

審査の結果の要旨

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This study aimed to identify the factors that affect frailty status and to examine the association of frailty status with quality of life (QOL), healthcare utilization, falls, and disability in community-dwelling older people and those living in old age homes in Kathmandu Valley, Nepal. I conducted a cross-sectional study in three districts of Kathmandu Valley which were Kathmandu, Lalitpur, and Bhaktapur.

The overall prevalence of frailty was 60.5% with higher overall mean frailty score for older people living in old age homes. Frailty was associated with age, education, satisfaction with living environment, and self-rated lifestyle. Disability, healthcare utilization, and fall were higher in older people suffering from physical frailty. Physical, cognition, and social frailties negatively affected the sensory domain of QOL. In addition, physical and social frailty influenced the social domain with QOL inversely. Social frailty was also negatively associated with the intimacy domain of QOL. Psychological frailty was inversely associated with autonomy, activities, social, and death domains of QOL.

The results of this study call for provisions to prevent frailty and its adverse outcomes by focusing on the modifiable risk factors. Measures to maintain a healthy lifestyle and provision of informal education to illiterate older people can be implemented. The management of frailty should include health education through disseminating information and increasing awareness on frailty in the community. It promotes behavioral changes, health-seeking behavior, and enhances positive attitude towards health, and improves long-term adherence to strategies for frailty management.

Along with these, living spaces should be made age-friendly so that older people are satisfied with their home-living environment. At the same time, increasing facilities for physical activity and social connections would elevate the QOL of older people. Assessment of frailty may help in the reduction of related adverse life outcomes such as healthcare utilization and falls, and improve the QOL of older people.

よって本論文は博士(保健学)の学位請求論文として合格と認められる。