CANCER OLDER PEOPLES SERVICE

COPS CHRONICLE

JANUARY 2026 - ISSUE 21

Pragmatic prescribing to reduce harm for older people with moderate to severe frailty

British Geriatrics Society
Improving healthcare for older people

		Moderate frailty (CFS 6) Individual needs help with some aspects of personal care (e.g. washing or dressing), may struggle on stairs, may no longer go out alone	Severe frailty (CFS 7-9) Individual needs help will all personal care or receiving palliative care
Key aims		• Use shared decision-making to establish patient goals. • More lenient therapeutic targets may better balance medication harms and benefits.	• Symptom control.
Common conditions	**Potential harm from medicines**	**Adjustment**	**Adjustment**
Hypertension	• Falls • Fractures • Electrolyte imbalance • Acute kidney injury	More lenient target – average systolic BP in range 140-160 mmHg.[1] Measure BP when sitting and one minute after standing – use lower value for therapeutic decisions.[2]	No BP target – harms likely to exceed benefits. Deprescribing advised.
Type 2 Diabetes	• Hypoglycaemia, leading to cognitive decline/falls	HbA1c target 60 to 75 mmol/mol.[3]	Avoid symptomatic hyper/hypoglycaemia. Simplify prescription.
Cholesterol	• Myalgia • Sarcopenia • Functional decline	Primary prevention: deprescribing advised. Secondary prevention: NNT likely to exceed 100/year to prevent one cardiovascular event – discuss stopping.[4]	Harms likely to exceed benefits. Deprescribing advised.
Heart failure with reduced ejection fraction	• Hypotension • Volume depletion • Falls	Limiting prescribing to fewer than the 'four pillars' may be a better balance of risks and benefits.[5] **ARNI/ACEi** Hypotension, hyperkalaemia. **Beta-blocker** Orthostatic hypotension. **MRA** Dehydration, hyperkalaemia. **SGLT2i** Dehydration, urinary tract infection, thrush.	Continue loop diuretics for fluid overload only.
Osteoporosis	• Therapeutic burden	If on bisphosphonate >3 years, then little evidence of benefit of continuation for next 3 years - discuss stopping.[6]	Treatment unlikely to be beneficial if immobile or in last year of life.
Cognitive impairment	• Accelerated cognitive decline • Falls • Fractures	Minimise exposure to anticholinergic medicines.[7] Evaluate ongoing risk/benefit of any antipsychotic or sedative medications, favouring deprescribing if possible.	Continue anti-dementia drugs if ongoing symptomatic benefit.

Contact Us

4TH FLOOR ROOM 30
BEATSON WEST OF SCOTLAND
CANCER CENTRE GLASGOW G12 0YN
TEL: 0141 301 9926 / 7137
EMAIL: GGC.COPS@NHS.SCOT

WHAT'S NEW

📊 Inpatient G8 Audit – Learning & Improving Together

We recently completed our third inpatient G8 frailty screening audit, with a completion rate of 15% for eligible patients aged 65 and over. While lower than previous audits, this has provided valuable insight into the challenges of completing G8 screening on busy wards and will help guide our next steps to make the process more accessible and better embedded into everyday practice.

🏆 Celebrating COPS Team Achievements

We're proud to share that Carly Rolston (OT) has been nominated for t**he Macmillan Equity Champion Award**. This award recognises work that helps reduce inequalities in cancer care and supports improved access to services, with a strong focus on service-level impact and inclusive care for all patient groups.

🎅 Be a Santa to a Senior - Thank You

Thanks to the generosity of staff across the Beatson, our Be a Santa to a Senior drive with Home Instead Renfrewshire & Barrhead delivered over 200 Christmas gifts to older people in the community. A huge thank you to everyone who donated and supported this initiative.

GERIATRICIANS: DR SEENAN & DR ADREES | CLINICAL NURSE SPECIALIST: TRACY DOWNEY | OCCUPATIONAL THERAPIST: CARLY ROLSTON

TOPIC OF THE MONTH: FRAILTY, MEDICINES AND MEANINGFUL CARE: A COPS APPROACH

Recent guidance from the **British Geriatrics Society** highlights the importance of *pragmatic, person-centred* prescribing for people living with **moderate to severe frailty** (click for more info). Rather than focusing solely on disease-specific targets, **the guidance encourages clinicians to balance potential benefit against treatment burden, side effects, and the impact on day-to-day function and quality of life.**

This approach closely reflects how the **Cancer Older People's Service** works in practice. Within COPS, geriatricians bring expertise in multimorbidity, medicines optimisation, and risk–benefit decision-making, particularly where frailty, cognition, or reduced physiological reserve may influence how treatments are tolerated. Nursing colleagues play a key role in identifying concerns around symptom control, adherence, and practical medication issues, often picking up early signs of difficulty in busy inpatient and outpatient settings. Occupational therapy input helps connect medicines to *real-world function***.** Through assessment and conversation, OTs often identify how side effects such as fatigue, dizziness, confusion, or reduced balance are affecting daily activities, independence, and safety. This insight supports MDT discussions and shared decision-making that is grounded in what matters most to the person.

This guidance is particularly relevant in oncology, where treatment decisions are often complex and dynamic. For older people with cancer and frailty, medication choices can directly influence treatment tolerance, functional decline, falls risk, and discharge outcomes. Reviewing medicines through a frailty-informed MDT lens helps ensure care plans remain realistic, coordinated, and centred on quality of life as well as disease management.

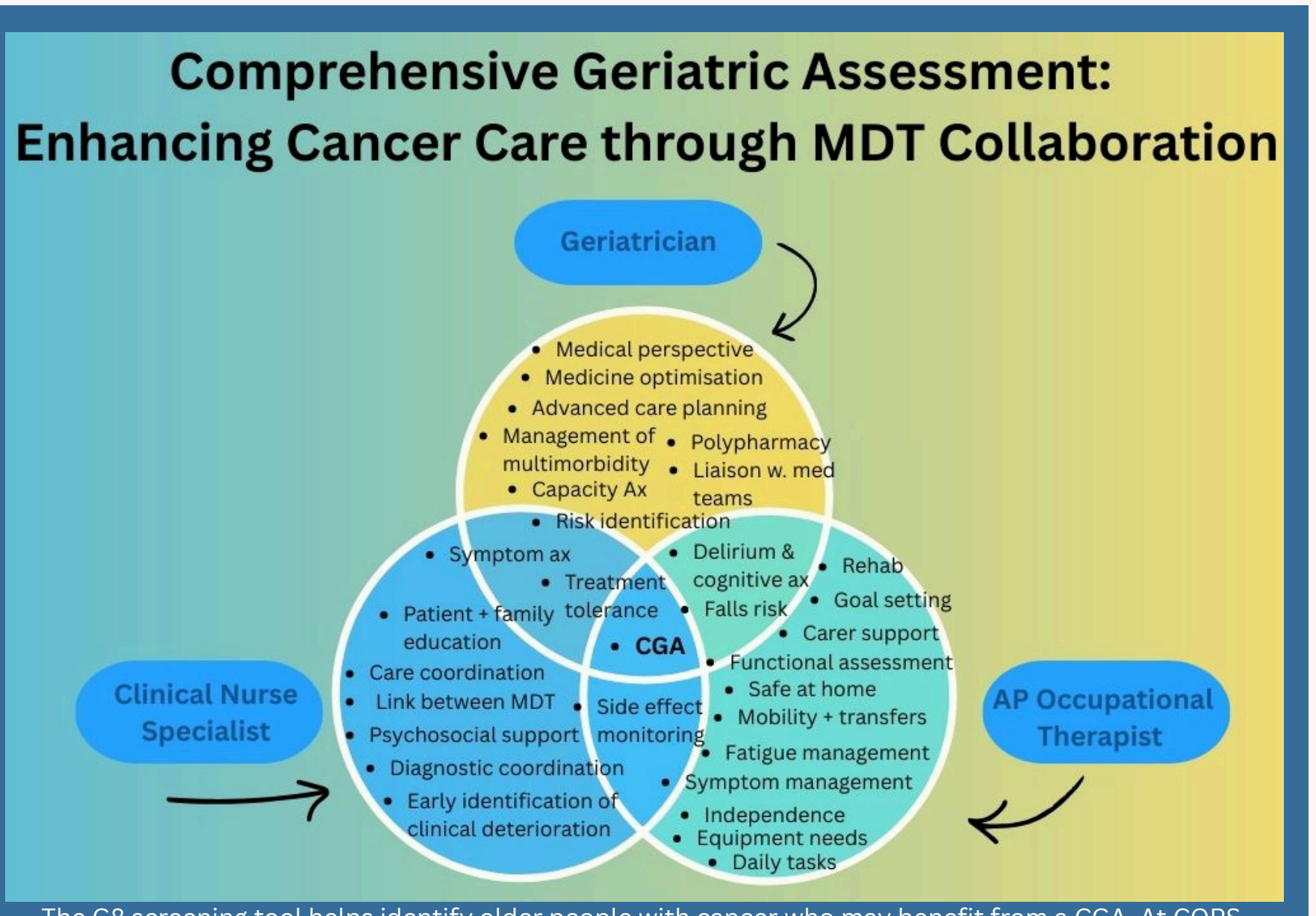
Simple, open questions can support this approach:

- ***How are you finding your medicines at the moment?***
- ***Are any treatments affecting your energy, balance, or concentration?***
- ***Is managing your medications becoming difficult day to day?***
- ***Would you like to talk about ways to make things simpler?***

By bringing together geriatric, nursing, and OT perspectives, COPS supports medication decisions that are clinically appropriate, functionally realistic, and aligned with patient priorities, particularly for older people living with cancer and frailty.

CANCER OLDER PEOPLES SERVICE

COPS CHRONICLE



The G8 screening tool helps identify older people with cancer who may benefit from a CGA. At COPS, CGAs are holistic, considering frailty, function, mobility, cognition, mental health, medications, and social factors to develop a personalised care plan based on what matters most to the patient.

CGA AND ONCOLOGY - DOES IT HELP?

Evidence suggests that following **a CGA**:

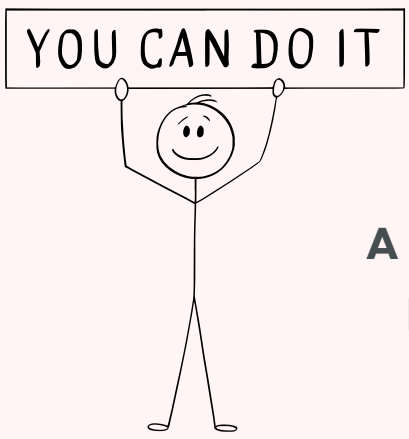
1. Patient Outcomes are **improved.**
2. Patients are more likely to **complete treatment and experience less severe toxicities.**
3. The patient and team **produce problem lists** and **develop goal-driven interventions** to tackle these.
4. Hospital re-admissions are **reduced.**

THE G8 GERIATRIC SCREENING TOOL

The total **G-8 score** lies between **0 and 17**.

A **higher** score indicates a **better** health status.

Not sure if your patient would benefit from CGA? A G8 frailty screen is a great starting point. COPS is happy to support, if you need.



G8 questionnaire

	Items	Possible answers (score)
A	Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?	0 : severe decrease in food intake
		1 : moderate decrease in food intake
		2 : no decrease in food intake
B	Weight loss during the last 3 months	0 : weight loss > 3 kg
		1 : does not know
		2 : weight loss between 1 and 3 kgs
		3 : no weight loss
C	Mobility	0 : bed or chair bound
		1 : able to get out of bed/chair but does not go out
		2 : goes out
D	Neuropsychological problems	0 : severe dementia or depression
		1 : mild dementia or depression
		2 : no psychological problems
E	Body Mass Index (BMI (weight in kg) / (height in m²)	0 : BMI < 19
		1 : BMI = 19 to BMI < 21
		2 : BMI = 21 to BMI < 23
		3 : BMI = 23 and > 23
F	Takes more than 3 medications per day	0 : yes
		1 : no
G	In comparison with other people of the same age, how does the patient consider his/her health status?	0 : not as good
		0.5 : does not know
		1 : as good
		2 : better
H	Age	0 : >85
		1 : 80-85
		2 : <80
	TOTAL SCORE	**0 – 17**

A threshold is suggested **at 14 points**, meaning that a patient with **a score of 14 or lower** should undergo **full geri-evaluation.**

CANCER OLDER PEOPLES SERVICE

COPS CHRONICLE

HOW TO REFER TO THE COPS TEAM:

INPATIENTS: All referrals to be done on Trakcare.

Beatson WOS Cancer Centre Patients Only

ITEM LOCATION: CANCER OLDER PEOPLES SERVICE

*THERE ARE POSTERS TO ASSIST WITH THIS IN EACH DOCTOR'S ROOM

Please use the G8 screening tool (found in the **medical admission notes**) for every patient aged 65 years and older. A score of 14 or below indicates the need for further assessment. Please refer to the COPS team as soon as possible.

OUTPATIENTS:

The new Sci Gateway referral pathway has been paused. Please return to emailing ggc.cops@nhs.scot with all outpatient referrals. Thank you.

If you would like to discuss a referral, please email GGC.COPS@nhs.scot and we can assist you.

Please ensure patients meet the referral criteria below, which help identify those who will benefit most.

PATIENT CRITERIA & WHAT WE DO

Referral Criteria

1. Aged **65 and over**

2. Attending the Beatson West of Scotland Cancer Centre (BWoSCC), **including umbrella clinics**, with a confirmed cancer diagnosis,

3. Patients presenting with **one or more frailty characteristics or complex comorbidities**, including:

- Challenges with activities of daily living (ADLs)
- Falls or high falls risk
- Reduced or declining mobility
- Delirium, cognitive change, or memory concerns
- Continence issues
- Treatment-related side effects impacting function
- Anxiety or psychological distress affecting engagement or care
- Palliative or supportive care needs
- Equipment or environmental adaptation needs

A 'one-stop shop' supportive oncology and haematology service for older people with cancer and frailty. Our multidisciplinary onco-geriatric team provides holistic assessment and support, including medical review, symptom management, polypharmacy review, social support, equipment provision, and onward referral to hospital- and community-based services. We can see patients at any point in their cancer journey, including before, during, or after treatment, to support function, safety, and quality of life.

THE beatson WEST OF SCOTLAND CANCER CENTRE

NHS Greater Glasgow and Clyde

In partnership with MACMILLAN CANCER SUPPORT