

Appraisal

Appraisal of Clinical Practice Guideline: Physical Frailty: ICFSR International Clinical Practice Guidelines for Identification and Management

Date of latest update: 2 August 2019. **Date of next update:** 2024. **Patient group:** Older adult people with (or at risk of) physical frailty. **Intended audience:** All health professionals who care for older people with frailty. Secondary audience: National, state and local policymakers. **Additional versions:** None. **Expert working group:** Members (multidisciplinary) of the International Conference of Frailty and Sarcopenia Research. **Funded by:** Not stated. **Consultation with:** External reviewer groups (healthcare providers and healthcare consumer groups). **Approved by:** Not stated. **Location:** Journal article: <https://link.springer.com/article/10.1007%2Fs12603-019-1273-z>

Description: The task force of the International Conference of Frailty and Sarcopenia Research (ICFSR) developed clinical practice recommendations for the identification and management of frailty in older adults. The task force recommends that health practitioners case identify/screen all older adults for frailty using a validated instrument suitable for the specific setting or context (strong recommendation). Ideally, the screening instrument should exclude disability as part of the screening process. For individuals screened as positive for frailty, a more comprehensive clinical assessment should be performed to identify signs and underlying mechanisms of frailty (strong recommendation).

A comprehensive care plan for frailty should address polypharmacy, the management of sarcopenia, the treatable causes of weight loss, and the causes of exhaustion (strong recommendation). All persons with frailty should receive social support as needed to address unmet needs and encourage adherence to a comprehensive care plan (strong recommendation). First-line therapy for the management of frailty should include a multi-component physical activity program with a resistance-based training component (strong recommendation). Protein/caloric supplementation is recommended when weight loss or undernutrition are present (conditional recommendation). No recommendation was given for systematic additional therapies such as cognitive therapy, problem-solving therapy, vitamin D supplementation, and hormone-based treatment. Pharmacological treatment as presently available is not recommended therapy for the treatment of frailty.

Provenance: Invited. Not peer reviewed.

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Appraisal of Clinical Practice Guideline: International clinical practice recommendations on the definition, diagnosis, assessment, intervention and psychosocial aspects of developmental coordination disorder

Date of latest update: January 2019. **Date of next update:** December 2022. **Patient group:** Individuals with developmental coordination disorder (DCD) across their lifespan. **Intended audience:** Healthcare professionals. **Additional versions:** Initial 2012 version <https://doi.org/10.1111/j.1469-8749.2011.04171.x>, 2019 Pocket Version: <https://doi.org/10.1111/dmnc.14132> (Appendix S1). **Expert working group:** European Academy of Childhood Disability (EACD) members, nominating for an expert panel (26 members, 14 countries) and/or five writing groups (11 members, 12 countries). **Funded by:** Nil. **Consultation with:** Parent organisation for individuals with learning disorders. **Approved by:** EACD. **Location:** <https://doi.org/10.1111/dmnc.14132>.

Description: Recommendations were sought across five topics (mechanisms, assessment, intervention, psychosocial issues and adolescents/adults) using expert panel meetings at two international conferences (DCD: 2015; EACD: 2016), a Delphi process and systematic literature reviews by five writing groups. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) system was used to determine recommendations. Thirty-five recommendations were proposed across four areas: Definition/terminology (n = 1); Assessment, encompassing diagnostic criteria (n = 4), assessment of DCD features (n = 8, including motor proficiency n = 3) and comorbidities (n = 1); Intervention, encompassing principles (n = 7), therapeutic approaches (n = 5), delivery mode (n = 2), impact of

environment (n = 2) or drugs (n = 1) and monitoring (n = 2); and Management of adolescents and adults, encompassing terminology/diagnosis and assessment (n = 2). Recommendations suggest that physiotherapists are important in: inter-professional, multi-dimensional assessment and diagnosis using subjective and standardised objective tools; providing goal-oriented, strengths-based, outcomes-measured intervention tailored to an individual's functional environment and psychosocial status; identifying and referring for co-occurring and/or psychosocial issues; and caring for individuals throughout childhood and adulthood. Future research highlighted for children includes: validity and reliability of clinical reference standards, comparisons between interventions, and effectiveness of interventions performed by schools/parents; and for adolescents/adults includes: extended longitudinal studies of the developmental course of DCD, age-appropriate assessments for diagnosis and intervention evaluation, and age-appropriate interventions.

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