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# The Journal of Frailty & Aging

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Letter to the Editor



## Beyond mortality prediction: Frail-VIG as a trigger for proactive multidomain interventions in nursing home residents

Dear Editor,

I read with great interest the article by Jiménez-Domínguez and colleagues validating the Frail-VIG index in residents of long-term geriatric care institutions [1]. The authors provide robust evidence of its feasibility, reliability and predictive validity for mortality, addressing an important gap in the literature through a practical, rapidly applicable tool grounded in the Comprehensive Geriatric Assessment [1]. This work represents a meaningful contribution to the care of institutionalised older adults, a setting historically constrained by instruments with limited applicability or insufficient validation.

The Frail-VIG integrates medical, functional, nutritional, cognitive, affective and social domains in a structured manner, capturing the clinical complexity of a population characterised by a high burden of multimorbidity, functional decline and advanced disease, many of whom follow trajectories close to the end of life [1]. Beyond its psychometric properties, the major contribution of this study lies in demonstrating that the index enables early identification of trajectories of complex deterioration and may act as a trigger for proactive interventions [2]. From a geriatric and palliative care perspective, frailty should not be viewed solely as a predictor of mortality, but as a marker of vulnerability to suffering and to clinically relevant adverse events that may be positively influenced through targeted care strategies [3].

Although the area under the curve of the Frail-VIG for 6–12-month mortality is moderate, its significant association with the development of geriatric syndromes—such as delirium, dysphagia, falls and pressure ulcers—highlights its value in anticipating clinical complexity beyond survival alone [1]. These findings support the need for targeted multidisciplinary approaches, including physical therapy and nutritional support in frailty and sarcopenia; speech and language therapy in dysphagia; psychological or psychiatric support for affective symptoms; occupational or neuropsychological interventions in cognitive impairment; specialised nursing care for pressure ulcers; social work involvement in cases of socioeconomic vulnerability; and comprehensive geriatric review in contexts of polypharmacy [2,3].

It is particularly striking that, in a cohort with advanced frailty and a high prevalence of severe cognitive impairment, only a small proportion of residents had documented advance care planning [1]. This finding reveals a substantial gap between the level of clinical complexity identified and the implementation of proactive palliative approaches that include the discussion and documentation of advance wishes [4]. In addition, the study does not define strategies for periodic reassessment or thresholds of change to evaluate the impact of interventions, a limitation acknowledged by the authors and a priority area for future research. Likewise, no cut-off points are proposed to guide the indication of exclusive palliative care, reinforcing the need to use the Frail-VIG in conjunction with other validated palliative care tools, such as NECPAL, particularly in patients with advanced disease and limited rehabilitation potential. Such complementarity is essential to avoid fragmented care and delayed palliative interventions in this vulnerable population.

We strongly commend the authors for validating the Frail-VIG in the residential care setting, a tool we consider highly valuable for the comprehensive care of institutionalised older adults. We encourage the development of future multicentre studies aimed at constructing clinical algorithms that link Frail-VIG scores to specific geriatric and palliative care interventions, thereby promoting proportional, personalised and person-centred care, consistent with an integrated vision of geriatrics and palliative care.

### Declaration of generative AI

The author declares that AI-based language assistance was used solely for grammar refinement. All intellectual content, interpretation, and conclusions are the sole responsibility of the author.

### Funding and disclosure

None

<https://doi.org/10.1016/j.tjfa.2026.100143>

Received 8 February 2026; Accepted 16 February 2026

Available online 25 February 2026

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### CRediT authorship contribution statement

**Jorge A. Sánchez-Duque:** Conceptualization, Writing – original draft, Writing – review & editing.


### Declaration of competing interest

The author declares that there are no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper

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