**Q1. Should interventions based on physical activity/exercise be recommended to prevent or delay the progression of or to revert frailty?**

### Frailty according to a composite index (continuous)

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention</th>
<th>Duration of intervention (total)</th>
<th>Comparison</th>
<th>Setting</th>
<th>Frailty definition</th>
<th>Pt n (intervention)</th>
<th>Pt n (control)</th>
<th>FUP duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>[45] Ng</td>
<td>Multicomponent exercise intervention, moderate, gradually increasing intensity, tailored to participants' individual abilities. Resistance exercises, balance training exercises involving functional strength, sensory input, and added attentional demands Group, supervised by a qualified trainer (for 12 weeks) then alone</td>
<td>12 weeks in classes, followed by 12 weeks of home-based exercises.</td>
<td>Usual care</td>
<td>Community dwelling</td>
<td>Fried (CHS)</td>
<td>98</td>
<td>48</td>
<td>1 year</td>
</tr>
</tbody>
</table>

### Frailty according to a composite index (dichotomous - transition to a less severe frailty category)

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention</th>
<th>Duration of intervention (total)</th>
<th>Comparison</th>
<th>Setting</th>
<th>Frailty definition</th>
<th>Pt n (intervention)</th>
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<th>FUP duration</th>
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<td>98</td>
<td>48</td>
<td>1 year</td>
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</tbody>
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### Quality of evidence (GRADE)

- **Frail** - **Prefrail**
- **Transition** to a lower frailty category
- **Post 4 m:** Odds Ratio (95% CI) 4.05 (1.50–10.8)

### Consider the evidence on the impact on frailty as a whole (regardless of the definition used for the outcome)

- **Quality of evidence (GRADE) - overall**
- **Quality of evidence (GRADE) - Frail**
<table>
<thead>
<tr>
<th>Reference</th>
<th>Time Up and Go</th>
<th>Multicomponent exercise intervention, moderate intensity (warm-up, strengthening exercises, balance and gait training, cool-down) Group, supervised (instructor + trainers), delivered at a research institute of gerontology</th>
<th>3 months</th>
<th>Usual care</th>
<th>Community dwelling</th>
<th>Fried</th>
<th>Trail</th>
<th>66 (65)</th>
<th>33 (31)</th>
<th>33 (32)</th>
<th>3 months (+ 4 months of follow up post intervention)</th>
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</thead>
<tbody>
<tr>
<td>[40] Kim Suzuki</td>
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<tr>
<td>Reference</td>
<td>Time Up and Go</td>
<td>Multicomponent exercise intervention (high-speed resistance training, balance, and gait exercises, on muscle strength) Individual, at the nursing home, supervised by one experienced physical trainer</td>
<td>12 weeks</td>
<td>Usual care (mobility exercise)</td>
<td>Institutionalized</td>
<td>Fried</td>
<td>Trail</td>
<td>32 (24)</td>
<td>16 (11)</td>
<td>16 (13)</td>
<td>12 weeks</td>
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<td>[32] Cadore et al., 2014</td>
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<tr>
<td>Reference</td>
<td>Time Up and Go</td>
<td>Strengthening exercises for the muscle groups required for basic mobility skills (exercise manual) Individual, at home, with the support (weekly home visits and telephone calls) of physiotherapists</td>
<td>12 weeks</td>
<td>Usual care</td>
<td>Mixed population (community-dwelling people in assisted living conditions)</td>
<td>Edmonton</td>
<td>Trail</td>
<td>84 (70)</td>
<td>45 (40)</td>
<td>39 (30)</td>
<td>12 weeks</td>
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<td>[34] Clegg</td>
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<tr>
<td>Reference</td>
<td>Time Up and Go</td>
<td>Multitask exercise program based on Jaques-Dalcroze eurythmics (walking following the piano music, responding directly or oppositely to changes in music’s rhythmic patterns, phrases, form or other aspects) Group, in community centres, supervised by a certified instructor</td>
<td>6 months</td>
<td>Usual care (discontinuation of intervention)</td>
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<td>103 (52)</td>
<td>26 (23)</td>
<td>75 (29)</td>
<td>4 years</td>
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<td>[39] Hars</td>
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<tr>
<td>[37] Giné-Garriga</td>
<td>Functional balance and strength-based exercises, Group, in an indoor primary-care facility, supervised (investigator and an assistant certified in first aid)</td>
<td>12 weeks</td>
<td>Usual care (+ health education) Community dwelling (last follow-up after 36 weeks)</td>
<td>Mean (95% [sec])</td>
<td>Significance difference in the pre-post changes between intervention and control, both at 12 and 36 months</td>
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<td>Usual care Community dwelling Fried (CHS)</td>
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<td>[48] Wolf</td>
<td>Balance Training, individual, supervised by one instructor</td>
<td>15 weeks</td>
<td>Education + exercise suggestions Community dwelling Biomedical, functional and psychosocial indicators</td>
<td>Pretrial</td>
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Walking Speed

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<td>Study</td>
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<td>Pre/post Change</td>
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<tr>
<td>[48] Wolf</td>
<td>Tai Chi, group, supervised by one instructor</td>
<td>Education + exercise suggestions</td>
<td>Community dwelling</td>
<td>15 weeks</td>
<td>Prefrail 136 (112)</td>
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<tr>
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<td>Usual care</td>
<td>Community dwelling</td>
<td>3 months</td>
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Handgrip strength

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<th>Group</th>
<th>Supervision Details</th>
<th>Duration</th>
<th>Pre/post Change</th>
<th>Intervention Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean, kg (SD)</td>
<td>Intervention</td>
<td>Pre 23.27 (8.29) Post 23.57 (8.5) FUP 22.87 (6.1)</td>
<td>Control</td>
<td>Pre 23.87 (6.5) Post 22.07 (6.2) FUP 22.27 (6.6)</td>
<td>Significant difference in change between intervention and control.</td>
<td></td>
</tr>
<tr>
<td>Mean, kg (SD)</td>
<td>Usual care</td>
<td>Post 17.94 ± 3.00 Post 18.36 ± 3.28 Post 17.75 ± 2.90</td>
<td>Control</td>
<td>Post 18.02 ± 3.38 Post 19.18 ± 3.50 Post 18.08 ± 2.92</td>
<td>No significant difference in mean change between pre- and post-intervention in the intervention compared with the control - No effect at FUP</td>
<td></td>
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<tr>
<td>Mean, % (SD)</td>
<td>Intervention</td>
<td>Pre 165±63 Post 181±52</td>
<td>Control</td>
<td>Pre 157±64 Post 130±15</td>
<td>Significant difference in change pre-post between intervention and control</td>
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</tbody>
</table>
Q1.2 Should nutritional interventions (e.g. supplementation, diet modification) be recommended to prevent or delay the progression of or to revert frailty?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Intervention</th>
<th>Description of intervention (total)</th>
<th>Comparator</th>
<th>Setting</th>
<th>Frailty definition</th>
<th>Follow up</th>
<th>In (n=30)</th>
<th>In (n=30)</th>
<th>Pre</th>
<th>Post</th>
<th>Pre</th>
<th>Post</th>
<th>NOS</th>
<th>Conclusion</th>
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<tbody>
<tr>
<td>Community dwelling</td>
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**Walking Speed**

- **Usual care**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 16.3 ± 5.0
  - Post: 16.4 ± 5.3
  - Difference: 0.1 (−2.7, 3.0)

- **Intervention**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 15.3 ± 4.6
  - Post: 15.1 ± 4.8
  - Difference: 0.2 (−2.0, 2.6)

**Change in Grip Strength**

- **Usual care**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 0.9 (0.6, 1.2)
  - Post: 0.9 (0.6, 1.2)
  - Difference: 0.0 (−0.3, 0.3)

- **Intervention**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 0.7 (0.5, 0.9)
  - Post: 0.7 (0.5, 0.9)
  - Difference: 0.0 (−0.2, 0.2)

**BMI**

- **Usual care**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 21.5 ± 12.7
  - Post: 26.4 ± 25.3
  - Difference: 4.9 (−15.5, 24.9)

- **Intervention**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 22.2 ± 12.4
  - Post: 26.4 ± 25.3
  - Difference: 4.2 (−15.2, 23.8)

**Oral Intake**

- **Usual care**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 30.3%
  - Post: 35.6%
  - Difference: 5.3% (−1.7%, 12.3%)

- **Intervention**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 30.3%
  - Post: 30.3%
  - Difference: 0.0% (−1.0%, 1.0%)

Considering the evidence on the impact of MFGM on frailty and sarcopenia, regardless of the intervention type, it is evident that MFGM supplementation has a significant effect on improving physical fitness and mobility. However, further research is needed to determine the optimal dose and duration for maximum benefit. **GRADE**: LOW

**Conclusion**

Milk fat globule membrane (MFGM) supplementation is recommended for frail and prefrail populations to improve physical fitness and mobility. **GRADE**: LOW

**Quality of evidence**

- **Usual care**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 0.9 (0.6, 1.2)
  - Post: 0.9 (0.6, 1.2)
  - Difference: 0.0 (−0.3, 0.3)

- **Intervention**
  - Milk fat globule membrane (MFGM) supplementation
  - 3 months
  - Usual care
  - Community dwelling
  - Fried (CHS)
  - Pre: 0.7 (0.5, 0.9)
  - Post: 0.7 (0.5, 0.9)
  - Difference: 0.0 (−0.2, 0.2)
Q1.3 Should exercise combined with nutritional interventions be recommended to prevent or delay the progression of or to revert frailty?

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>Study</th>
<th>Intervention</th>
<th>Duration of Intervention (total)</th>
<th>Comparison</th>
<th>Setting</th>
<th>Frailty definition</th>
<th>Frail - Pre (total)</th>
<th>Pt (intervention)</th>
<th>Pt (control)</th>
<th>FUP Duration</th>
<th>Narrative description of results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frailty according to a composite index (continuous)</td>
<td>No study</td>
<td>Multicomponent supplementation</td>
<td>3 months</td>
<td>Usual care</td>
<td>Community dwelling</td>
<td>Fixed</td>
<td>66 (65)</td>
<td>30 (13)</td>
<td>30 (22)</td>
<td>2 months (+4 months of follow-up post intervention)</td>
<td>Reversal post intervention: score ≤ 5.6% reduction; OR 3.12 [1.13–8.60]; CI 95% [0.00–6.79]; p = 0.035 (study: 5.6% control: 4.0%); OR 4.67 [1.45–15.08]; CI 95% [2.14–9.89]; p = 0.004 (study: 20.8% control: 8.9%); Variation: % (1st Q, 3rd Q) intervention: 5.45% (−11.5%; 15.5%) control: 0% (−13.7%; 16.1%); no significant difference in change pre-post intervention and control; 3 only 2 quite small studies with some study limitations, inconsistency (quite different interventions), imprecision.</td>
</tr>
<tr>
<td>Frailty according to a composite index (dichotomous - transition to a less severe frailty category)</td>
<td>No study</td>
<td>Home-based exercise (alone)</td>
<td>4 months</td>
<td>Usual care</td>
<td>Community dwelling</td>
<td>Fixed</td>
<td>33 (32)</td>
<td>33 (32)</td>
<td>33 (32)</td>
<td>49 4 months</td>
<td>Variation: % (1st Q, 3rd Q) intervention: 5.45% (−11.5%; 15.5%) control: 0% (−13.7%; 16.1%); no significant difference in change pre-post intervention and control. Considering the evidence on frailty as a whole (irrespective of the definition used for the outcome) Quality of evidence (GRADE) − overall Quality of evidence (GRADE) − Pre-Quality of evidence (GRADE) − FUP: Low only 2 quite small studies with some study limitations, inconsistency (quite different interventions), imprecision.</td>
</tr>
<tr>
<td>Time up and Go</td>
<td>No study</td>
<td>Home-based exercise (alone)</td>
<td>4 months</td>
<td>Usual care</td>
<td>Community dwelling</td>
<td>Fixed</td>
<td>44 (60)</td>
<td>30 (20)</td>
<td>33 (22)</td>
<td>3 months (+4 months of follow-up post intervention)</td>
<td>Variation: % (1st Q, 3rd Q) intervention: 5.45% (−11.5%; 15.5%) control: 0% (−13.7%; 16.1%); no significant difference in change pre-post intervention and control. Considering the evidence on frailty as a whole (irrespective of the definition used for the outcome) Quality of evidence (GRADE) − overall Quality of evidence (GRADE) − Pre-Quality of evidence (GRADE) − FUP: Low only 2 quite small studies with some study limitations, inconsistency (quite different interventions), imprecision.</td>
</tr>
<tr>
<td>Walking speed</td>
<td>No study</td>
<td>Home-based exercise (alone)</td>
<td>4 months</td>
<td>Usual care</td>
<td>Community dwelling</td>
<td>Fixed</td>
<td>66 (60)</td>
<td>30 (20)</td>
<td>33 (22)</td>
<td>3 months (+4 months of follow-up post intervention)</td>
<td>Variation: % (1st Q, 3rd Q) intervention: 5.45% (−11.5%; 15.5%) control: 0% (−13.7%; 16.1%); no significant difference in change pre-post intervention and control. Considering the evidence on frailty as a whole (irrespective of the definition used for the outcome) Quality of evidence (GRADE) − overall Quality of evidence (GRADE) − Pre-Quality of evidence (GRADE) − FUP: Low only 2 quite small studies with some study limitations, inconsistency (quite different interventions), imprecision.</td>
</tr>
</tbody>
</table>
Handgrip strength

Kim Suzuki

Multicomponent exercise intervention, moderate intensity (warm-up, strengthening exercises, balance and gait training, cooldown). Group, supervised (instructor + trainers), delivered at a research institute of gerontology.

Milk fat globule membrane (MFGM) supplementation 3 months

Usual care Community dwelling Fried Frail

66 (65) 33 (33) 33 (32)

3 months (+ 4 months of follow-up post-intervention)

Median or mean ± SD [kg]

Intervention

Pre 17.19 ± 3.79

Post 17.83 ± 4.05

Post 4m 17.00 ± 3.88

Control

Pre 18.92 ± 3.38

Post 19.18 ± 3.50

Post 4m 18.08 ± 2.92

No significant difference in mean change between pre- and post-intervention in the intervention compared with the control - No effect at FUP

Only 2 quite small studies with some study limitations, inconsistency (quite different interventions), imprecision

Only 2 quite small studies with some study limitations, inconsistency (quite different interventions), imprecision
<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>Intervention category</th>
<th>Intervention sub-category</th>
<th>Study</th>
<th>Intervention description</th>
<th>Duration of intervention (total)</th>
<th>Comparison</th>
<th>Setting</th>
<th>Frailty definition</th>
<th>Frailty criteria</th>
<th>Pr n (total)</th>
<th>Pr n (intervention)</th>
<th>Pr n (control)</th>
<th>FUP Duration</th>
<th>Quality of evidence (GRADE) - overall</th>
<th>Quality of evidence (GRADE) - Preval</th>
<th>Quality of evidence (GRADE) - Frail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frailty according to a composite index (continuous)</td>
<td>2. uni-professional</td>
<td>Active Management (mainly) and (Psycho)educational - Only health care professionals - At home - Individual</td>
<td>[36] Van Houw</td>
<td>Nurse home visits</td>
<td>at least 4 visits a year</td>
<td>Usual Care</td>
<td>community dwelling</td>
<td>composite of biomedical, functional and psychological indicators (based on CODD-WONCA charts)</td>
<td>≥ 2 of 6 CODD-WONCA charts</td>
<td>651</td>
<td>331</td>
<td>320</td>
<td>18 months (and 6 months)</td>
<td>Effect on an 18% CODD-WONCA-based frailty not reported. They report SF-36 mean scores at baseline and FUP. They qualitatively report a non-statistically significant difference between intervention and control (no significant groupwise interaction)</td>
<td>LOW</td>
<td>LOW</td>
</tr>
<tr>
<td>Frailty according to a composite index (dichotomous - transition to a less severe frailty category)</td>
<td>2. uni-professional</td>
<td>(Psycho)educational - Not only health care professionals - At home - Individual</td>
<td>[36] Behm</td>
<td>single preventive home visit (1.5-2 h) made by an occupational therapist (OT), a physiotherapist (PT), a registered nurse (RN), or a qualified social worker (SW)</td>
<td>each home visit: 1.5-2 h</td>
<td>Usual care</td>
<td>community dwelling</td>
<td>1. Measured as sum of B (Behm) or 6 (Gustafsson) biometrical, functional and psychological indicators; 2. Measured as timelessness in daily activities (Mob-T scale)</td>
<td>≥ 3 positive indicators</td>
<td>288</td>
<td>174</td>
<td>114</td>
<td>2 y</td>
<td>% Reversal from Frailty (Frail) [data in part derived from a graph]</td>
<td>LOW (only one study)</td>
<td>LOW</td>
</tr>
<tr>
<td>Frailty according to a composite index (dichotomous - transition to a less severe frailty category)</td>
<td>2. uni-professional</td>
<td>Only health care professionals - At home - Individual</td>
<td>[36] Favela</td>
<td>Nurse home visits</td>
<td>weekly visits over 9 months</td>
<td>Usual Care</td>
<td>community dwelling</td>
<td>1. 14-variable Frailty Index (Rookwood)</td>
<td>Fixed</td>
<td>88</td>
<td>44</td>
<td>44</td>
<td>9 months</td>
<td>% Reversal from Frailty (Frail) [data in part derived from a graph]</td>
<td>LOW (only one study)</td>
<td>LOW</td>
</tr>
<tr>
<td>Frailty according to a composite index (dichotomous - transition to a less severe frailty category)</td>
<td>2. uni-professional</td>
<td>Only health care professionals - At home - Individual</td>
<td>[36] Favela</td>
<td>Nurse home visits alone with alert buttons</td>
<td>weekly visits over 9 months</td>
<td>Usual Care</td>
<td>community dwelling</td>
<td>1. 14-variable Frailty Index (Rookwood)</td>
<td>Fixed</td>
<td>89</td>
<td>45</td>
<td>44</td>
<td>9 months</td>
<td>% Reversal from Frailty (Frail) [data in part derived from a graph]</td>
<td>LOW (only one study)</td>
<td>LOW</td>
</tr>
</tbody>
</table>
Q2.2 Should multi-professional interventions based on tailored care/GEM be recommended to prevent or delay the progression of or to revert frailty?

### Measuring frailty

**Frailty as Individual:**
- **Objective:** 3 positive indicators among the 5, as proposed in the guidelines.
- **Assessment:**
  - **Baseline:** 2 positive indicators for the pre-frail group.
  - **Follow-up:**
    - **Intervention:** 28.5% (95% CI: 24.9-32.3%, p < 0.001)
    - **Control:** 13.3% (95% CI: 10.1-17.1%, p = 0.001)

**Frailty as a Composite:**
- **Objective:** 3 positive indicators among the 5, as proposed in the guidelines.
- **Assessment:**
  - **Baseline:** 2 positive indicators for the pre-frail group.
  - **Follow-up:**
    - **Intervention:** 28.5% (95% CI: 24.9-32.3%, p < 0.001)
    - **Control:** 13.3% (95% CI: 10.1-17.1%, p = 0.001)

### Intervention Description

**Intervention (total):**
- **Multi-professional**
- **Individual**
- **Community**
- **Primary care centre**
- **Hospital**
- **Community hospital**

**Active management - Not only health care professionals: At home - Group based and individual:**
- **Intervention:**
  - **Multi-professional**
  - **Active management**
  - **Community**
  - **Primary care centre**
  - **Hospital**

**Comparison:**
- **Usual care**
- **Community hospital**

**Frailty definition:**
- **Pre-frail:** 2 positive indicators among the 5, as proposed in the guidelines.
- **Frail:** 3 positive indicators among the 5, as proposed in the guidelines.

**Measures:**
- **Biochemical and psychological:**
- **Regression analysis:**
- **Frailty index:**
- **Outcome:**
  - **Frailty status:**
    - **Baseline:**
      - **Intervention:**
        - **Pre-frail:**
        - **Frail:**
      - **Control:**
        - **Pre-frail:**
        - **Frail:**
    - **Follow-up:**
      - **Intervention:**
        - **Pre-frail:**
        - **Frail:**
      - **Control:**
        - **Pre-frail:**
        - **Frail:**

**Outcome:**
- **Frailty status:**
  - **Baseline:**
    - **Intervention:**
      - **Pre-frail:**
      - **Frail:**
    - **Control:**
      - **Pre-frail:**
      - **Frail:**
  - **Follow-up:**
    - **Intervention:**
      - **Pre-frail:**
      - **Frail:**
    - **Control:**
      - **Pre-frail:**
      - **Frail:**

**Difference Between Groups:**
- **Intervention vs. Control:**
  - **Pre-frail:**
    - **Baseline:**
      - **Intervention:**
        - 28.5% (95% CI: 24.9-32.3%, p < 0.001)
      - **Control:**
        - 13.3% (95% CI: 10.1-17.1%, p = 0.001)
    - **Follow-up:**
      - **Intervention:**
        - 28.5% (95% CI: 24.9-32.3%, p < 0.001)
      - **Control:**
        - 13.3% (95% CI: 10.1-17.1%, p = 0.001)

**Conclusion:**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**

**Limitations:**
- **Study design:**
  - **Randomized controlled trial**
  - **Sample size:**
    - **Intervention:** 694
    - **Control:** 694

**Conclusion:**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**

**Quality of evidence:**
- **Randomized controlled trial**
- **Sample size:**
  - **Intervention:** 694
  - **Control:** 694

**Recommendation:**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
- **Multi-professional interventions**
<table>
<thead>
<tr>
<th>Intervention group</th>
<th>Intervention subgroup</th>
<th>Study</th>
<th>Intervention description</th>
<th>Duration of intervention (total)</th>
<th>Comparison</th>
<th>Setting</th>
<th>Frailty definition</th>
<th>Scale</th>
<th>Method</th>
<th>Pt n (intervention)</th>
<th>Pt n (control)</th>
<th>Intention to treat</th>
<th>Intention to treat (ITT)</th>
<th>Frailty - continuous</th>
<th>Frailty - dichotomous</th>
<th>OC-5</th>
<th>Gait speed (m/s)</th>
<th>CO-OP</th>
<th>Eventment</th>
<th>Quality of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dider</td>
<td>Cognitive training</td>
<td>[43]</td>
<td>Exercise + nutritional + cognitive training</td>
<td>8 months</td>
<td>Usual care</td>
<td>Community dwelling</td>
<td>Fasted</td>
<td>Fasted</td>
<td>96</td>
<td>90</td>
<td>50</td>
<td>1 year</td>
<td>Transition to a lower frailty category</td>
<td>OR 2.89 (1.07-7.82)</td>
<td>19.1%</td>
<td>29.4%</td>
<td>15.2%</td>
<td>Only men, aged 70</td>
<td>Very low</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Exercise + nutrition + cognitive training</td>
<td>[43]</td>
<td>Physical training (isometric strength &lt;30 kg and leg power &lt;100 Nm)</td>
<td>8 months</td>
<td>Usual care</td>
<td>Community dwelling</td>
<td>Fasted</td>
<td>Fasted</td>
<td>96</td>
<td>90</td>
<td>50</td>
<td>1 year</td>
<td>Change between intervention and control at any time</td>
<td>Mean change from baseline (frail - prefrail group)</td>
<td>6m: 35%, 3m: 28%, 12m: 40%</td>
<td>35%</td>
<td>28%</td>
<td>40%</td>
<td>Only men, aged 70</td>
<td>Very low</td>
</tr>
</tbody>
</table>

**Q3 Should other types of interventions be recommended to prevent or delay the progression of or to revert frailty?**

Activities designed to stimulate short-term memory, and enhance attention and other cognitive processing skills, e.g. memory and problem solving activities (e.g. list 0-7, 10 words, 20 words). The participants were also provided with education about the importance of physical activity. The patients were grouped according to the revision of their cognitive skills (3 months).

**Multicomponent exercise intervention (stretching, resistance, balance training, cognitive, nutritional, and attentional demands): Group, supervised to a specialist-trained nurse (12 sessions, 45 minutes).** Activities focused on the revision of the cognitive skills (3 months).

**Multicomponent exercise intervention (stretching, resistance, balance training, attentional demands, and nutritional consultation): Group, supervised by a specialist-trained nurse (12 sessions, 45 minutes).** Activities focused on the revision of the cognitive skills (3 months).

**Physical training (isometric strength <30 kg and leg power <100 Nm):** Usual care + physical training (isometric strength <30 kg and leg power <100 Nm) (6m, 3m, 12m).

**Physical training (isometric strength <30 kg and leg power <100 Nm):** Usual care + physical training (isometric strength <30 kg and leg power <100 Nm) (6m, 3m, 12m).