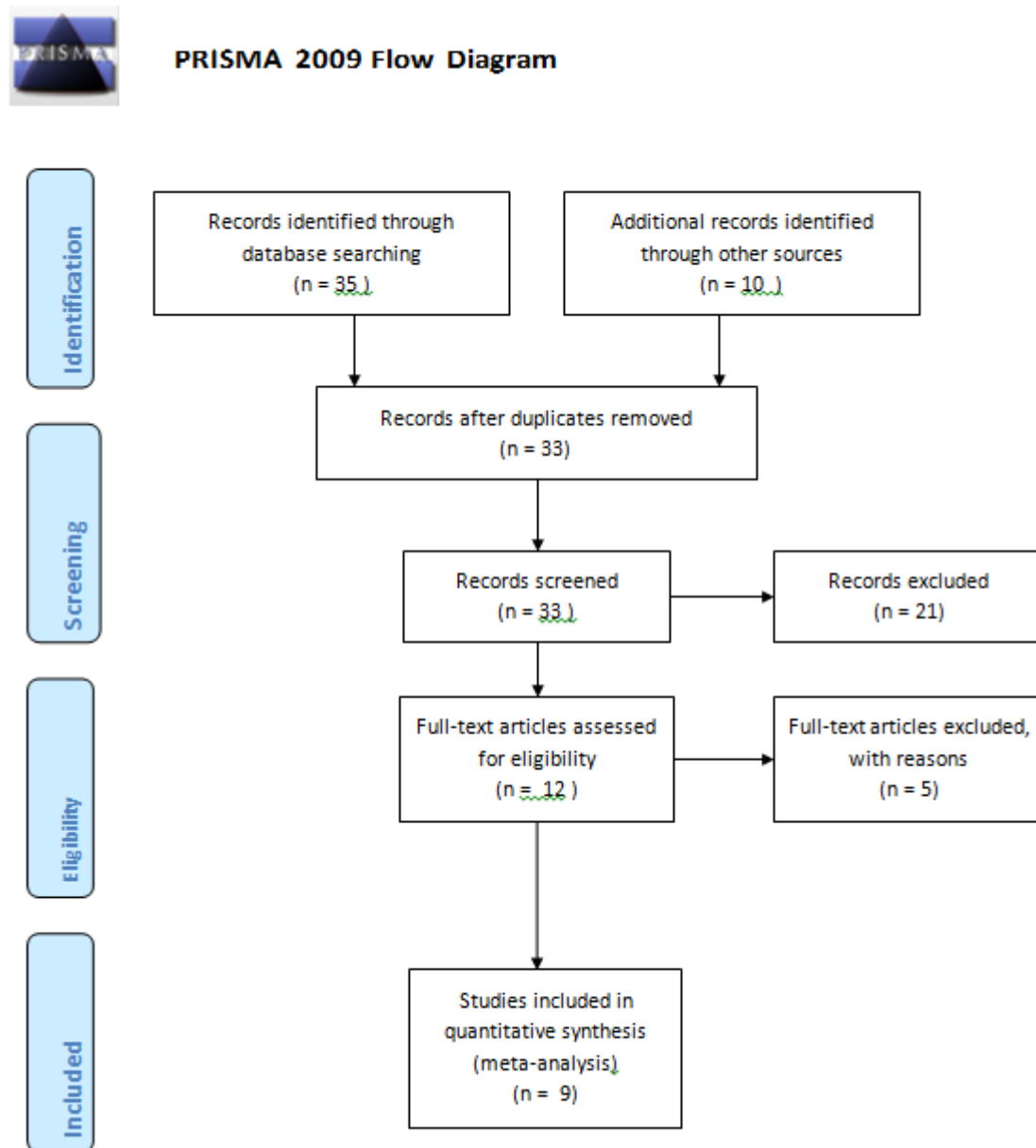


Figure 1

Study Authors	Assessment for	Type of Participants	Number of Participants	Method	Main findings about poverty and frailty
Pandey, 2012	Association between disability and poverty among Indian elderly.	A person with a disability.	45,571 and 24,731 households in rural and urban areas.	National Sample Survey Organization data collected at the individual level from July to December 2002.	The disability among economically disadvantaged elderly persons is higher than those with average to above average incomes.
Youn et al., 2020	Assess the prevalence of frailty in middle-aged and older adults and examine the impact of poverty transition on frailty.	45 year and older living in households.	9263 respondents completed interviews by well-trained interviewers.	Data were collected from the six-wave Korean Longitudinal Study of Ageing (2006–2016). The KLoSA is a large-scale, longitudinal survey of the population aged 45 and older living in households selected by multistage stratified probability sampling to ensure national representativeness.	The findings suggest that those who experience poverty transitions, enter poverty, and remain in poverty persistently are at higher risk of frailty.
Szanton, et al., 2010	Determine 1) the extent to which low SES was associated with increased odds of frailty and 2) whether race was associated with frailty, independent of SES.	65years and older, and had difficulty in areas of physical function and had a Mini-Mental State Examination.	727 older women.	A cross-sectional analysis of the Women's Health and Aging Studies using multivariable ordinal logistic regression modeling	Odds of frailty were increased for those of low education or income regardless of race.

Study Authors	Assessment for	Type of Participants	Number of Participants	Method	Main findings about poverty and frailty
Kim et al., 2017	Investigate the prevalence of frailty and the associations among frailty, socioeconomic status and health-related quality of life.	Healthy participants aged from 65 to 85 years.	964 apparently healthy elderly from the Korean community-based population.	Prospective cross-sectional study using 964 self-reported questionnaires.	Frailty has a significant negative influence on health-related quality of life among elderly population, and acts as a mediator between socioeconomic status and health-related quality of life.
Hoogendijk Heymans, et al., 2018	Investigate the course of socioeconomic inequalities in frailty among older adults.	65 years or older at that time from the medical interview in 1995/1996 (n=1,509).	710 were still alive after 10 years of follow-up.	Longitudinal Aging Study Amsterdam on physical, emotional, cognitive, and social functioning of older adults in the Netherlands during 10 years of follow-up using a face-to-face main interview and in a separate medical interview.	The risk of frailty were estimated to be higher in older birth cohorts, in women, in participants with low socioeconomic position such as lower levels of education and lower incomes, and in participants without a partner.
Hoogendijk, Rijnhart, et al., 2018	Investigate socioeconomic inequalities in frailty among older adults in six low- and middle-income countries (LMICs), and to examine to what extent chronic diseases account for these inequalities.	50 old years or older.	31,174 respondents from China, Ghana, India, Mexico, the Russian Federation and South Africa.	Data were used from WHO's SAGE wave 1 (2007-2010). Standardized survey materials and training were provided for teams in each country, with face-to-face interviews used to collect data.	Higher frailty prevalence rates were found in older people with a low SEP in LMICs, and chronic diseases were less common in lower socioeconomic groups as well as chronic diseases do not play an important role in explaining the higher frailty prevalence rate observed in lower socioeconomic groups.

Study Authors	Assessment for	Type of Participants	Number of Participants	Method	Main findings about poverty and frailty
Huguet et al., 2008	Assess the effect of income on health-related quality of life among older adults.	65 years or older.	755 Canadians and 1151 Americans.	Using stratified random sampling procedures, 755 Canadians and 1151 Americans questioners were collected from the interview.	Health-related quality of life was significantly associated with household income in the United States but not in Canada among elderly population.
Stolz et al., 2017	Assess the impact of material, psychosocial, and behavioral factors and the education in explaining the poverty-health link.	65 years or older.	28 360 observations from 11 390 community-dwelling.	Retrospective interviews on life histories and complemented by self-completion questionnaires from 10 countries over a 10-year period.	Poverty risk was associated with increased levels of frailty among older adults. Rather than educational or behavioral factors, material and in particular, psychosocial factors explained a large part of poverty risk related differences in frailty.
Watts et al., 2017	Test whether minimum income for healthy living of a person aged 65 years or older (MIHL65) is associated with frailty in older adults	65 years or older.	1342) of English Longitudinal Study of Ageing participants, who at wave 1 in 2002 were aged 65 years or older, without any limiting longstanding illnesses, and who had the information required to calculate MIHL65 in 2002, 2004 and 2006 and two measures of frailty in 2008.	Secondary analysis of the English Longitudinal Study of Ageing, a multiwave prospective cohort study	It been found that living below the minimum income for healthy living of people aged 65 years and older in 2002 predicted frailty 6 years later.

Table 1

Within the nine studies (See Table 1) representing the best available evidence, generally, there was consistent outcome of the body of observations regarding the relationships that exists between the incidences of frailty and level of poverty among older adults,^{18,19,20,21,27,28,29,30,31} although there was kind of heterogeneity in the way that frailty among the old could have any significant implication on their experienced cases and level of poverty. In fact, just three studies have examined the exist the relationship between cases of frailty and the observed levels of poverty and dismal financial gains directly.^{19,20,21}

Furthermore, four studies out of nine confirm that the cases of frailty in older adults is influenced by many different social and economic factors like the level of education, and amount of monthly income.^{18,19,27,31} A comparatively larger proportion of the studies confirm that gender, age, and level of education directly influenced cases of frailty among the old adults.^{18,19,21,29,31}

However, one study has re-looked at the exact aspects that connect disability among elderly and level their level of poverty, and also compared individuals with disability and without disability by applying different tools to assess the levels of poverty, and has confirm that disability increases the risk of poverty and conditions of poverty increase the risk of disability³⁰ in consider that the disability is combine factor to increase the frailty.^{32,33}

Six of the total nine studies concentrated on the interrelationship that exists between the cases of frailty and cases of poverty in the older adults in individuals with age more than 65 years (Hoogendijk, Heymans, et al., 2018).^{19,20,28,29,31} Whereas one study has investigated the relationship in aged 60 years or older sample³⁰ and furthermore, Hoogendijk and colleagues²⁷ have investigated the relationship among 50 years or older, the other investigated the relationship in aged 45 years or older sample,²¹ all these results indicated that age is main risk factor combine with poverty and low income that increase the incidence of frailty.

Eight of the total nine studies used mix sample, except one study examined the relationship in women population.^{18,19,20,21,27,28,29,30,31} Furthermore, one international comparative study despite the others²⁸ has evaluated the effect of the respondents' level of income on the health-related quality of life (HRQL) between older adults in Canada and America. The results showed that the amount of household income had a considerable impact on the HRQL in the United States but not in Canada, and the rational for that is, in Canada there is social safety programs of persons for insecurity as well as poverty that could implicate the old persons physical and mental wellbeing by reducing the social inequalities in elderly people.²⁸ In additional, Hoogendijk and colleagues' ²⁷ study have investigated the patterns of inequalities are present in diverse geographic regions and different levels of economic growth, and include the world's countries with the largest population (China and India) and, out of the included studies, it was the only a single study that focused on the implication o chronic diseases influencing and describing the cases of social and economic differences in frailty, the findings showed that frailty incidence was the comparatively higher in South Africa for the reason without any formal kind of classroom education were accomplished for most of elderly sample, as well as the lowest wealth quintile, and frailty incidence was lowest in Russia. Also, it was found that the cases of chronic illnesses were inappropriately less among the individuals with little income as well as chronic illness did not have any reportedly significant impact on the cases of frailty prevalence rate among the individuals with low financial income, the reason was due to people in lower socioeconomic countries may never seek help from healthcare professionals so it is more often that chronic illnesses are disregarded in these groups. In fact, there were several questions that were raised regarding gap persisted to explain divergence cases of frailty. Upcoming investigation that focusses on public health determinations have to emphasis on the cultural social and economic model in where such aspects are given priority, without focusing on one part only.

Discussion

Frailty, Poverty and Social Life

Traditionally, poverty has been well defined a painful reality of absolute, relative and subjectivity.³⁴ Indeed, poverty as a concept has many different related aspects particularly in the community. The issues of financial income and

poverty are crucial elements of social conditions associated with frailty. Globally, the cases of poverty are more apparent among those who stay alone than the elder who are lived with their spouses and beside others.^{35,36}

As known, frailty may come from the disconnect that exists between the old adult and their social environment while searching for ways to reestablish the linkage with their daily activities that define their social and occupational niche.³⁷ As such, digging more ideas about the aspects that connect poverty among poorer among elderly is essential in order to allocate resources of anti-poverty measures and to be monitored more comprehensively. As a consequence of poverty that have been well documented in the literature, lack of competency to take part in the social responsibilities and economic practices, as well as psychological discomfort and isolated from the daily activities and processes.^{38,39} At the same time, presence of many different physical and psychological illnesses, and sensory features as well are strongly correlated with poverty.^{30,40}

For instance, poor social integration has also been mentioned to have a significant implication on the old adults' cases of frailty through the biomolecule called the C-reactive protein.⁴¹ The previous situation could get worse if the older adults with frailty have low income or are poor in order to meet these social needs. On the other hand, living alone, low economic status, previous hospitalizations, and at least five comorbidities are more likely to lead to increased cases of hospitalization.⁴² Moreover, disability and malfunctioning of the physical self can have caused exclusion from work, education and healthcare, as well as high expenses on healthcare and other services, which can exacerbate poverty.^{43,44}

Therefore, the old persons easily suffer the frailty since they experience many instances of poor social integration. This situation gives an indication how the poor older adults will struggle to keep such social integration and vitality active, they have low income, in turn, makes them think deeply prior to participate in any social activity. The bottom-line rests at the idea that social issues directing older adults are more likely to experience cases of frailty,⁴⁵ and this will be the case when the older adults with low income have no capability to meet their daily needs while being alone. In addition, poor socialization support relates closely with the QOL.⁴⁶ Due to expanding research interest in understanding the retaining a good QOL in the elderly phases, there has also been cases of longer life expectancy.⁴⁷ QOL of older adults has trapped researchers' interests due to the endless shifts the population features that affect life expectancy. Further, the psychometric research investigations have shown that QOL scores among the old people in the community sometimes does not concur with that of the general population.⁴⁸ QoL is affected by a multidimensional complex manner as of personal level of need-satisfaction, individual physical and psychological state, and social relationships regards to noticeable environment characteristics.⁴⁹

According to Alvarado and colleagues,⁵⁰ low income promotes the development of frailty among the elderly men and women in Latin American. As a result, the low income creates a social gap between the poor adults and their neighbors as well as the inaccessibility or willingness to take part in the communal activities, that would otherwise provide social support. In the same way, financial constrains felt by the poor adults are more likely to miss the social programs that would otherwise help the live positively. Lack of the private vehicles has also been mentioned as a significant hindrance against access to social event. Some studies have also noted that "although many health, social, physical, housing, financial, legal, recreational, and transportation services are available for low-income elders, a survey of agencies revealed that the number of clients over the age of 60 who access these services is relatively low".⁵¹

Frailty, Poverty and Environment Conditions

Low income and poverty play a crucial role in offering the appropriate environment and communal resource. Older adults with frailty require special, designated environment aiming to meet their unique needs. They could face variant issues with activities of daily living, safety environment, transportation, housing conditions, and mobility. Over time, several factors preventing frailty have arisen to be more helpful to raise the living standard as well as the longevity than other invented medicines and advanced medical technology. Some of the factors noted in the

literature include access to water, food and antibiotics, among others.⁵² Consequently, these factors need strong financial background, which could come from donations from instructions or friends. Therefore, there arises the concerns about the ability to sustained such vital life needs in the new environment that older adults have the desire to live in or could be transferred to. The capability of seamless adjustment with new housing, conditions, or environment is arduous to be accepted by people who have mobility issues requiring informal and formal caregivers.⁵³

Poverty also could put older adults with frailty in a hard position while dealing with their rights, such as free mobility, choosing the appropriate place for living, and maintaining good housing conditions. Therefore, the impairment in mobility could disturb the life style of older adults, having them thinking about changing or relocating the place of living. Many factors play a major role in influencing the life style that older adults are acquainted with, which in turn push them to move out their living place, such as change in lifestyle, high cost and difficult maintenance, becoming socially alone, and looking for satisfied health services and caregivers to meet the decline in the mobility level.⁵⁴ In light of previous low income and financial concerns, healthcare decision makers and caregivers are at stake to facilitate the satisfied healthy environment and housing, which do not impede the successful aging of older adults with frailty.

In addition, poverty could disturb the life that older adults with frailty have. Multidimensional frailty predisposes elderly people to several life issues on a daily basis, which demand many comprehensive care programs targeting such issues to facilitate their quality of life. And this probably can be fulfilled in light of poverty. Poor and underserved areas could deprive older adults with frailty of the basic life fundamentals, which in turn, raises various concerns that pertain to activities of daily living: safety environment, transportation, housing conditions, mobility, availability of medications, and adequacy of appropriate nutritional programs. According to Ferrucci and colleagues,⁵² several factors preventing frailty have arisen to be more helpful to raise quality of life and increasing the longevity than other developed medicines and advanced medical technology.

Low income could play an important role in determining the quality of residences. Housing conditions and the level of comfort in the contextual space including the neighborhood, greatly contributes to the progress of frailty,⁵⁵ resulting in a decline in reserve capacity and more susceptible to adverse effects according to Gobbens and colleagues' definition.⁴⁶ Thus, factors affecting living environment should be targeted by community care services to evaluate whether such conditions go with the needs of older adults, including getting in and out of the home, competency of cooling and heating system, and presence of available contextual space with neighborhood.

Thus, fighting poverty should be a crucial part in any community care services program, providing transportation, healthcare staff to help such older adults, and offering the help for patients with bladder incontinence. For instance, "Day care service" program conducted in Japan contributes to a decline in the mortality rates for people with frailty problems; this program was implemented two or more times per week.⁵⁶ Moreover, measures on reducing poverty and its debilitating effects should be prioritized, and such measures should also consider the population's psychosocial factors and sociocultural context as well rather than to concentrate on behavioral aspects alone.¹⁹ So, older adults with depression, anxiety, and feelings of loneliness need to be managed by adult day care services, thereby encouraging older adults to age in their places once their psychological well-being is met.⁵⁷ Poor and underserved could lack of such day care services.

Low income is one of the financial issues that should be paid attention to while regarding the type of health insurance that older adults have; whether this insurance can cover such services or not alongside other health problems. As a result, the comprehensive community care services should be available in order to face the several complicated health issues that poor older adults with frailty have. Healthcare providers, caregivers, policy makers, and people living with elders are responsible to get all of these services successful toward achieving the best care for this dear group of our population through fighting the poverty in their community.

Frailty, Poverty and Financial Issues

As aforementioned before, being frail means being more likely to have more chronic diseases, a higher risk for disability, and an increase in the healthcare utilization, and thus definitely is linked to higher financial demands for care among these old adults. It is generally agreed that persons who have strong finances support and educational qualification are less likely to face the health-threatening conditions, greater ability to monitor and manage resources effectively for better health outcomes.^{18,28}

Poor older adults could have obstacles while attempting to obtain their financial rights due to the lack of the pertinent legalizations. Poverty and frailty impose changes in the policies and legalizations regarding environmental modifications, discharge and institutionalization policies of tenants with frailty, and how they require more urgent need to obtain health insurance other than others. Notably, both economic status and frailty impact each other progressively. Furthermore, socioeconomic status and education are determinates predictors of QoL in frail and vulnerable elderly people.^{18,29} According to Hubbard and colleagues,⁵⁸ there is a strong and evident association between frailty and poorer subjective well-being among community dwelling older adults, indicating that their health statuses have been negatively influenced by frailty and additional health costs. Previous study has revealed that poor people and those who have a neighborhood deprivation are at a higher risk for frailty.⁵⁹ Frailty predisposes older adult to variant health complications, such as disability, institutionalization, and death.^{16,60} Such complications demand additional financial burdens on older adults to fulfill their increasing needs. In addition, some ethnic groups, such as Hispanic adults who suffer the problems of frailty, are more predisposes to a gradual reduction in their physical and cognitive abilities according to quality-of-life scores.⁶¹ As a result, more concerns continue to ensue in regards to their problem with frailty about looking for nursing homes other than aging in their natural places. This situation poses questions about kinds of health insurance that could cover these additional costs.

Poor communities could have negative impacts on the kinds of comprehensive care provided by the government. According to Nemoto and colleagues,⁶² Japan has a certain long-term health insurance, which includes nursing home care to older adults based on their classification as independent, vulnerable, and dependent. This classification is greatly associated with frailty criteria proposed by Fried and colleagues.¹⁶ Fried and colleagues¹⁶ depicted a phenotype of frailty as an elucidation of frailty etiology, indicating that the presence at least 3 of 5 criteria means frail, 1-2 criteria means pre-frail, and none of the criteria means non frail. Nemoto and colleagues⁶² pointed out that there is possibility to use these criteria as a classification, in which the health insurance plans based on.

Conclusion

Frailty is a decline in physiologic reserve, putting individuals at risk to stressors emanating from different domains, including social and environmental domains. Poverty plays a negative role in limiting the available resources that older adults could use. There is no bad combination could ever found, but frailty and poverty. On the first hand, frailty predisposes older adults to physiological conditions, such functional decline and impairment in activities of daily living. On the other hand, poverty disrupts the social activities, impeding the successful relationships building in the society. Frailty should be treated on a holistic basis, taking into account financial issues. Poverty is one of the financial issues, demanding a prompt solution.

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