



The Cost of Frailty: Why it's Matter?

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Frailty has emerged as a significant contributor to disability and functional decline among older adults over the past decade. Regionally, the highest prevalence of frailty has been reported in Australia and Oceania (31%), followed by Asia and North America (both at 23%), with Africa and Europe showing a similar prevalence of 22% (O’Caoimh et al., 2020). In recent decades, frailty has been recognised as a multidimensional condition that not only affects physical health but may also have long-term adverse impacts on cognitive, psychological, and social well-being (Gobbens & van Assen, 2014).

The increasing financial burden and out-of-pocket expenses faced by frail older adults pose a significant challenge to efforts aimed at improving public health. A recent study by Pradana et al. (2025) reported notable differences in annual healthcare costs among older adults across different frailty levels. The cost gap between frail and robust individuals was US\$4,653, while the difference between frail and pre-frail groups was US\$3,286. Additionally, pre-frail individuals incurred US\$2,729 more in annual costs compared to their robust counterparts. These findings underscore the urgent need for stronger financial protection mechanisms in healthcare, particularly for the ageing population. Furthermore, robust social capital has been identified as an important factor in enhancing the health status and social quality of life among older adults in the community (Pradana, 2022).

The increasing pattern of healthcare costs associated with frailty among older adults requires particular attention from healthcare professionals. Frailty often leads to passivity in older individuals, and as the condition becomes more chronic, the risk of comorbidities may escalate over time. Therefore, targeted intervention strategies are essential and may be implemented through two primary approaches: direct individual-level interventions and indirect policy-based interventions.

Direct approaches should focus on promoting active engagement and empowering older adults in their daily lives within the community. For example, involving older adults as volunteers in social activities can enhance their sense of purpose and well-being. In contrast, indirect approaches should emphasise the government's role in protecting and supporting the ageing population to reduce the future burden of frailty. These may include expanding employment opportunities for retirees, improving accessibility to social services, and strengthening social protection systems, such as providing free health insurance for older adults.

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