THE ROLE FRAILTY SYNDROME CAN PLAY IN SUPPORTING AND TARGETING RESOURCES IN OUR AGEING POPULATION - HIGH PREVALENCE OF FRAILTY SYNDROME IN A POPULATION ATTENDING THE DAY HOSPITAL

Department of Medicine for The Elderly, St Vincent’s University Hospital, Dublin 4

Background: The frailty syndrome will become (has become) an important focus for supporting and targeting resources to our ageing population. Frail individuals are at higher risk of adverse outcomes and need priority access to Comprehensive Geriatric Assessment (CGA). In the community, the prevalence of frailty is 4-7%. Our aim was to establish the prevalence and correlates of frailty in new referrals to our geriatric Day Hospital (DH).

Method: Data was prospectively collected between August 2012–April 2013. Levels of frailty were measured with the SHARE Frailty Instrument for Primary Care (SHARE-FI, https://www.biomedcentral.com/1471-2318/10/57). Frailty correlates included demographics, physical performance scores, falls history, and need for higher level CGA services.

Results: Of the 257 patients assessed (90 men, 167 women), 81 (31.5%) were frail, 66 (25.7%) pre-frail and 110 (42.8%) non-frail. Mean age was 84.3 years for the frail, 83.2 for the pre-frail and 82.2 for the non-frail (P = 0.021 frail vs. non-frail). Mean Berg Balance Score (BBS) was 43.1 for the frail, 47.1 for the pre-frail and 50.7 for the non-frail (P < 0.01 frail vs. others). Mean Timed Up and Go (TUG) test was 33.9 seconds for the frail, 19.5 for the pre-frail and 14.5 for the non-frail (P < 0.01 frail vs. others). Forty-one per cent of the frail reported two or more falls in the preceding year, compared to 38% of the pre-frail and 21% of the non-frail. Of the 27 patients who were referred to a higher level CGA service, 16 (59.3%) were frail, 4 (14.8%) pre-frail and 7 (25.9%) non-frail.

Conclusions: The prevalence of frailty in our DH (31.5%) was higher than in the community (4-7%). Frail patients had worse physical performance scores, more history of falls and were in greater need for higher level CGA services. The use of SHARE-FI in primary care may aid the efficient targeting of CGA resources to our ageing population.