

SUPPLEMENTARY DIGITAL MATERIAL 1

Supplementary Table I.—Description of the guidelines retrieved through the literature search and evaluated by the working group.¹⁴⁻²³

First author, (citation)	Name of the guideline	Institution promoting the guideline	Most represented field of study of guidelines developers	Methodology	Scope of the guideline	Target audience
British Geriatric Society ¹⁶	Fit for Frailty	British Geriatric Society	Geriatrics	Not stated	To provide consensus best practice guidance for the management of frailty in community and outpatient settings	Health and social care professionals in the community, in outpatient clinics, in community hospitals and other intermediate care settings and in older people's own homes
Dent ¹⁴	The Asia-Pacific Clinical Practice Guidelines for the Management of Frailty	n/a	Geriatrics	Modified Delphi process followed by development of recommendations formulated using the GRADE terminology	Provide evidence-based, multidisciplinary guidelines for the identification and management of frailty	Health practitioners in the Asia-Pacific region
Dent ¹⁵	ICFSR International Clinical Practice Guidelines for Identification and Management of Frailty	International Conference of Frailty and Sarcopenia Research	Geriatrics	GRADE methodology	Providing evidence-based recommendations for the identification and management of frailty in older adults, while considering lifestyle factors and clinical	All health professionals who contribute to the care of older people with frailty, including clinicians and allied health

Health Quality and Safety Commission ²⁰	Frailty care guides	Health Quality and Safety Commission New Zealand	Nursing	Not stated	and practical aspects of care Provide clinical information and practical advice to healthcare providers	professionals Health professionals working in settings where people at risk of frailty receive care, including aged residential care, primary health care, community care, hospice and acute hospitals Not stated
Kuzuya ¹⁸	Clinical Guide for Frailty	The Japanese Association on Sarcopenia and Frailty, The Japan Geriatrics Society and National Center for Geriatrics and Gerontology	Geriatrics	Not stated	To consolidate the available data on frailty and to provide a guide for frailty-related issues	Not stated
Marcucci ²²	FOCUS guidelines	Frailty Management Optimization through EIP-AHA Commitments and Utilisation of Stakeholder Input (FOCUS)	Health and social sciences	Systematic review, use of results from qualitative and quantitative studies within the FOCUS project, creation of GRADE Summary of	To provide evidence- and consensus-based guidelines for the prevention, delay and management of frailty	All professionals involved in decision-making and implementation of actions on frailty

Ministry of Health of British Columbia ²¹	Frailty in Older Adults - Early Identification and Management	Ministry of Health of British Columbia	Family medicine	Findings tables, consensus process. Not stated	Provide recommendations for the early identification and management of older adults with frailty or vulnerable to frailty.	Professionals working in community-based primary care
Regional Health Council of Tuscany ¹⁷	Frailty in elderly people	Regional Health Council of Tuscany	Geriatrics	Not stated	To provide tools to identify frail subjects, to provide indications on possible interventions to prevent disability in non-disabled older adults.	Managers of health agencies and local authorities, nurses, clinicians, social workers, physiotherapists, occupational therapists Not stated
Roller-Wirnsberger ¹⁹	European Collaborative and Interprofessional Capability Framework for Prevention and Management of Frailty	Joint Action for Frailty Prevention (ADVANTAGE), European Geriatric Medicine Society (EuGMS)	Geriatrics	Delphi process	To develop of a collaborative and multi-professional capability framework for prevention and management of frailty using a Delphi process	Not stated
World Health Organization ²³	WHO Guidelines on Integrated Care for Older People	World Health Organization (WHO)	Multidisciplinary	GRADE methodology	To provide evidence-based guidance to health care providers on the appropriate approaches at the community level to detect and manage	Primary target audiences: health care providers working in communities and in primary and secondary health

important declines in physical and mental capacities, and to deliver interventions in support of caregivers

care settings, professionals responsible for developing training curricula in medicine, nursing and public health. Other target audiences: health care managers, entities funding and implementing public health programmes, and nongovernmental organizations and charities active in the care of older people in the community setting.
