CACHEXIA IN HOSPITALISED OLDER WOMEN: A GERIATRIC GIANT?

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Introduction: Cachexia is an inflammatory syndrome associated with severe weight loss. It increases with age and the prevalence in the general population is around 1% but it has been little studied in older adults despite the well documented associations of weight loss and inflammation with poor outcomes. This study hypothesised that cachexia is common in hospitalised older women and associated with worse outcomes.

Methods: Data was collected on female patients upon admission to an acute medicine ward. Cachexia was characterised according to the consensus definition: more than 5% weight loss in the preceding 12 months plus three of: fatigue, anorexia, low grip strength, low fat free mass and biochemical evidence of inflammation. Pre-cachexia was defined by having all of: less than 5% weight loss in preceding 6 months, chronic disease, anorexia and inflammation. Participants were followed up in the community at 6 months where cachexia was re-characterised and at 2 years where mortality data was collected.

Results: 148 older women were recruited to the study. Average age at baseline was 86 years and the prevalence of pre-cachexia and cachexia was 5% and 27% respectively and 8% and 34% at follow up. Cachexia at baseline was associated with an increased likelihood of hospital acquired complication (odds ratio 3.2, p = 0.07) and also increased mortality at two years (hazard ratio 2.6, p = 0.002); these data remained significant after adjustment for age, smoking, alcohol and functional status and co-morbidity.

Discussion: Cachexia is highly prevalent in older women admitted to hospital. It is associated with worse clinical outcomes in an already frail population both during receipt of hospital care and after discharge home. There needs to be greater recognition of cachexia in this vulnerable group.