

令和7年度（2025年度）  
長野県立大学 大学院 健康栄養科学研究科

夏季 選抜試験

英 語

（60分）

注意事項

- 1 本試験では、英和辞典1冊の持ち込み参照を認めます。専門用語辞典及び電子辞書の持ち込みは認めません。
- 2 試験開始の合図があるまで、この問題冊子を開いてはいけません。
- 3 問題冊子は8頁あります。解答用紙は1枚あります。
- 4 試験開始の合図の後、まず、問題冊子、解答用紙の落丁、乱丁、印刷不鮮明等がないか確認し、気づいた場合は、手を挙げて監督者に知らせてください。
- 5 試験開始後、受験番号、氏名を解答用紙の所定欄（解答用紙1枚につき、受験番号2箇所、氏名1箇所）に記入してください。
- 6 試験開始後は、原則として、試験が終了し退出許可が出るまで退出できません。
- 7 解答用紙は持ち帰らないでください。
- 8 試験終了後、問題冊子および下書き用紙は持ち帰ってください。





設問 以下の文章は World Health Organization (WHO : 世界保健機関) の報告書の “Frailty (フレイル)” に関連したものである。文章を読んで、問 1～3 に答えなさい。

In recent years, the identification of older individuals who are frail or at risk of becoming frail and who need appropriate evaluation and intervention(s) has become a cornerstone of geriatric care. <sup>(a)</sup>While health care providers and researchers in the field of ageing have long been aware of the term “frailty”, defining this syndrome and operationalizing the concept for non-specialized health settings has proven to be elusive. Despite the lack of consensus on an operational definition of frailty, impressive progress has been made over the last two decades, and the number of scientific publications on this topic – particularly reports of data from randomized controlled trials – has grown enormously. International efforts have also been made to reach a consensus on the definition but, disappointingly, so far without success.

<sup>(b)</sup>Frailty may be conceptually defined as a clinically recognizable state in older people who have increased vulnerability, resulting from age-associated declines in physiological reserve and function across multiple organ systems, such that the ability to cope with everyday or acute stressors is compromised. Based on this conceptual framework, two major definitions with proposed assessment tools have emerged over the past decade: the frailty phenotype (FP) also known as Fried et al.’s definition, and the frailty index (FI).

In a landmark study, Fried et al. undertook a secondary analysis of data obtained from a prospective cohort study (the Cardiovascular Health Study) of 5210 men and women aged 65 years and older. They operationalized a <sup>(7)</sup>frailty syndrome when three or more of the following five phenotypic criteria were present:

1. weakness measured by low grip strength
2. slowness measured by decreased walking speed
3. low level of physical activity
4. low energy or self-reported exhaustion
5. unintentional weight loss.

A <sup>(1)</sup>pre-frail stage was also proposed, in which one or two criteria were present. This second construct is aimed at identifying a subset of older adults at high risk of progressing to frailty. Older individuals with none of the above five criteria were classified as robust. This definition recognizes frailty as a discrete clinical entity that is distinct from disability (which is defined by impairment in activities of daily living, ADLs) and comorbidity (which is the presence of two or more chronic diseases). An overlapping of these three entities is, though, possible. Several cross-sectional and longitudinal studies have examined the public health utility of this construct. A growing body of evidence suggests that the FP has considerable cross-cultural validity and a high predictive value to inform the prevention of adverse outcomes in older populations, in both clinical and community settings.

出典：WHO Clinical Consortium on Healthy Ageing, Topic focus: frailty and intrinsic capacity. (一部抜粋) <https://iris.who.int/bitstream/handle/10665/272437/WHO-FWC-ALC-17.2-eng.pdf> (July 15, 2024)

問1 下線部 (a) を日本語訳しなさい。

問2 下線部 (b) を日本語訳しなさい。

問3 下線部 (ア) frailty syndrome と下線部 (イ) pre-frail stage の違いについて述べた上で、本文の内容を踏まえてそれらの評価の意義を説明しなさい。





