

SUPPLEMENTARY DIGITAL MATERIAL 4

Supplementary Table IV.—Comments by the external reviewers regarding the topics covered by the endorsed recommendations.

Topic	Colombia	Brasil	South Korea	Italy	Japan	Russia	Australia	Spain	Tunisia
Planning of the care	Trained professionals are present Not enough programs especially in rural areas Need to train primary care professionals	Not enough trained professionals. Few patients have access to free health services specific for frailty issues. Need to screen for hearing problems	Applicability of multidisciplinary interventions in multiple areas is low dependent on logistic system of health care and workforce availability	Need to establish accessible and specific diagnostic and rehabilitation routes for patients	All the healthcare professionals who are involved in care planning should understand the comprehensive geriatric assessment along with frailty (including oral frailty) and sarcopenia measures and social prescription	These recommendations will fully help frail patients, improve their status of physical functioning, prevent the progression of frailty.	Reasonable to have guidelines on this topic	N\A	WHO should encourage the development of geriatric services in healthcare systems
Screening	Need to train primary	Lack of resources and specific	Screening for frailty should be	All the components of frailty	Each country or region	Specialist consultations help	Limited evidence on the	N\A	Need to translate the

	care professionals	training	offered to all older adult, but need to define what is a simple and validated tool for routine screening.	should be screened Important but neglected for its cost to screen for cognitive impairment, social condition, visual and hearing problems	should develop specific screening paths. Development of mobile apps might help	prevent falls and fractures in frail patients	importance of screening if it is not tied to evidence-based interventions	available screening tools	
Pharmacological management	N/a	n/a	N/A	Avoid polypharmacy if crucial	Limited evidence for pharmacological interventions. Chinese herbs would be promising. Additionally, regenerative medicine could be another option in the future,	Pharmacological methods have not been shown to be effective in the treatment of frail patients	This limited evidence in this area.	Limited evidence, of the effectiveness of pharmacological treatment of frailty	Having multiple physicians can result in uncoordinated care and polypharmacy.

Nutrition\ supplementation	N/a	Lack of resources and specific training Need to investigate the conditions hindering nutrition Communicate to the community the need to prevent frailty with appropriate nutrition	Need to focus on nutritional management rather than supplementation	Important to screen for vitamin D deficiency and hydration	although the problem is the cost. Need to raise awareness about this topic among primary healthcare professionals	An integrated approach is most effective for treating frail and pre-frail patients.	There should be greater distinction between supplementation and assisting older people to increase protein / caloric intake via food rather than supplements.	There is few evidence about the effectiveness of nutritional supplementations in the prevention or treatment of frailty. However there is some increasing evidence about the benefits of some kind of diets (mainly, the Mediterranean diet) in the prevention of frailty. Finally, the benefits of nutritional interventions are maximized when concerging with physical	This approach should be strengthened in poor countries.
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Exercise	N\A	Importance of assessment guided by objective parameters. Remotely supervised exercise programs might be viable. Patients should be aware of risk for falls	N\A	In the elderly aerobic exercises showed the greatest benefits, particularly the walk about five kilometers at a brisk pace, this type of exercise encourages contact with the environment, it is recommended that healthy and away from city smog, and costs are low	Need to raise awareness about this topic among primary health care professionals	It is necessary to select an individual training plan for frail patients, the volume and components of the training complex	Exercise is the most important category of intervention and should be highlighted	exercise programs. N\A	N\A
Cognitive stimulation	N\A	This item is extremely relevant, but its	N\A	Even in the event that specific structures	The quality of evidence is still low and more	Early intervention on pre-frail patients will	N\A	No data supporting the benefit of interventions	There are a few studies on the

applicability depends on well trained teams and effective multidisciplinary work

are not available to carry out the rehabilitation process, it is always useful to recommend cognitive rehabilitation in a home environment by training family members and the caregiver. It is important that it is included among the recommendations to emphasize its effectiveness

intervention trials should be conducted. Additionally, unification of methodologies would be a challenge.

help to increase their rehabilitation potential and prevent progression to frailty.

on cognition in the prevention/treatment of frailty

prevalence of dementia and cognitive impairment in African countries. A gap requiring urgent attention in this region.

Psychological and cognitive management

N/a

In case there are multiple caregivers, or when

These interventions have not been sufficiently

Depression and dementia are linked and both

The quality of evidence is still low and more intervention

Therapy of cognitive disorders, emotional disorders

No data supporting the benefit of interventions on cognition in

N/A

		there is considerable turnover, orientation is more difficult, as well as adherence. It is essential for the elderly who have greater functional limitations or dementia-related conditions.	demonstrated to be effective with respect to the aim of preventing or delaying the progression of frailty.	underdiagnosed Need to take care of the family	trials should be conducted. Additionally, unification of methodologies would be a challenge.	requires an integrated approach to be more effective.	the prevention/treatment of frailty	
Occupational therapy	N/a	Resources availability are a challenge. Alternative strategies are: educational materials (manuals, videos, talks) and peer support	N/A	N/A	This is important. The challenge would be funding resources, especially in low and middle income countries.	N/A	N/A	N/A

		of elderly people who have already fallen at home for risk factors that were not addressed						
Social support	N\ a	Resources availability are a challenge for this item. Personnel should be trained to use comprehensive management plans with frail elderly individuals	N\ A	Interpersonal relationships are of great importance not only for the quality of life but also survival	Provision of support would be different in each country depending on the care resources	This is an important area. It is a more general recommendation than only related to frailty	N\ A	N\ A
Oral health	N\ a	With appropriate services in place and awareness, this is	It is necessary to develop the simple and standardized tool to be	Oral care is of fundamental importance to preserve the capacity	Limited evidence, but very important. Collaboration with	N\ A	N\ A	N\ A

		possible. Inappropriate oral health impacts on chewing and nutrition, requiring modified consistency diets and supplementation in some cases	used to guide the importance of oral health in older adults.	for adequate nutrition	dentists and dental hygienists is important in primary care				
Urinary incontinence management	N\A	Appropriate services should be in place as well as elderly peoples' awareness about the importance of this item	N\A	Incontinence can lead to a number of complications, both physically and behaviorally. Especially skin irritations, skin infections, urinary tract infections. Incontinence can also lead to the	Should be recommended and more evidence needs to be established.	These recommendations may require greater rigor, benefit/risk assessment.	This is an important area and is broader than frailty.	N\A	N\A

reduction of
active life
and
relationships
, reduction
of physical
activity,
social
occasions,
travels.
Anxiety and
depression
can be
associated
with
incontinence
