Physical frailty (PF) has various clinical presentations and often co-occurs with cognitive impairment in older adults. In older adults in nursing homes (NHs), no research has examined the heterogeneous profile of PF and its association with cognitive impairment. Minimum Data Set 3.0 was used to identify older, long-stay, newly-admitted NH residents (2014-16; n=871,801). Latent class analysis was used to identify PF subgroups with FRAIL-NH items as indicators. Logistic regression was used to estimate the association between PF subgroups and cognitive impairment. The final model indicated three PF subgroups (prevalence): “mild PF” (7.6%), “moderate PF” (44.5%), and “severe PF” (47.9%). In all subgroups, residents had high probability of needing help with dressing. Older adults likely to belong to the “moderate PF” or the “severe PF” subgroups had high probabilities of requiring physical assistance to transfer between locations and inability to walk in a room. Additionally, residents likely to be in the “severe PF” subgroup had greater probability of bowel incontinence. Greater cognitive impairment was associated with increasingly higher odds to be in the “moderate PF” and “severe PF” subgroups: older residents with severe cognitive impairment were 20% more likely [adjusted odds ratio (aOR): 1.20, 95% confidence interval (CI): 1.17-1.23] and almost 7 times as likely (aOR: 6.86, 95%CI: 6.66-7.06) to belong to the “moderate PF” and “severe PF” subgroups, respectively. Findings provide new evidence for the interrelationship between PF and cognitive impairment in older NH residents and have implications for the development of interventions tailored to older residents’ specific PF experience.

**Physical frailty is correlated with worse quality of life in older adults with hypertension**

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**Background:** Hypertension is one of the commonest chronic cardiovascular diseases in older adults. Frailty and hypertension often coexist in older people, but few studies have explored frailty in older hypertensive adults. We aimed to explore the correlation of frailty with quality of life in older hypertensive adults.

**Method:** We enrolled 291 patients with hypertension aged ≥60 years. Ambulatory blood pressure monitor was performed. Physical frailty was assessed by Fried phenotype. Quality of life was assessed by SF-36. 

**Results:** Forty-eight (16.5%) patients were frail. Compared with non-frail older hypertensive patients, frail patients were older, had lower education levels, a higher rate of living alone, and a longer duration of hypertension. Moreover, they had lower diastolic blood pressure (DBP) and mean arterial pressure (MAP), and higher pulse pressure, more chronic diseases, a higher proportion of calcium channel blockers (CCBs) usage, and worse quality of life. Frailty scores were positively correlated with pulse pressure, and negatively correlated with DBP and MAP. The SF-36 score was negatively correlated with frailty scores and positively correlated with grip strength and walking speed. After adjusting for age, the SF-36 score was negatively correlated with frailty and positively correlated with walking speed. Frailty, when adjusted for age, duration of hypertension, DBP and comorbidity, had a significant effect on the SF-36 score.

**Conclusion:** Frailty was associated with worse quality of life of older adults with hypertension. Frailty prevention and intervention may help improve the quality of life of older hypertensive adults. Keywords: frailty, older adults, hypertension, quality of life

**PROMOTING EARLY ASSESSMENT OF FRAILTY IN THE NEW NORMAL: AN UPDATED EFI-CGA SOFTWARE TOOL**

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Frailty is a state of diminished physiological reserves. Being able to detect and manage frailty early is crucial for effective controlling of frailty-related adverse outcomes. Frailty can be assessed using the frailty index that counts the number of health deficits accumulated over time. Our previous research has enabled an electronic Comprehensive Geriatric Assessment (eCGA) and the calculation of the frailty index based on the eCGA (eF-CGA). While the standalone eF-CGA has been used by primary care providers in assessing home-living patients, its initial release was prior to the covid-19 pandemic; the associated new challenges were not targeted by the early version. In facilitating effective virtual assessment and care planning during the current “lockdown” and in the upcoming “new normal”, most recently the eF-CGA version 3.0 was released. In this paper, we 1) introduce the updated electronic frailty assessment tool and its usage, 2) describe the major updates of the software in dealing with challenges due to social isolation and remote assessment, and 3) evaluate the end-user experience with the upgraded methods in frailty assessment. These new developments and implementations allowed a search function to resume disrupted assessment sessions and quickly retrieve previously saved assessment records. The improved user interface promoted the clinicians to conveniently record detailed care plans and management details. The study provided a successful example of moving from disruption to transformation, benefiting the highly demanded healthcare of older adults in this challenging time.

**Risk factors associated with cognitive frailty among community-dwelling older adults: A scoping review**

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**Objectives:** This study aimed to explore the risk factors associated with cognitive frailty (CF) among community-dwelling older adults, and to provide the impact of CF on health-related outcomes.

**Methods:** PubMed, EMBASE, Cochrane, PsycINFO, CINAHL, RISS, DBpia, NDsL, and KoreaMed databases were searched to retrieve studies. Two reviewers independently screened titles, abstracts and articles. The inclusion criteria are peer-reviewed articles written in English or Korean.