Saying ‘No’: A physician’s perspective

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Disclaimer

• All opinions are my own and may be lacking in evidence
Three key points

• Frailty, Sarcopaenia and Cachexia
• Setting ‘palliative care frameworks’ prior to surgical intervention
• Teamwork
Overlapping geriatric syndromes.

“most cachectic individuals are sarcopenic”

“most sarcopenic individuals are not cachectic”

SARCOPENIA
A syndrome characterised by progressive loss of skeletal muscle mass and strength associated with adverse outcomes [23, 82, 83]

CACHEXIA
A complex metabolic syndrome associated with underlying illness and characterised by loss of muscle ± fat [84]

Imbalance between pro & anti-inflammatory cytokines (TNF-α, IL-1, IL-6)

FRAILTY
Decreased physiologic reserve across multiple organ systems with impaired homeostatic reserve, reduced capacity to withstand stress and resultant adverse health outcomes [28, 85]

“cachectic individuals are commonly frail”

“some sarcopenic individuals are also frail”

“not all frail individuals are cachectic”

“most frail individuals are sarcopenic”

Partridge J S L et al. Age Ageing 2012;41:142-147
Communication, palliative surgery and frailty: complex decision making
Teamwork:
leaders
active followers