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From Frailty to Gerastenia

Strandberg, Timo E.

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connote negative stereotypes about aging, their use runs the risk of adversely affecting the individuals geriatricians dedicate their careers to serving. But what does it say about the world we live in that words describing age have become pejoratives?

Language transforms, evolves, and provides insight into cultural values. Today, the word senile is replete with derogatory connotations. Yet, it derives from the Latin *senex*, old man, the same root word that *senatus*, or senate, comes from. In ancient Rome, the words connoting old age and political leadership tangled together and the honor of speaking first in the Roman Senate went to the oldest member. Similarly, the governing body of ancient Sparta was called the *Gerousia*, from the Greek word *geros*, or “old man.” Such words were not always discriminatory. Once, they were marks of honor.

A story recounted in the Babylonian Talmud (tractate Berakhot, folios 27b-28a), a text that was transcribed in first-century Judea, vividly illustrates a perspective on aging that is no longer normative in the modern Western world. The story begins with a quote: “Rabbi Elazar ben Azariah said, behold I am like a man of seventy years, and yet I never understood why the story of the Exodus from Egypt be told at night.” Why, the Talmudic text then asks, does Rabbi Elazar ben Azariah describe himself as *like* a man of 70 years? Either he is 70 years old or he is not!

The text continues: Elazar ben Azariah was a renowned scholar of first-century Judea, appointed by the sages of his community to be the head of the High Court when he was only 18 years old. Qualified for leadership by character and learning, he nevertheless feared that his young age would present an obstacle to assuming his new role. He, therefore, prayed that he be granted the appearance of an old man and thereby win the trust and respect of his community. His prayers, the Talmud relates, were answered and his hair turned white overnight, thus rendering him “*like* a man of seventy years.”

In first-century Judea, the physical markers of old age were sought after and valued, even prayed for. Twenty-first century America venerates youth. Our society has given rise to a multi-billion-dollar antiaging industry. One has only to open a magazine, scroll through an Instagram feed, or drive on a highway to encounter an onslaught of images advertising products promising to darken white hair, erase wrinkles, and restore youth. This cultural aversion to old age extends beyond the aesthetic. As geriatricians, we listen to our patients and learn about the experience of having one’s hearing loss conflated with cognitive impairment, of being handed pages of instructions written in print too small to decipher, and of watching a clinician talk to one’s children about one’s healthcare plan, as if the person to whom the plan is most relevant is not even in the room.

Words matter. And because we live in a world that idealizes youth, words connoting age have acquired demeaning and potentially discriminatory connotations. These connotations have infiltrated our vernacular to such an extent that “elderly” is no longer an acceptable word in the geriatrics community. Yet, while the modern world has become exceptionally skilled in extending the human lifespan, the ancient world knew how to value old age. It is the value of lessons learned, wisdom acquired, and a life lived.

Shoshana Streiter, MD
New England Geriatric Research, Education, and Clinical
Center, Veterans Affairs (VA) Boston Healthcare System,
Boston, Massachusetts
Division of Gerontology, Beth Israel Deaconess Medical
Center, Boston, Massachusetts

Ariela R. Orkaby, MD, MPH
New England Geriatric Research, Education, and Clinical
Center, Veterans Affairs (VA) Boston Healthcare System,
Boston, Massachusetts
Division of Aging, Brigham and Women’s Hospital,
Harvard Medical School, Boston, Massachusetts

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REFERENCE

1. Lundebjerg NE, Trucil DE, Hammond EC, Applegate WB. When it comes to older adults, language matters: *Journal of the American Geriatrics Society* adopts modified American Medical Association style. *J Am Geriatr Soc.* 2017; 65(7):1386-1388. <https://doi.org/10.1111/jgs.14941>.

FROM FRAILTY TO GERASTENIA

To the Editor: A group of experts organized by the National Institute on Aging Intramural Research Program and the Johns Hopkins Older Americans Independence Center identified current barriers for the implementation of frailty concepts into clinical practice.¹ The first of their five major points was that the broad use of the generic term “frailty” confuses clinicians and investigators and more specific language is needed.

Seethe Reply by Walston et al.

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According to the *Oxford Dictionary*, the English term frailty refers to a situation of being weak and delicate. During the 2000s, frailty has begun to describe a clinical condition—a geriatric syndrome—where an individual is exceptionally vulnerable to external and internal stressors.² However, the term as such is weak and vague. Patients may even feel the term to have a pejorative meaning.³ Maybe not unexpectedly, because—again, according to the *Oxford Dictionary*—frailty also refers to weakness in character or morals! In non-English languages—like Swedish and Finnish—we have also met with difficulties how to translate the term, because “Anglisms” are generally avoided and direct translations are clumsy and unspecific.

Even in modern medicine, terms derived from antique Greek and Latin are universally accepted, with common examples being diabetes, dementia, osteoporosis, sarcopenia, and anesthesia. Accordingly, we have formulated the term “gerastenia” as a translation of frailty, and this term is gradually gaining acceptance in Finland and Sweden (in the former, also officially approved by the Board of Medical Language). The word probably has a neutral tone to patients, and we have aimed to use it to mean specifically the phenotypic frailty,² in geriatrics an accepted clinical condition, which we anticipate to be better defined in biological terms in the future.

We acknowledge that the word frailty has been used for years in English medical language and changing it will likely meet with resistance (especially when suggested by non-English speakers). However, as shown by recent reviews,^{1,3} problems with the current term exist and this fragile rose deserves a better name. Therefore, we dare make the following suggestion: Gerastenia would mean a defined clinical syndrome and phenotype that is an expression of the lack of adaptive capacity of the organism,⁴ and that can be diagnosed with prevalences comparable to diabetes among individuals aged 70 years and older.

Timo E. Strandberg, MD, PhD
University of Helsinki, Department of Medicine, and
Helsinki University Hospital, Helsinki, Finland
Center for Life Course Health Research, University of
Oulu, Oulu, Finland

Tommy Cederholm, MD, PhD
Department of Public Health and Caring Sciences, Clinical
Nutrition and Metabolism, Uppsala University,
Uppsala, Sweden
Theme Aging, Department of Geriatrics, Karolinska
University Hospital, Stockholm, Sweden

Anne Ekdahl, MD, PhD
Division of Clinical Geriatrics, Department of
Neurobiology, Care Sciences and Society, Karolinska
Institutet, Helsingborg, Sweden
Department of Clinical Sciences Helsingborg, Lund
University, Lund, Sweden

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REFERENCES

- Walston J, Bandeen-Roche K, Buta B, et al. Moving frailty toward clinical practice: NIA intramural frailty science symposium summary. *J Amer Geriatr Soc.* 2019;67:1559-1564.
- Fried LP, Tangen CM, Walston J, et al. Frailty in older adults: evidence for a phenotype. *J Gerontol A Biol Sci Med Sci.* 2001;56:M146-M156.
- Mudge AM, Hubbard RE. Frailty: mind the gap. *Age Ageing.* 2018;47:508-511.
- Song X, Mitnitski A, Rockwood K. Prevalence and 10-year outcomes of frailty in older adults in relation to deficit accumulation. *J Am Geriatr Soc.* 2010;58:681-687.

REPLY TO FROM FRAILTY TO GERASTENIA

To the Editor: In response to the letter from Strandberg and colleagues,¹ we agree wholeheartedly that the term “frailty” alone is not sufficient to capture the specificity of the age-related, deeply biological condition observed by many providing medical care to older adults. The recommendation to use the term “physical frailty” in the previously published article is a first step toward the development of more specific terminology for this condition. Indeed, we envision that using “physical frailty” moving forward is only a first step in the evolution of terminology that will help patients and providers better understand the condition.²

A good example of such evolutionary naming of a common syndrome is “dropsy,” a term commonly used in England in the 17th century to describe leg swelling and shortness of breath. Derived from the middle English *dropesie* and old French *hydropsie*, the origin is thought to be from ancient Greek *hydrops* and ultimately “hydro,” which means water. As improved understanding of the pathophysiology at the basis of dropsy-related shortness of breath and leg swelling evolved, congestive heart failure came to be the more specific way to describe the observed syndrome and the etiology of the underlying signs and symptoms.

Although “gerastenia” certainly provides a more specific name that could replace frailty, we believe a term that better captures the biology that drives physical frailty in older adults would be a preferable and more specific solution. Given that the understanding of the biology of aging and its influence on clinical phenotypes and disease states is rapidly

This letter comments on the letter by Strandberg et al.

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