



Frailty in the Elderly: Risk Factors, Prevention and Clinical Management

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Message from the Guest Editor

Dear Colleagues,

Rapidly progressing medicine prioritizes the realm of precision medicine for better targeting the individual nature of a disease: deranged proteins, specific mutations, intra-cellular targets, etc. Nevertheless, despite being important, these represent precision rather than personalized medicine. The true personalization of diagnostics and therapeutics will never be attained by concentrating on molecules and organelles.

Frailty, the phenotypic translation of sarcopenia, represent a summation of morbidities mainly, but not exclusively, in the elderly. Acknowledging, defining, diagnosing, and addressing sarcopenia and frailty should stand at the epicentre of personalized medicine in multiple disciplines, not only geriatrics.

The diagnosis and treatment of both community-acquired pneumonia and advanced cancer share the need for personalization, and the assessment of sarcopenia and frailty is essential for both.

In the coming edition, we hope to enrich the clinical insights of clinicians worldwide regarding these critical realms.





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