

SUPPLEMENTARY DIGITAL MATERIAL 3

Supplementary Table III.—Recommendations of the included guidelines and summary of the external evaluation of their applicability.

Topic	Guideline	Recommendation	Median applicability score	Minimum applicability score
Planning of the care	WHO Guidelines on Integrated Care for Older People	Multifactorial interventions integrating assessment with individually tailored interventions can be recommended to reduce the risk and incidence of falls among older people. (Quality of the evidence: low; Strength of the recommendation: conditional)	5	4
	ICFSR International Clinical Practice Guidelines for Identification and Management of Frailty	Where appropriate, persons with advanced (severe) frailty should be referred to a geriatrician (CBR; no data)	5	4
		A comprehensive care plan for frailty should systematically address: polypharmacy, the management of sarcopenia, treatable causes of weight loss, and the causes of exhaustion (depression, anemia, hypotension, hypothyroidism, and vitamin B12 deficiency) (Strong recommendation; very low certainty of evidence)	7	3
		We suggest implementing interventions specifically intended to have an impact on frailty in older age, <i>i.e.</i> preventing or delaying the progression of frailty, or reversing frailty (conditional strength of recommendation)	6	3
		We suggest implementing physical interventions, including physical activity/exercise, nutritional interventions, and a combination of exercise and nutritional interventions, to prevent or delay the progression of frailty, or to reverse frailty. The recommendation is stronger for group-based supervised exercise programs, either alone or in association with nutritional supplementation	6	5
		FOCUS guidelines	We suggest implementing interventions based on tailored care and/or GEM, to prevent or delay the progression of frailty, or to reverse frailty (conditional strength of recommendation). The recommendation is stronger	6

		for GEM-based interventions involving a multidisciplinary team, especially in inpatient clinical settings, but still conditional to the confirmation from further studies of good quality		
Screening	WHO Guidelines on Integrated Care for Older People	Older people should receive routine screening for visual impairment in the primary care setting, and timely provision of comprehensive eye care. (Quality of the evidence: low; Strength of the recommendation: strong)	6	4
	ICFSR International Clinical Practice Guidelines for Identification and Management of Frailty	Screening followed by provision of hearing aids should be offered to older people for timely identification and management of hearing loss. (Quality of the evidence: low; Strength of the recommendation: strong)	6	4
		All adults aged 65 years and over should be offered opportunistic screening for frailty using a simple, validated frailty instrument suitable to the specific setting or context (Strong recommendation; low certainty of evidence)	7	5
		Clinical assessment of frailty should be performed for all older adults screening as positive for frailty or pre-frailty (Strong recommendation; low certainty of evidence)	6	4
			7	5
Pharmacological management	WHO Guidelines on Integrated Care for Older People	Medication review and withdrawal (of unnecessary or harmful medication) can be recommended for older people at risk of falls. (Quality of the evidence: low; Strength of the recommendation: conditional)		
	ICFSR International Clinical Practice Guidelines for Identification and Management of Frailty	A comprehensive care plan for frailty should systematically address: polypharmacy, the management of sarcopenia, treatable causes of weight loss, and the causes of exhaustion (depression, anemia, hypotension, hypothyroidism, and vitamin B12 deficiency) (Strong recommendation; very low certainty of evidence)	7	4
		Pharmacological treatment as presently available is not recommended therapy for the treatment of frailty (CBR; very low certainty of evidence)	7	1
		Hormone therapy is not recommended for the treatment of frailty (CBR; very low level of certainty)	7	4

		[...] At the moment, the panel does not suggest adopting interventions based on hormone therapy [...] with the aim of preventing or delaying the progression of frailty or of reverting frailty (conditional strength of recommendation). Currently, there is no evidence in favor or against other interventions potentially effective on frailty ( <i>e.g.</i> other types of psychological interventions, interventions mainly focused on increasing socialization, other types of hormone therapies and pharmacological interventions).	6	5
	FOCUS guidelines			
	WHO Guidelines on Integrated Care for Older People	Oral supplemental nutrition with dietary advice should be recommended for older people affected by undernutrition. (Quality of the evidence: moderate; Strength of the recommendation: strong)	7	4
	ICFSR International Clinical Practice Guidelines for Identification and Management of Frailty	Protein/caloric supplementation can be considered for persons with frailty when weight loss or undernutrition has been diagnosed (Conditional recommendation; very low certainty of evidence). Health practitioners may offer nutritional/protein supplementation paired with physical activity prescription (Conditional recommendation; low certainty of evidence)	6	4
Nutrition\ supplementation			6	4
		Vitamin D supplementation is not systematically recommended for the treatment of frailty unless vitamin D deficiency is present (CBR; very low certainty of evidence)	7	6
	FOCUS guidelines	We suggest considering interventions to prevent or delay the progression of frailty, or to revert frailty, based on cognitive training, alone or in combination with exercise and nutritional supplementation (conditional strength of recommendation), and on exercise combined with diet consultation, at least in prefrail populations. [...]	6	4
Exercise	WHO Guidelines on Integrated Care for Older People	Multimodal exercise, including progressive strength resistance training and other exercise components (balance, flexibility and aerobic training), should be recommended for older people with declining physical capacity, measured by gait speed, grip strength and other physical performance measures. (Quality of the evidence: moderate; Strength of the recommendation: strong)	7	6

		Multimodal exercise (balance, strength, flexibility and functional training) should be recommended for older people at risk of falls. (Quality of the evidence: moderate; Strength of the recommendation: strong)	7	6
	ICFSR	Older people with frailty should be offered a multi-component physical activity program (or those with pre-frailty as a preventative component)	7	5
	International Clinical Practice Guidelines for Identification and Management of Frailty	Health practitioners are strongly encouraged to refer older people with frailty to physical activity programs with a progressive, resistance-training component (Strong recommendation; moderate certainty of evidence)	7	5
		Persons with frailty can be referred to home-based training (Conditional; very low certainty of evidence)	6.5	3
	FOCUS guidelines	We suggest considering interventions to prevent or delay the progression of frailty, or to revert frailty, based on cognitive training, alone or in combination with exercise and nutritional supplementation (conditional strength of recommendation), and on exercise combined with diet consultation, at least in prefrail populations. [...]	5	2
	WHO Guidelines on Integrated Care for Older People	Cognitive stimulation can be offered to older people with cognitive impairment, with or without a formal diagnosis of dementia. (Quality of the evidence: low; Strength of the recommendation: conditional)	6	2
Cognitive stimulation	FOCUS guidelines	We suggest considering interventions to prevent or delay the progression of frailty, or to revert frailty, based on cognitive training, alone or in combination with exercise and nutritional supplementation (conditional strength of recommendation), and on exercise combined with diet consultation, at least in prefrail populations.[...]	5	2
	WHO Guidelines on Integrated Care for Older People	Older adults who are experiencing depressive symptoms can be offered brief, structured psychological interventions, in accordance with WHO mhGAP intervention guidelines, delivered by health care professionals with a good understanding of mental health care for older adults. (Quality of the evidence: very low; Strength of the recommendation: conditional)	6	4
Psychological and cognitive management		Psychological intervention, training and support should be offered to family	6	4

		members and other informal caregivers of care-dependent older people, particularly but not exclusively when the need for care is complex and extensive and/or there is significant caregiver strain. (Quality of the evidence: moderate; Strength of the recommendation: strong)	5	2
	ICFSR International Clinical Practice Guidelines for Identification and Management of Frailty	Cognitive or problem-solving therapy is not systematically recommended for the treatment of frailty (CBR; very low certainty of evidence)		
	FOCUS guidelines	[...] At the moment, the panel does not suggest adopting interventions based on hormone therapy or on problem-solving therapy with the aim of preventing or delaying the progression of frailty or of reverting frailty (conditional strength of recommendation). Currently, there is no evidence in favor or against other interventions potentially effective on frailty ( <i>e.g.</i> other types of psychological interventions, interventions mainly focused on increasing socialization, other types of hormone therapies and pharmacological interventions).	6	1
Environmental adaptation	WHO Guidelines on Integrated Care for Older People	Following a specialist's assessment, home modifications to remove environmental hazards that could cause falls should be recommended for older people at risk of falls. (Quality of the evidence: moderate; Strength of the recommendation: strong)	7	5
Social support	ICFSR International Clinical Practice Guidelines for Identification	All persons with frailty should be offered social support as needed to address unmet care needs and encourage adherence to the Comprehensive Management Plan (Strong recommendation; very low certainty of evidence)	7	3

Oral health	<p>and Management of Frailty</p> <p>ICFSR International Clinical Practice Guidelines for Identification and Management of Frailty</p>	Advise older adults with frailty about the importance of oral health (CBR; no data)	7	5
Urinary incontinence management	<p>WHO Guidelines on Integrated Care for Older People</p>	<p>Pelvic floor muscle training (PFMT), alone or combined with bladder control strategies and self-monitoring, should be recommended for older women with urinary incontinence (urge, stress or mixed). (Quality of the evidence: moderate; Strength of the recommendation: strong)</p> <p>Prompted voiding for the management of urinary incontinence can be offered for older people with cognitive impairment. (Quality of the evidence: very low; Strength of the recommendation: conditional)</p>	6	5
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