

**Journal of the
American Geriatrics Society****Impairments in Hemodynamic Responses to Orthostasis
Associated with Frailty: Results from TILDA**

Journal:	<i>Journal of the American Geriatrics Society</i>
Manuscript ID	JAGS-1112-CI-Aug-17.R1
Wiley - Manuscript type:	Clinical Investigation
Date Submitted by the Author:	09-Jan-2018
Complete List of Authors:	O'Connell, Matthew; The University of Manchester, Manchester Academic Health Science Centre, Department of Medicine, Manchester Royal Infirmary Savva, George; University of East Anglia, Nursing Sciences Finucane, Ciaran; St James's Hospital, Mercer's Institute for Research on Ageing Romero-Ortuno, Roman; Trinity College Dublin, Medical Gerontology; Fan, Chie; Trinity College Dublin, The Irish Longitudinal Study on Ageing Kenny, Rose-Anne; University of Dublin Trinity College, Medical gerontology
Key Words:	Frailty, Orthostatic Hypotension, Aging, Blood pressure, Homeostasis



1 **Impairments in Hemodynamic Responses to Orthostasis Associated with Frailty: Results**
2 **from TILDA**

3

4 Matthew DL O'Connell^{PhD1}, George M Savva^{PhD2}, Ciarán Finucane^{PhD1,3}, Roman Romero-
5 Ortuno^{PhD1}, Chie Wei Fan^{MD1}, and Rose Anne Kenny^{MD1,4}

6

7 ¹The Irish Longitudinal Study on Ageing (TILDA), Department of Medical Gerontology, Trinity
8 College Dublin, Ireland.

9 ²School of Health Sciences, University of East Anglia, Norwich, United Kingdom.

10 ³Dept. of Medical Physics and Bioengineering, Mercer's Institute for Successful Ageing, St.
11 James's Hospital, Dublin, Ireland.

12 ⁴Mercer's Institute for Successful Ageing, St. James's Hospital, Dublin, Ireland.

13

14

15

16

17

18 Abbreviated title: Frailty and Orthostatic Blood Pressure

19

20

21

22

23 Corresponding author:

24 Matthew O'Connell

25 The Irish Longitudinal Study of Ageing (TILDA)

26 Lincoln Gate

27 Trinity College

28 Dublin 2

29 Republic of Ireland

30 Phone: +353 1 896 4392

31 Fax: +353 1 896 2451

32 oconnem8@tcd.ie

33

34

For Review Only

35 **Abstract**

36 **Background:** Dysregulated homeostatic response to stressors may underlie frailty in older
37 adults. Orthostatic hypotension results from impairments in cardiovascular homeostasis and
38 is implicated in falls and other adverse outcomes. This study aimed to characterise the
39 relationships between orthostatic BP and heart rate recovery and frailty in an older
40 population.

41 **Design:** Cross-sectional study

42 **Setting:** Two health centres in the Republic of Ireland

43 **Participants:** 4334 adults aged 50 and older enrolled in The Irish Longitudinal Study on
44 Ageing

45 **Measurements:** Continuous non-invasive blood pressure (BP) responses during active
46 standing were captured by Finometer[®]. Frailty was assessed using the Cardiovascular Health
47 Study criteria. Linear mixed models (random intercept) with piecewise splines were used to
48 model differences in the rate of BP and heart rate recovery.

49 **Results:** 93 (2.2%) participants were frail and 1366 (31.5%) were prefrail. Adjusting for age
50 and sex, frailty was associated with a reduced rate of systolic BP recovery between 10-20
51 seconds post stand (frailty*time = -4.12 95%CI: -5.53 - -2.72) and with subsequent deficits in
52 BP between 20-50 seconds. Similar results were seen for diastolic BP and heart rate. Further
53 adjustment for health behaviours, morbidities, and medications reduced, but did not
54 attenuate these associations. Of the 5 frailty criteria, only slow gait speed was consistently
55 related to impaired BP and heart rate responses in the full models.

56 **Conclusions:** Frailty, and particularly slow gait speed, was associated with reduced rate of
57 recovery in BP and heart rate recovery following active standing. Impaired BP recovery may
58 represent a marker of physiological frailty.

59

60 Key words

61 Frailty, Orthostatic Hypotension, Aging, Blood pressure, Homeostasis

62

63 Word count

64 Abstract: 250

65 Text: 3000

66 Number of Figures: 5

For Review Only

67 Impact statement

68 We certify that this work is novel or confirmatory of recent novel clinical research. The
69 potential impact of this research on clinical care or health policy includes the following: it
70 highlights the relevance of impaired blood pressure regulation as a potential cause of
71 adverse outcomes in older adults with signs of frailty, with implications for decision making
72 around antihypertensive treatment. The results also show that slow gait speed captures
73 physiological frailty at least as well as the overall phenotype criteria. More broadly, they
74 tentatively suggest rate of recovery in blood pressure immediately post standing may be a
75 useful way to assess physiological reserve in older adults.

76

77

78

79

80

81

82

83

84

85

86

87 Introduction

88 Levels of functional ability and risk of adverse health outcomes vary widely across older
89 adults. This differential vulnerability among adults of the same age is often referred to as
90 frailty.^{1, 2} Frailty can be conceptualised as a syndrome of physiological dysregulation leading
91 to a decreased ability to respond to homeostatic stressors, and recognisable as a phenotype
92 comprising 5 related criteria: slow gait, muscle weakness, poor endurance or exhaustion,
93 low physical activity and loss of (lean) body weight.³

94 Few studies have directly explored the relationships between this frailty phenotype and
95 dynamic measures of homeostatic responses. Orthostasis, or standing up, is a mild
96 physiological stressor requiring an integrative neuro-cardiovascular response to maintain
97 blood pressure (BP) homeostasis in the face of large shifts in blood volume distribution.⁴
98 Impaired responses can lead to excessive falls in BP known as orthostatic hypotension (OH).
99 In analogy to frailty, OH may reflect various underlying health deficits and is predictive of
100 adverse outcomes in older adults.^{5, 6}

101 In previous studies OH, defined according to the consensus definition of a sustained drop of
102 20mmHg in systolic BP (SBP) or 10mmHg in diastolic BP (DBP)⁷, was not related to physical
103 frailty.^{8, 9} However, frailty has been associated with lower heart rate (HR) variability, another
104 sign of impaired autonomic control of the cardiovascular system, in older women.^{10, 11}

105 Discrete BP measurements capture only a fraction of the full hemodynamic responses.
106 Studies using continuous BP monitoring suggest aging is characterised by a gradual slowing
107 of initial BP recovery post-standing, indicative of declining BP homeostatic function.¹²

108 Recent data has linked impairments in early BP recovery to mortality in older falls clinic

109 patients.¹³ Similarly, pilot data from a convenience sample of older Irish adults suggested
110 possible relationships between orthostatic hemodynamics and frailty.¹⁴

111 We hypothesise the frailty phenotype and impaired orthostatic hemodynamics to be shared
112 manifestations of an underlying physiological frailty. In addition, there may be direct
113 mechanisms linking the physical frailty criteria to BP homeostasis, including loss of muscle
114 mass and strength, impaired peripheral nerve function and/or declining central nervous co-
115 ordination.¹⁴

116 This study aimed to characterise the BP and HR responses to orthostasis across levels of
117 frailty within a large population sample of middle-aged to older adults and to assess the role
118 of health conditions and medications in these relationships. We further aimed to explore
119 the relationships between hemodynamic responses and the different frailty criteria.

120

121

122

123

124

125

126

127

128

129 **Methods**

130 **Sample**

131 The Irish Longitudinal Study on Ageing (TILDA) includes 8175 participants representative of
132 the community living population aged ≥ 50 in Ireland. Households were selected in
133 geographic clusters from a list of all residential addresses in Ireland. Each selected
134 household was visited by an interviewer and any resident aged ≥ 50 as well as their spouse
135 or partner were invited to participate. The household response rate was 62.0%. Each
136 participant provided written informed consent. Those with severe cognitive impairment
137 preventing meaningful consent were not included in the study. Approval for the study was
138 obtained from the Trinity College Faculty of Health Sciences Research Ethics Committee.

139

140 Participants underwent a structured interview in their homes covering their health, lifestyle,
141 social and financial circumstances. 5035 participants agreed to attend for a comprehensive
142 health center assessment. The sampling procedure and health assessment have been
143 described in detail previously.¹⁵ Measures specific to the current analysis are detailed
144 below.

145

146 **Frailty**

147 Frailty was assessed using an adaptation of the frailty phenotype.³ The detailed methods
148 used are reported elsewhere.¹⁶ Briefly, the criteria were:

149 *Slowness*: The sex specific slowest 20% gait speed from participants aged ≥ 65 stratified by
150 height, based on 16ft walk time. Cut-points were 109.7cm/s for men shorter than 173cm

151 and 116.7cm/s for men taller than 173cm. For women, they were 100.7cm/s for those
152 shorter than 159cm and 108.4cm/s for those taller than 159cm.

153 *Weakness:* The sex specific lowest 20% grip strength from participants aged ≥ 65 stratified by
154 body mass index (BMI). Cut-points were 20.5kg for men with BMI<24, 21.5kg for men with
155 BMI of 24-26, and 23kg for men with BMI >26. For women, they were 11.5kg for those with
156 BMI<23 and 13kg for those with BMI>23

157 *Low Activity:* The sex specific lowest 20% energy expenditure from participants aged ≥ 65 ,
158 based on the International Physical Activity Questionnaire (IPAQ). Cut-points were <868
159 kcal/week for men and <309 kcal/week for women.

160 *Exhaustion:* Responding 'sometimes' or 'often' to the Centre for Epidemiological Studies
161 Depression scale (CES-D) items "I could not get going" or "I felt that everything I did was an
162 effort"

163 *Weight loss:* Self-reporting unintentionally losing ≥ 10 lbs in weight in the last year.

164 **Active stand protocol**

165 Participants underwent a lying-to-standing orthostatic test (active stand) with non-invasive
166 continuous beat-to-beat BP monitoring using digital photoplethysmography (Finometer[®]
167 MIDI device, Finapres Medical Systems BV, Amsterdam, The Netherlands,
168 www.finapres.com). After ten minutes' supine rest participants were asked to stand in a
169 timely manner (<5 seconds) and were aided by a research nurse when necessary. After
170 standing, SBP, DBP and HR were monitored for three minutes of quiet standing. The
171 instrument calibration, data processing and feature extraction for this test have been
172 described in detail previously.^{12, 17, 18}

173

174 For analysis, beat-to-beat values were averaged according to the 5-second averages method
175 to filter any noise.¹⁹ Features were then extracted from each record. The algorithm captures
176 BP and HR values at 10-second intervals up to 110 seconds post stand using the 5-second
177 averages for each time-point. In addition, the lowest BP values (nadirs) and highest HR
178 (maximum) are recorded. Baseline was defined as the mean value from 60-30 seconds prior
179 to standing. From this data additional parameters were calculated, specifically the
180 percentage of baseline recovered at each time-point and the maximum change (delta) in BP
181 and HR during standing.

182

183 **Other measures**

184 Height and weight were measured using standard procedures and BMI defined as weight
185 (kg) divided by height² (m). Participants reported doctor diagnoses of any cardiovascular
186 conditions and gave a list of medications. Participants were also asked about health
187 behaviors including smoking. Depressive symptoms were assessed using the 20-item CES-
188 D,²⁰ the two items used in the frailty definition were excluded from analyses.

189

190 **Statistical Analysis**

191 Statistical analyses were performed in Stata version 14.2. Differences across frailty groups
192 were assessed using Analysis of Variance (ANOVA) for normally distributed continuous
193 variables, Kruskal-Wallis tests for non-normally distributed variables and Chi-squared tests
194 for categorical variables.

195 Linear mixed effects models (Stata's 'mixed' command) with a participant level random
196 intercept were used to model the recovery in BP or heart rate from 10-110 seconds post
197 stand, comparable to modelling change over time in a longitudinal analysis.^{21, 22} The primary
198 outcome measure was the percentage of BP or heart rate recovered over the time standing.
199 Residual variance across time was modelled using an autoregressive correlation matrix with
200 a lag of 1 to account for stronger correlations between closer together time-points.
201 Conceptually, the recovery of BP and heart rate can be broken down into an initial rapid
202 recovery phase followed by a stabilisation and 'levelling off' towards the baseline.
203 Consequently, we parameterised time using linear splines with knots at 20 and 30 seconds
204 with the slopes between these knots representing the different phases of the stand (10s-
205 20s, 20s-30s, 30s-110s).²¹ These re-parameterized time variables were included in the
206 models as fixed effects.

207 Main effects and interactions with the time variables were included for all predictors. The
208 interaction term between frailty and time represents the effect of frailty on the *rate of*
209 *recovery* with time in each period, that is to what extent frailty determines the slope of
210 recovery over that time. To aid interpretation we additionally present conditional mean
211 responses during the stand, ie the expected values of BP or HR recovery (% of baseline)
212 across frailty groups over time holding all covariates constant at their means. The basic
213 models included age (as linear and quadratic terms to account for the potential non-linear
214 relationship) and sex. The full models additionally included fixed between-patient effects for
215 BMI (linear and quadratic), smoking, antihypertensive (ATC codes C02 and C07) and
216 antidepressant medications, depressive symptoms and self-reported cardiovascular
217 conditions; hypertension, diabetes, stroke, heart attack, angina and heart murmur.

218 Relationships with the individual frailty criteria were modelled using the same approach.

219 The full model outputs are provided in supplemental appendix tables 1-7.

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

For Review Only

236 Results

237 Data on frailty and orthostatic BP responses were available for 4334 participants from the
238 health center sample, with a mean (SD) age of 61.6 (8.2) years (Table 1). 2327 (53.7%) were
239 female, 2674 (61.7%) had ≥ 1 cardiovascular conditions and 638 (14.7%) were current
240 smokers (Table 1). 93 (2.2%) participants were frail and 1366 (31.51 %) prefrail. Frailer
241 participants had higher BMI and depressive symptoms and levels of current smoking and
242 medication use (all $p < 0.001$).

243 The overall resting mean (SD) SBP was 136.2 (22.3) mmHg, DBP 73.3 (11.2) mmHg and HR
244 65.2 (10.1) beats per minute (bpm) (Table 1). There was a trend towards higher baseline SBP
245 across the frailty groups, while baseline DBP was lower (Table 1). Baseline HR was higher in
246 frail participants; 67.6 (10.3), compared to 64.7 (9.7) in robust ($p < 0.001$). The maximum
247 drop in SBP and DBP was similar across groups, while the maximum increase in HR was
248 smaller in frail participants, 18.8 (8.2) compared to 20.1 (8.7) ($p = 0.011$) in robust.

249 Table 1 shows the coefficients for the relationships between frailty category and rate of
250 recovery for each phase of the stand for % baseline BP or heart rate recovered. Conditional
251 values from the models are shown in Figure 1. After controlling for age and sex, frailty was
252 associated a slower recovery rate between 10-20 seconds after standing in both SBP (-
253 4.12%/sec 95%CI=-5.53, -2.72 in frail compared to robust; -0.99 (-1.37,-0.60) for prefrail)
254 and DBP (frail: -5.26 (-6.87,-3.65); prefrail: -1.80 (-2.24,-1.36)). Correspondingly, frailty was
255 associated with deficits of approximately 3-4% in SBP and DBP over the following 40
256 seconds (20-60 seconds post standing, Figure 1 & Table S1). DBP was actually higher at 10
257 seconds suggestive of a more gradual pattern of drop and recovery (Fig 1). There was little
258 difference in the rate of recovery between 20-30 seconds, but frailty was associated with a

259 steeper slope from 30-110 seconds for SBP recovery, as BP continued to recover over this
260 time in frailer people. The general patterns of results were similar using the BP values in
261 mmHG at each time point, rather than the percentage of baseline as the outcome variables
262 (Supplemental Table 2 and Figure 1). The models also suggested residual variance was
263 higher in frailer people, especially for SBP (Appendix tables 1 & 2).

264 Further adjustment for BMI, smoking, depressive symptoms, cardiovascular conditions and
265 medications partially reduced the differences in the initial recovery slopes in SBP and DBP
266 (Table 2). Although much of the relationship remained, the associated deficits in SBP and
267 DBP were reduced to 1-2% lower in frail compared to robust (Figure 1).

268 HR was higher throughout standing in the frail and prefrail groups compared to robust
269 reflecting the higher baseline (Supplemental Fig 1). In the main analysis, heart rate
270 effectively mirrored the BP responses with a slower rate of decrease in heart rate (between
271 10-20 seconds) (Table 2). Heart rate was then slightly higher relative to baseline at 20
272 seconds with the difference between groups diminishing over the rest of the stand. As with
273 BP further adjustment partially attenuated the slope from 10 seconds, although differences
274 between groups at 20 seconds remained similar as adjustment also reduced the lower peak
275 heart rate at 10 seconds.

276 After adjustment for all covariates and the other frailty criteria, slow gait speed was
277 associated with slower rate of recovery in BP and heart rate between 10-20 seconds (Table
278 3), and with deficits in SBP and to a lesser extent DBP throughout the following 40 seconds
279 post standing (Figure 2). Slow gait was also associated with lower peak heart rate and higher
280 values at 20 seconds post stand. Weight loss was associated with mild deficits in DBP

281 recovery. Exhaustion was associated with reduced recovery rate for SBP and heart rate, but
282 not clearly with deficits at any time point (Table 3).

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

For Review Only

299 **Discussion**

300 Frailty was associated with slower BP and heart rate recovery following standing in this
301 sample of community dwelling middle-aged to older adults. In general less than half the
302 effect was explained by adjustment for health behaviours, morbidities and medication use.

303 When considered separately only slow gait speed was consistently related to impaired SBP
304 and to a lesser extent DBP and HR responses independently of cardiovascular morbidities,
305 medication use and the other frailty criteria.

306 Frailty has been associated with (sub)clinical cardiovascular disease and with impaired
307 autonomic cardiovascular control.^{11, 23} However, previous analyses from TILDA and the
308 Canadian Study of Health and Aging have not shown clear relationships between OH and
309 physical frailty.^{8, 9} The conventional OH measurement used in these studies is based on
310 discrete measurements which do not detect the early transient BP responses. An earlier
311 beat-to-beat monitoring study found univariate trends towards impaired SBP recovery in
312 frailer participants in a convenience sample of older adults.¹⁴ The present study extends
313 these findings using more sophisticated statistical methods to better characterise BP
314 behaviour within a larger sample drawn from a population representative survey.

315 An increasingly detailed theoretical framework links frailty or resilience to an individual's
316 capacity to resist stressors.^{1, 24, 25, 26} However, direct support is lacking, with the best
317 evidence so far coming from impaired response to Oral Glucose Tolerance test in frail older
318 women.²⁷ The reduced BP recovery rate associated with frailty in this study provides some
319 further support for this hypothesis.

320 The general pattern in frailer participants was a blunted early response in both BP and heart
321 rate consistent with poorer autonomic compensation mechanisms following the stress of
322 standing, and associated with deficits of 3-4% in BP over 30-40 seconds during the 1st
323 minute post stand. It is worth noting the relatively modest size of these differences across
324 groups and their functional significance is not yet clear. The small mean deficits may also
325 reflect the relatively large variance across frail participants.

326 Recent findings of excess mortality in older falls patients experiencing impaired early BP
327 recovery post standing, suggest transient deficits or later stabilisation of BP may be a
328 marker of underlying physiological impairment.¹³ Similarly, elevated resting heart rate is
329 associated with increased mortality rates and may reflect low physical fitness and subclinical
330 cardiovascular disease.^{28,29} Previous data from TILDA outlined an association between
331 slower orthostatic heart rate recovery and increased 4-year mortality risk.²² These
332 hemodynamic differences could also contribute directly to adverse outcomes like falls in
333 frail older adults. Analyses from TILDA found increased 2-year falls risk associated with
334 delayed or incomplete BP recovery.³⁰ In another study, greater drops in BP and higher
335 resting heart rate were associated with increased risk of low energy fractures (suggestive of
336 injurious falls) over 25 years.³¹

337 Adjustment for morbidities, health behaviours and medications only partially attenuated the
338 differences in BP recovery rates, although deficits between frail and robust groups were
339 reduced to 1-2%. The interpretation of this is unclear, it may be that impaired BP responses
340 reflect both an intrinsic physiological frailty and the burden of associated health deficits.³²

341 Of the 5 frailty criteria, only slow gait speed was consistently related to poorer BP and heart
342 rate recovery in fully adjusted models. Slower gait is strongly related to subsequent health

343 outcomes in older adults and has been suggested as a measure of frailty in its own right.^{33, 34}

344 The lack of consistent association with the other criteria indirectly suggests slow gait may

345 actually be a more useful measure of physiological frailty than the frailty phenotype

346 composite.

347 There may also be specific mechanisms linking slower gait speed and impaired orthostatic

348 BP responses. OH has been associated with poorer peripheral motor nerve function in older

349 adults.³⁵ It has also been associated with increased burden of White Matter Hyperintensities

350 (WMH) on Magnetic Resonance Imaging scans, thought to reflect cerebral small vessel

351 disease, in late life depression.³⁶ A number of cross-sectional and longitudinal studies have

352 linked these brain changes to mobility decline.³⁷⁻⁴⁰

353 The immediate clinical implications of these findings are that poorer orthostatic BP

354 regulation should be considered as a possible cause of falls in frailer older adults before

355 instigating more intensive BP control as in the SPRINT trial.⁴¹ More broadly they suggest a

356 single mobility test provides sufficient information on physiological frailty to aid clinical

357 decision making. Work from TILDA increasingly indicates the rate of recovery in BP and

358 heart rate to be more informative than the size of initial drops in older adults.^{22, 30} And, if

359 validated further, non-invasive measures of BP homeostasis could provide a quick and

360 effective means to assess physiological reserve.

361 Strengths of this study include the high quality assessments of frailty and orthostatic

362 responses within this large sample and the breadth of data collected on potential

363 confounding variables. The mixed modelling approach used provides a useful summary of

364 the BP responses, but further work is needed to more completely model variation in the

365 shape of responses, identify the most meaningful parameters and optimally account for
366 varying correlations between time-points.

367 The study also has some general limitations. It was not possible to control for factors that
368 influence BP such as feeding or hydration status, although these factors did not affect BP
369 behavior in a sub-study.⁴² The mean age of the sample was 61.6 years and participants
370 attending the health assessment were generally healthier than those who declined, limiting
371 the prevalence of frailty. Despite the large overall sample the relatively small number of frail
372 participants may have limited statistical power as well as the generalizability of the findings
373 within the relatively young Irish population. The comparative healthiness of the sample may
374 partially explain the modest size of effects. The cross-sectional design precludes
375 determination of the causal direction of relationships. Findings were based on almost
376 exclusively Caucasian Irish adults and should be extrapolated beyond this setting with care.

377 In summary, physical frailty, and especially slow gait speed, is associated with impairments
378 in early orthostatic BP and HR recovery in older adults. Future studies to further establish
379 the utility of orthostatic hemodynamics as measures of physiological frailty and their
380 relationship to mobility decline are warranted.

381

382

383

384

385

386 **Acknowledgements**

387 The authors would like to thank the TILDA study participants and research team. TILDA is
388 funded by the Department of Health, Irish Life and The Atlantic Philanthropies. MO'C is
389 supported by an Ageing Research Leadership Fellowship awarded from the Centre for
390 Ageing Research and Development in Ireland, which became the Ageing Research and
391 Development Division within the Institute of Public Health in Ireland (IPH) in September
392 2015, sponsored by the American Federation for Aging Research Paul B Beeson Career
393 Development Awards in Aging Research for the Island of Ireland. Researchers interested in
394 using TILDA data may access the data for free from the following sites:

- 395 • Irish Social Science Data Archive (ISSDA) at University College Dublin
396 www.ucd.ie/issda/data/tilda/
- 397 • Interuniversity Consortium for Political and Social Research (ICPSR) at the University
398 of Michigan <http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/34315>

399

400 **Author Contributions**

401 MOC performed the analysis and drafted the manuscript. GS, CF, contributed to data
402 analysis. CF, CWF, RAK contributed to data acquisition. MOC, GS, CF, RRO, CWF, RAK
403 conceived the study, contributed to interpretation of data and critical revision of article for
404 important intellectual content and gave final approval for submission.

405

406 **Sponsor's role:** None

407 **Conflict of Interest: The authors declare no conflict of interest.**

Elements of Financial/Personal Conflicts	*Author 1 MO'C		Author 2 GS		Author 3 CF		Author 4 RRO	
	Yes	No	Yes	No	Yes	No	Yes	No
Employment or Affiliation								
		X		X		X		X
Grants/Funds								
		X		X		X		X
Honoraria								
		X		X		X		X
Speaker Forum								
		X		X		X		X
Consultant								
		X		X		X		X
Stocks								
		X		X		X		X
Royalties								
		X		X		X		X
Expert Testimony								
		X		X		X		X
Board Member								
		X		X		X		X
Patents								
		X		X		X		X
Personal Relationship								

		X		X		X		X
--	--	---	--	---	--	---	--	---

408

Elements of Financial/Personal Conflicts	*Author 1 CWF		Author 2 RAK		Author 3		Author 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Employment or Affiliation								
		X		X				
Grants/Funds								
		X		X				
Honoraria								
		X		X				
Speaker Forum								
		X		X				
Consultant								
		X		X				
Stocks								
		X		X				
Royalties								
		X		X				
Expert Testimony								
		X		X				
Board Member								
		X		X				
Patents								
		X		X				

Personal Relationship								
		X		X				

For Review Only

References

- [1] Clegg A, Young J, Iliffe S, Rikkert MO, Rockwood K. Frailty in elderly people. *The Lancet*. 2013;**381**: 752-762.
- [2] Walston J, Hadley EC, Ferrucci L, *et al*. Research Agenda for Frailty in Older Adults: Toward a Better Understanding of Physiology and Etiology: Summary from the American Geriatrics Society/National Institute on Aging Research Conference on Frailty in Older Adults. *Journal of the American Geriatrics Society*. 2006;**54**: 991-1001.
- [3] Fried LP, Tangen CM, Walston J, *et al*. Frailty in Older Adults: Evidence for a Phenotype. *J Gerontol A Biol Sci Med Sci*. 2001;**56**: M146-157.
- [4] Stewart JM. Common Syndromes of Orthostatic Intolerance. *Pediatrics*. 2013;**131**: 968-980.
- [5] Shibao C, Grijalva CG, Raj SR, Biaggioni I, Griffin MR. Orthostatic Hypotension-Related Hospitalizations in the United States. *The American Journal of Medicine*. 2007;**120**: 975-980.
- [6] Xin W, Lin Z, Mi S. Orthostatic hypotension and mortality risk: a meta-analysis of cohort studies. *Heart*. 2013; **100**(5):406-13
- [7] The Consensus Committee of the American Autonomic Society and the American Academy of Neurology. Consensus statement on the definition of orthostatic hypotension, pure autonomic failure, and multiple system atrophy. *Neurology*. 1996;**46**: 1470.
- [8] O'Connell MDL, Savva GM, Fan CW, Kenny RA. Orthostatic hypotension, orthostatic intolerance and frailty: The Irish Longitudinal Study on Aging-TILDA. *Archives of Gerontology and Geriatrics*. 2015;**60**: 507-513.
- [9] Rockwood MRH, Howlett SE, Rockwood K. Orthostatic hypotension (OH) and mortality in relation to age, blood pressure and frailty. *Archives of Gerontology and Geriatrics*. 2012;**54**: e255-e260.

- [10] Chaves PHM, Varadhan R, Lipsitz LA, *et al.* Physiological Complexity Underlying Heart Rate Dynamics and Frailty Status in Community-Dwelling Older Women. *Journal of the American Geriatrics Society*. 2008;**56**: 1698-1703.
- [11] Varadhan R, Chaves PHM, Lipsitz LA, *et al.* Frailty and Impaired Cardiac Autonomic Control: New Insights From Principal Components Aggregation of Traditional Heart Rate Variability Indices. *J Gerontol A Biol Sci Med Sci*. 2009;**64**(6):682-687.
- [12] Finucane C, O'Connell MDL, Fan CW, *et al.* Age-Related Normative Changes in Phasic Orthostatic Blood Pressure in a Large Population Study: Findings From The Irish Longitudinal Study on Ageing (TILDA). *Circulation*. 2014;**130**: 1780-1789.
- [13] Lagro J, Schoon Y, Heerts I, *et al.* Impaired Systolic Blood Pressure Recovery Directly After Standing Predicts Mortality in Older Falls Clinic Patients. *The Journals of Gerontology: Series A*. 2014;**69**: 471-478.
- [14] Romero-Ortuno R, Cogan L, O'Shea D, Lawlor BA, Kenny RA. Orthostatic haemodynamics may be impaired in frailty†. *Age and Ageing*. 2011;**40**: 576-583.
- [15] Kearney PM, Cronin H, O'Regan C, *et al.* Cohort Profile: The Irish Longitudinal Study on Ageing. *International Journal of Epidemiology*. 2011;**40**: 877-884.
- [16] Savva GM, Donoghue OA, Horgan F, O'Regan C, Cronin H, Kenny RA. Using Timed Up-and-Go to Identify Frail Members of the Older Population. *The Journals of Gerontology: Series A*. 2013;**68**: 441-446.
- [17] Romero-Ortuno R, O'Connell MD, Finucane C, Soraghan C, Fan CW, Kenny RA. Insights into the clinical management of the syndrome of supine hypertension – orthostatic hypotension (SH-OH): The Irish Longitudinal Study on Ageing (TILDA). *BMC Geriatrics*. 2013;**13**: 1-14.
- [18] Soraghan CJ, Chie Wei F, Hayakawa T, *et al.* TILDA Signal Processing Framework (SPF) for the analysis of BP responses to standing in epidemiological and clinical studies. *Biomedical and Health Informatics (BHI), 2014 IEEE-EMBS International Conference on*, 2014, pp. 793-796.

- [19] van der Velde N, van den Meiracker AH, Stricker BH, van der Cammen TJ. Measuring orthostatic hypotension with the Finometer device: is a blood pressure drop of one heartbeat clinically relevant? *Blood pressure monitoring*. 2007;**12**: 167-171.
- [20] Radloff LS. The CES-D Scale. *Applied Psychological Measurement*. 1977;**1**: 385-401.
- [21] Canney M, O'Connell MDL, Sexton DJ, *et al*. Graded Association Between Kidney Function and Impaired Orthostatic Blood Pressure Stabilization in Older Adults. *Journal of the American Heart Association*. 2017;**6**.
- [22] McCrory C, Berkman LF, Nolan H, O'Leary N, Foley M, Kenny RA. Speed of Heart Rate Recovery in Response to Orthostatic Challenge. *Circulation Research*. 2016;**119**: 666-675.
- [23] Newman AB, Gottdiener JS, McBurnie MA, *et al*. Associations of Subclinical Cardiovascular Disease With Frailty. *J Gerontol A Biol Sci Med Sci*. 2001;**56**: M158-166.
- [24] Varadhan R, Seplaki CL, Xue QL, Bandeen-Roche K, Fried LP. Stimulus-response paradigm for characterizing the loss of resilience in homeostatic regulation associated with frailty. *Mechanisms of Ageing and Development*. 2008;**129**: 666-670.
- [25] Whitson HE, Duan-Porter WD, Schmader KE, Morey MC, Cohen HJ, Colón-Emeric CS. Physical Resilience in Older Adults: Systematic Review and Development of an Emerging Construct. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*. 2016;**71**(4):489-95
- [26] Olde Rikkert MGM, Dakos V, Buchman TG, *et al*. Slowing Down of Recovery as Generic Risk Marker for Acute Severity Transitions in Chronic Diseases. *Critical Care Medicine*. 2016;**44**(3):601-6
- [27] Kalyani RR, Varadhan R, Weiss CO, Fried LP, Cappola AR. Frailty Status and Altered Glucose-Insulin Dynamics. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*. 2012;**67**: 1300-1306.
- [28] Cooney MT, Vartiainen E, Laakitainen T, Juolevi A, Dudina A, Graham IM. Elevated resting heart rate is an independent risk factor for cardiovascular disease in healthy men and women. *American Heart Journal*. 2010;**159**: 612-619.e613.

- [29] Jensen MT, Suadiciani P, Hein HO, Gyntelberg F. Elevated resting heart rate, physical fitness and all-cause mortality: a 16-year follow-up in the Copenhagen Male Study. *Heart*. 2013;**99**: 882-887.
- [30] Finucane C, O'Connell MDL, Donoghue O, Richardson K, Savva GM, Kenny RA. Impaired Orthostatic Blood Pressure Recovery Is Associated with Unexplained and Injurious Falls. *Journal of the American Geriatrics Society*. 2017;**65**: 474-482.
- [31] Hamrefors V, Härstedt M, Holmberg A, *et al*. Orthostatic Hypotension and Elevated Resting Heart Rate Predict Low-Energy Fractures in the Population: The Malmö Preventive Project. *PLOS ONE*. 2016;**11**: e0154249.
- [32] Theou O, Rockwood MRH, Mitnitski A, Rockwood K. Disability and co-morbidity in relation to frailty: How much do they overlap? *Archives of Gerontology and Geriatrics*. 2012;**55**: e1-e8.
- [33] Abellan Van Kan G, Rolland Y, Andrieu S, *et al*. Gait speed at usual pace as a predictor of adverse outcomes in community-dwelling older people an International Academy on Nutrition and Aging (IANA) Task Force. *The journal of nutrition, health & aging*. 2009;**13**: 881-889.
- [34] Studenski S, Perera S, Patel K, *et al*. Gait speed and survival in older adults. *JAMA*. 2011;**305**: 50-58.
- [35] Lange-Maia BS, Newman AB, Jakicic JM, *et al*. Relationship between sensorimotor peripheral nerve function and indicators of cardiovascular autonomic function in older adults from the Health, Aging and Body Composition Study. *Experimental Gerontology*. 2017;**96**: 38-45.
- [36] Colloby SJ, Vasudev A, O'Brien JT, Firbank MJ, Parry SW, Thomas AJ. Relationship of orthostatic blood pressure to white matter hyperintensities and subcortical volumes in late-life depression. *The British Journal of Psychiatry*. 2011;**199**: 404-410.
- [37] Rosano C, Studenski SA, Aizenstein HJ, Boudreau RM, Longstreth JWT, Newman AB. Slower gait, slower information processing and smaller prefrontal area in older adults. *Age and Ageing*. 2012;**41**: 58-64.

- [38] Starr JM, Leaper SA, Murray AD, *et al.* Brain white matter lesions detected by magnetic resonance imaging are associated with balance and gait speed. *Journal of Neurology, Neurosurgery & Psychiatry*. 2003;**74**: 94-98.
- [39] Wakefield DB, Moscufo N, Guttman CR, *et al.* White Matter Hyperintensities Predict Functional Decline in Voiding, Mobility, and Cognition in Older Adults. *Journal of the American Geriatrics Society*. 2010;**58**: 275-281.
- [40] Wolfson L, Wakefield DB, Moscufo N, *et al.* Rapid Buildup of Brain White Matter Hyperintensities Over 4 Years Linked to Ambulatory Blood Pressure, Mobility, Cognition, and Depression in Old Persons. *The Journals of Gerontology: Series A*. 2013;**68**: 1387-1394.
- [41] Group. TSR. A Randomized Trial of Intensive versus Standard Blood-Pressure Control. *New England Journal of Medicine*. 2015;**373**: 2103-2116.
- [42] Fan CW, Savva GM, Finucane C, *et al.* Factors affecting continuous beat-to-beat orthostatic blood pressure response in community-dwelling older adults. *Blood Pressure Monitoring*. 2012;**17**: 160-163 110.1097/MBP.1090b1013e328356821f.

Graphics

Table 1: Participant characteristics

	Overall n=4334	Robust n=2875	Prefrail n=1366	Frail n=93	P
Age (mean (SD))	61.6 (8.2)	60.5 (7.6)	63.4 (8.9)	68.0 (11.2)	<0.001 ^a
Female (count (%))	2327 (53.7)	1537 (53.5)	738 (54.0)	52 (55.9)	0.86 ^b
BMI (mean (SD))	28.5 (4.9)	28.2 (4.7)	29.1 (5.0)	29.3 (7.0)	<0.001 ^a
Depressive symptoms (median (IQR))	3 (1 - 7)	3 (0 - 5)	5 (1 - 10)	10 (5 - 20)	<0.001 ^c
Current smoker (count (%))	638 (14.7)	379 (13.2)	234 (17.1)	25 (26.9)	<0.001 ^a
Any CVD condition (count (%))	2674 (61.7)	1678 (58.4)	924 (67.6)	72 (77.4)	<0.001 ^a
On antihypertensives (count (%))	568 (13.2)	316 (11.0)	236 (17.4)	16 (17.8)	<0.001 ^a
On antidepressants (count (%))	256 (5.9)	108 (3.8)	125 (9.2)	23 (25.6)	<0.001 ^a
Baseline systolic BP (mean (SD))	136.2 (22.3)	135.8 (21.7)	136.9 (23.2)	138.6 (25.5)	0.15 ^a
Max Δ systolic BP (mean (SD))	-39.3 (17.9)	-39.0 (17.4)	-39.8 (18.7)	-41.6 (19.3)	0.17 ^a
Baseline diastolic BP (mean (SD))	73.3 (11.2)	73.6 (11.0)	72.7 (11.6)	71.4 (11.2)	0.016 ^a
Max Δ diastolic BP (mean (SD))	-25.8 (10.3)	-25.9 (10.1)	-25.8 (10.8)	-25.0 (10.8)	0.74 ^a
Baseline heart rate (mean (SD))	65.2 (10.1)	64.7 (9.7)	66.1 (10.7)	67.6 (10.3)	<0.001 ^a
Max Δ heart rate (mean (SD))	19.8 (8.9)	20.1 (8.7)	19.3 (9.2)	18.8 (8.2)	0.011 ^a

^aANOVA ^bChi-square ^cKruskal-Wallis

Table 2: Model parameters for blood pressure and heart rate recovery following active standing (% recovery)

	Intercept (10s difference)	Frailty*Time (rate of recovery)		
		10-20s	20-30s	30-110s
Systolic BP				
Model 1				
Prefrail	0.39 [-0.41,1.20]	-0.99 [-1.37,-0.60]***	0.01 [-0.38,0.39]	0.15 [0.06,0.25]**
Frail	0.29 [-2.58,3.17]	-4.12 [-5.53,-2.72]***	-0.25 [-1.65,1.15]	0.46 [0.10,0.82]*
Model 2				
Prefrail	0.44 [-0.40,1.28]	-0.88 [-1.29,-0.47]***	0.07 [-0.34,0.48]	0.10 [-0.00,0.20]
Frail	1.07 [-1.97,4.10]	-2.71 [-4.21,-1.21]***	-0.29 [-1.79,1.21]	0.27 [-0.12,0.66]
Diastolic BP				
Model 1				
Prefrail	0.80 [-0.01,1.61]	-1.80 [-2.24,-1.36]***	-0.18 [-0.62,0.26]	0.15 [0.05,0.24]**
Frail	2.77 [0.10,5.44]*	-5.26 [-6.87,-3.65]***	-1.17 [-2.77,0.42]	0.25 [-0.07,0.58]
Model 2				
Prefrail	0.55 [-0.31,1.40]	-1.39 [-1.86,-0.92]***	0.07 [-0.40,0.53]	0.10 [-0.00,0.20]
Frail	2.59 [-0.27,5.45]	-3.44 [-5.16,-1.71]***	-0.76 [-2.47,0.95]	0.09 [-0.26,0.44]
Heart rate				
Model 1				
Prefrail	-1.26 [-1.93,-0.59]***	1.74 [1.36,2.13]***	-0.03 [-0.41,0.35]	-0.06 [-0.14,0.01]
Frail	-2.02 [-4.20,0.16]	4.92 [3.73,6.11]***	-1.10 [-2.29,0.08]	-0.24 [-0.49,0.01]
Model 2				
Prefrail	-0.51 [-1.22,0.19]	1.22 [0.81,1.62]***	0.07 [-0.33,0.47]	-0.03 [-0.11,0.05]
Frail	0.70 [-1.64,3.03]	2.41 [1.12,3.70]***	-1.12 [-2.40,0.16]	-0.17 [-0.45,0.10]

Parameters are estimated from mixed effects models with linear splines. Interaction coefficients represent the difference in slopes or rate of recovery in blood pressure or heart rate at each stage of the active stand. Model 1: Age and sex, Model 2: Age, sex, BMI, smoking, depressive symptoms, self-reported CVD conditions, medication use *P<0.05, **P<0.01, ***P<0.001

Table 3: Model parameters for the relationships between frailty criteria and blood pressure and heart rate recovery (% baseline)

	Intercept (10s difference)	Frailty*Time (rate of recovery)		
		10-20s	20-30s	30-110s
Systolic BP				
		-2.33 [-3.02,-1.64]***	0.96 [0.27,1.65]**	0.22 [0.06,0.39]**
Slowness	-0.72 [-2.12,0.68]			
Activity	0.69 [-0.36,1.73]	-0.48 [-0.99,0.04]	-0.45 [-0.96,0.06]	0.06 [-0.06,0.18]
Grip	0.09 [-1.23,1.40]	-0.41 [-1.05,0.24]	0.56 [-0.09,1.20]	0.05 [-0.11,0.20]
Exhaustion	1.12 [-0.38,2.63]	-0.76 [-1.50,-0.02]*	-0.89 [-1.63,-0.16]*	0.11 [-0.07,0.29]
Weight loss	0.24 [-1.29,1.77]	-0.61 [-1.37,0.14]	-0.74 [-1.49,0.01]	0.03 [-0.15,0.21]
Diastolic BP				
		-3.82 [-4.59,-3.04]***	0.70 [-0.07,1.47]	0.11 [-0.05,0.27]
Slowness	1.89 [0.45,3.32]**		-0.64 [-1.21,-0.06]*	
Activity	0.64 [-0.43,1.71]	-0.56 [-1.14,0.02]	0.06*]	0.05 [-0.07,0.17]
Grip	-0.22 [-1.57,1.12]	-0.26 [-0.98,0.47]	0.66 [-0.07,1.38]	0.01 [-0.15,0.16]
Exhaustion	0.73 [-0.81,2.27]	-0.62 [-1.45,0.22]	-0.70 [-1.53,0.13]	0.12 [-0.05,0.30]
Weight loss	0.30 [-1.27,1.87]	-1.11 [-1.96,-0.26]*	-0.92 [-1.76,-0.07]*	0.05 [-0.13,0.23]
Heart rate				
Slowness	-1.76 [-2.96,-0.55]**	3.26 [2.57,3.96]***	0.47 [-0.26,1.21]	-0.10 [-0.23,0.04]
Activity	0.26 [-0.63,1.16]	0.21 [-0.30,0.73]	0.15 [-0.60,0.90]	0.02 [-0.08,0.12]
Grip	0.29 [-0.84,1.41]	0.53 [-0.12,1.18]	-0.10 [-0.23,0.04]	-0.02 [-0.15,0.11]
Exhaustion	-0.64 [-1.93,0.65]	1.20 [0.46,1.95]**	0.02 [-0.08,0.12]	-0.09 [-0.24,0.06]
Weight loss	0.16 [-1.15,1.47]	0.05 [-0.71,0.80]	-0.02 [-0.15,0.11]	-0.01 [-0.16,0.14]

Parameters are estimated from mixed effects models with linear splines. Interaction coefficients represent the difference in slopes or rate of recovery in blood pressure or heart rate at each stage of the active stand.

*P<0.05, **P<0.01, ***P<0.001

Figure legends:**Figure 1: Adjusted blood pressure and heart rate responses across frailty categories**

Data are adjusted conditional means and 95% confidence intervals estimated from mixed effects models. Model 1: Age and sex; Model 2: age, sex, BMI, smoking, antihypertensive and antidepressant medication use, depressive symptoms and CVD conditions, and are mutually adjusted for the presence of the other frailty criteria

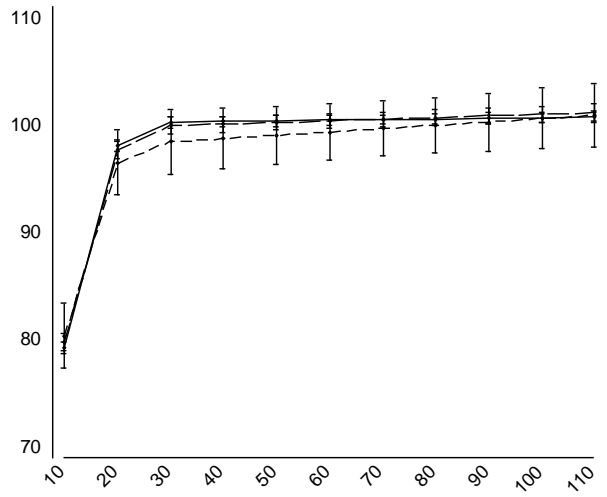
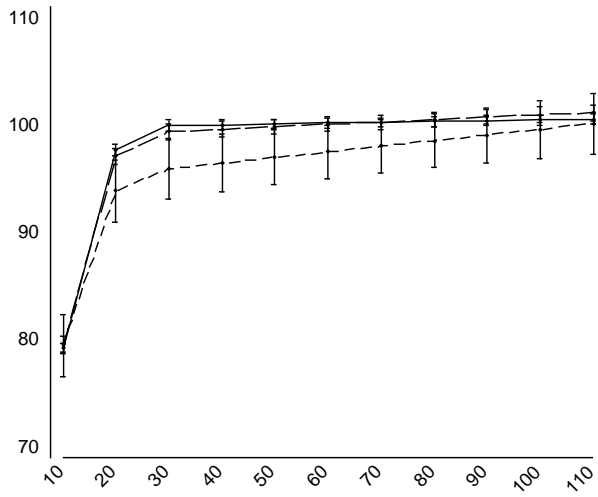
Figure 2: Conditional differences in percentage blood pressure recovery according to the presence of each frailty criterion

Differences are relative to the reference not having the criterion. All models include age, sex, BMI, smoking, antihypertensive and antidepressant medication use, depressive symptoms and CVD conditions, and are mutually adjusted for the presence of the other frailty criteria.

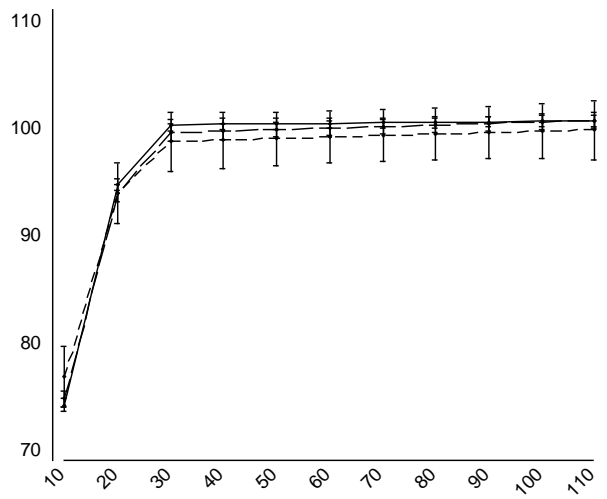
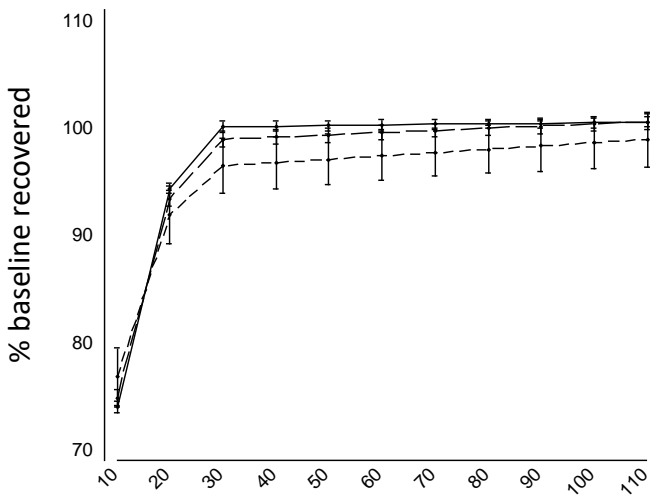
Model 1

Model 2

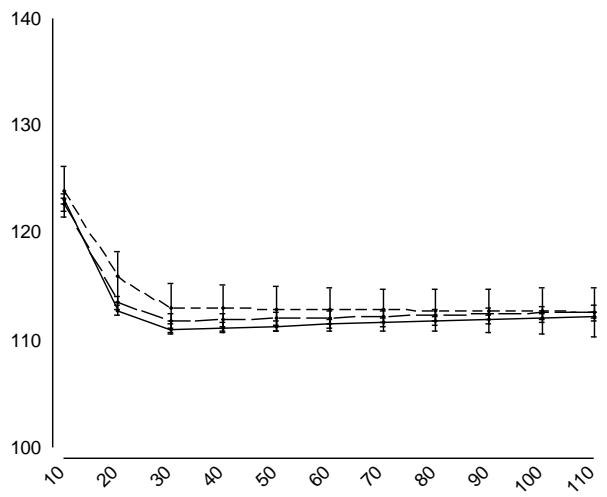
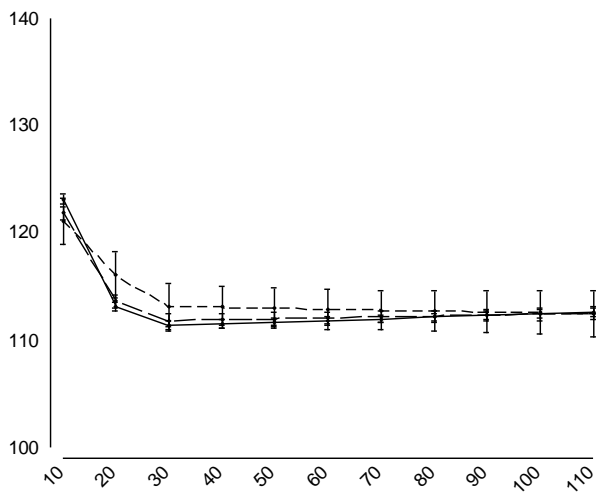
Systolic blood pressure



Diastolic blood pressure



Heart Rate



Time since stand (s)

Supplemental data

Table S1: Conditional differences in blood pressure or heart rate recovery compared to robust category in % recovered

SBP				
	Model 1		Model 2	
	Prefrail	Frail	Prefrail	Frail
10	0.39 [-0.41,1.20]	0.29 [-2.58,3.17]	0.44 [-0.40,1.28]	1.07 [-1.97,4.10]
20	-0.59 [-1.39,0.21]	-3.83 [-6.69,-0.97]**	-0.44 [-1.28,0.40]	-1.65 [-4.67,1.38]
30	-0.59 [-1.38,0.21]	-4.08 [-6.92,-1.23]**	-0.37 [-1.20,0.46]	-1.93 [-4.94,1.07]
40	-0.44 [-1.19,0.32]	-3.62 [-6.30,-0.94]**	-0.27 [-1.06,0.52]	-1.67 [-4.49,1.16]
50	-0.28 [-1.00,0.44]	-3.16 [-5.71,-0.61]*	-0.17 [-0.92,0.59]	-1.40 [-4.09,1.29]
60	-0.13 [-0.83,0.57]	-2.70 [-5.17,-0.23]*	-0.07 [-0.80,0.67]	-1.13 [-3.73,1.48]
70	0.02 [-0.67,0.71]	-2.24 [-4.69,0.21]	0.04 [-0.69,0.76]	-0.86 [-3.44,1.72]
80	0.17 [-0.53,0.87]	-1.78 [-4.25,0.69]	0.14 [-0.60,0.87]	-0.59 [-3.20,2.02]
90	0.32 [-0.40,1.04]	-1.32 [-3.87,1.23]	0.24 [-0.52,0.99]	-0.32 [-3.01,2.37]
100	0.48 [-0.28,1.23]	-0.86 [-3.54,1.82]	0.34 [-0.45,1.13]	-0.05 [-2.88,2.77]
110	0.63 [-0.17,1.42]	-0.40 [-3.25,2.44]	0.44 [-0.39,1.27]	0.22 [-2.79,3.22]
DBP				
10	0.80 [-0.01,1.61]	2.77 [0.10,5.44]*	0.55 [-0.31,1.40]	2.59 [-0.27,5.45]
20	-1.00 [-1.80,-0.20]*	-2.49 [-5.13,0.15]	-0.84 [-1.69,0.00]	-0.84 [-3.68,1.99]
30	-1.18 [-1.97,-0.39]**	-3.66 [-6.23,-1.09]**	-0.77 [-1.61,0.06]	-1.61 [-4.36,1.15]
40	-1.03 [-1.78,-0.28]**	-3.41 [-5.84,-0.98]**	-0.68 [-1.47,0.11]	-1.52 [-4.11,1.08]
50	-0.88 [-1.60,-0.16]*	-3.16 [-5.47,-0.84]**	-0.58 [-1.34,0.18]	-1.43 [-3.90,1.05]
60	-0.73 [-1.43,-0.03]*	-2.90 [-5.15,-0.65]*	-0.48 [-1.22,0.25]	-1.34 [-3.74,1.06]
70	-0.58 [-1.27,0.11]	-2.65 [-4.88,-0.42]*	-0.38 [-1.11,0.35]	-1.25 [-3.62,1.13]
80	-0.43 [-1.13,0.27]	-2.40 [-4.64,-0.15]*	-0.29 [-1.02,0.45]	-1.16 [-3.56,1.25]
90	-0.28 [-1.00,0.43]	-2.14 [-4.46,0.17]	-0.19 [-0.94,0.57]	-1.06 [-3.54,1.41]
100	-0.13 [-0.88,0.61]	-1.89 [-4.32,0.54]	-0.09 [-0.88,0.70]	-0.97 [-3.57,1.62]
110	0.01 [-0.77,0.80]	-1.64 [-4.21,0.93]	0.01 [-0.82,0.84]	-0.88 [-3.64,1.87]
HR				
10	-1.26 [-1.93,-0.59]***	-2.02 [-4.20,0.16]	-0.51 [-1.22,0.19]	0.70 [-1.64,3.03]
20	0.49 [-0.17,1.15]	2.90 [0.74,5.06]**	0.70 [0.01,1.40]*	3.10 [0.79,5.42]**
30	0.46 [-0.19,1.10]	1.80 [-0.32,3.92]	0.77 [0.10,1.45]*	1.98 [-0.29,4.25]
40	0.39 [-0.22,1.01]	1.56 [-0.45,3.57]	0.74 [0.10,1.39]*	1.80 [-0.35,3.96]
50	0.33 [-0.26,0.92]	1.32 [-0.61,3.25]	0.71 [0.10,1.33]*	1.63 [-0.43,3.69]
60	0.26 [-0.31,0.84]	1.08 [-0.79,2.96]	0.68 [0.08,1.28]*	1.45 [-0.55,3.46]
70	0.20 [-0.37,0.77]	0.85 [-1.02,2.71]	0.65 [0.06,1.25]*	1.28 [-0.70,3.26]
80	0.13 [-0.44,0.71]	0.61 [-1.27,2.48]	0.62 [0.02,1.22]*	1.10 [-0.90,3.11]
90	0.07 [-0.52,0.66]	0.37 [-1.56,2.30]	0.59 [-0.03,1.21]	0.93 [-1.13,2.99]
100	0.00 [-0.61,0.62]	0.13 [-1.88,2.14]	0.56 [-0.08,1.20]	0.76 [-1.40,2.91]
110	-0.06 [-0.71,0.59]	-0.11 [-2.23,2.01]	0.53 [-0.15,1.21]	0.58 [-1.69,2.85]

Parameters are estimated from mixed effects models with linear splines. Model 1: Age and sex, Model 2: Age, sex, BMI, smoking, depressive symptoms, self-reported CVD conditions, medication use *P<0.05, **P<0.01, ***P<0.001

Table S2: Model parameters for Blood pressure and heart rate recovery following active standing (Actual values)

	Intercept (10s difference)	Frailty*Time (rate of recovery)		
		10-20s	20-30s	30-110s
Systolic BP (mmHg)				
Model 1				
Prefrail	0.34 [-1.30,1.98]	-1.27 [-1.78,-0.75]***	-0.04 [-0.55,0.47]	0.20 [0.07,0.33]**
Frail	1.27 [-4.66,7.21]	-5.99 [-7.89,-4.09]***	-0.47 [-2.37,1.43]	0.67 [0.13,1.21]*
Model 2				
Prefrail	0.13 [-1.59,1.85]	-1.20 [-1.74,-0.66]***	0.08 [-0.46,0.62]	0.13 [-0.01,0.27]
Frail	0.89 [-5.39,7.17]	-4.47 [-6.49,-2.44]***	-0.46 [-2.49,1.57]	0.43 [-0.14,1.01]
Diastolic BP (mmHg)				
Model 1				
Prefrail	0.10 [-0.74,0.94]	-1.30 [-1.60,-0.99]***	-0.25 [-0.55,0.05]	0.10 [0.04,0.16]**
Frail	1.01 [-1.76,3.78]	-3.87 [-4.99,-2.75]***	-0.93 [-2.03,0.18]	0.20 [-0.03,0.43]
Model 2				
Prefrail	-0.08 [-0.95,0.80]	-1.01 [-1.33,-0.69]***	-0.04 [-0.36,0.28]	0.07 [0.00,0.13]*
Frail	0.32 [-2.59,3.23]	-2.80 [-4.00,-1.60]***	-0.61 [-1.80,0.58]	0.10 [-0.15,0.35]
Heart rate (HR)				
Model 1				
Prefrail	0.92 [0.18,1.67]*	1.03 [0.78,1.29]***	-0.04 [-0.29,0.21]	-0.04 [-0.09,0.01]
Frail	2.09 [-0.32,4.50]	2.99 [2.22,3.76]***	-0.78 [-1.55,-0.01]*	-0.14 [-0.30,0.02]
Model 2				
Prefrail	0.98 [0.22,1.74]*	0.71 [0.44,0.98]***	0.04 [-0.23,0.30]	-0.02 [-0.07,0.03]
Frail	1.42 [-1.05,3.90]	1.45 [0.61,2.29]***	-0.73 [-1.56,0.10]	-0.11 [-0.29,0.07]

Parameters are estimated from mixed effects models with linear splines. Interaction coefficients represent the difference in time slopes or rate of recovery in blood pressure or heart rate at each stage of the active stand. Model 1: Age and sex, Model 2: Age, sex, BMI, smoking, depressive symptoms, self-reported CVD conditions, medication use *P<0.05, **P<0.01, ***P<0.001

Table S3: Conditional differences in blood pressure or heart rate recovery compared to robust category in mmHg or beats per minute

SBP				
	Model 1		Model 2	
	Prefrail	Frail	Prefrail	Frail
10	0.34 [-1.30,1.98]	1.27 [-4.66,7.21]	0.13 [-1.59,1.85]	0.89 [-5.39,7.17]
20	-0.93 [-2.56,0.71]	-4.72 [-10.65,1.21]	-1.07 [-2.78,0.64]	-3.57 [-9.85,2.70]
30	-0.97 [-2.60,0.66]	-5.19 [-11.11,0.74]	-0.99 [-2.69,0.72]	-4.03 [-10.30,2.24]
40	-0.77 [-2.36,0.83]	-4.52 [-10.27,1.23]	-0.86 [-2.53,0.81]	-3.60 [-9.68,2.48]
50	-0.57 [-2.14,1.00]	-3.85 [-9.47,1.78]	-0.73 [-2.37,0.92]	-3.17 [-9.11,2.78]
60	-0.37 [-1.92,1.18]	-3.18 [-8.72,2.37]	-0.60 [-2.22,1.03]	-2.73 [-8.59,3.12]
70	-0.17 [-1.72,1.37]	-2.51 [-8.02,3.01]	-0.47 [-2.09,1.15]	-2.30 [-8.13,3.53]
80	0.03 [-1.53,1.58]	-1.84 [-7.38,3.71]	-0.34 [-1.96,1.29]	-1.87 [-7.73,3.99]
90	0.23 [-1.34,1.79]	-1.17 [-6.79,4.46]	-0.21 [-1.85,1.43]	-1.44 [-7.38,4.51]
100	0.42 [-1.17,2.02]	-0.50 [-6.25,5.25]	-0.08 [-1.75,1.59]	-1.00 [-7.08,5.08]
110	0.62 [-1.01,2.25]	0.17 [-5.75,6.10]	0.05 [-1.66,1.76]	-0.57 [-6.84,5.70]
DBP				
10	0.10 [-0.74,0.94]	1.01 [-1.76,3.78]	-0.08 [-0.95,0.80]	0.32 [-2.59,3.23]
20	-1.20 [-2.04,-0.37]**	-2.86 [-5.62,-0.10]*	-1.08 [-1.96,-0.21]*	-2.48 [-5.38,0.42]
30	-1.45 [-2.28,-0.62]***	-3.79 [-6.52,-1.06]**	-1.13 [-1.99,-0.27]*	-3.09 [-5.96,-0.22]*
40	-1.35 [-2.16,-0.54]**	-3.59 [-6.25,-0.93]**	-1.06 [-1.91,-0.22]*	-2.99 [-5.78,-0.20]*
50	-1.25 [-2.05,-0.45]**	-3.39 [-6.00,-0.78]*	-0.99 [-1.83,-0.16]*	-2.90 [-5.63,-0.16]*
60	-1.15 [-1.94,-0.36]**	-3.19 [-5.76,-0.61]*	-0.93 [-1.75,-0.10]*	-2.80 [-5.50,-0.10]*
70	-1.05 [-1.83,-0.26]**	-2.99 [-5.55,-0.42]*	-0.86 [-1.68,-0.04]*	-2.70 [-5.39,-0.01]*
80	-0.94 [-1.74,-0.15]*	-2.79 [-5.36,-0.21]*	-0.79 [-1.62,0.03]	-2.60 [-5.30,0.10]
90	-0.84 [-1.64,-0.05]*	-2.59 [-5.20,0.02]	-0.73 [-1.56,0.11]	-2.51 [-5.24,0.23]
100	-0.74 [-1.55,0.07]	-2.39 [-5.05,0.27]	-0.66 [-1.50,0.19]	-2.41 [-5.20,0.38]
110	-0.64 [-1.47,0.19]	-2.19 [-4.92,0.54]	-0.59 [-1.45,0.27]	-2.31 [-5.18,0.56]
HR				
10	0.92 [0.18,1.67]*	2.09 [-0.32,4.50]	0.98 [0.22,1.74]*	1.42 [-1.05,3.90]
20	1.96 [1.21,2.70]***	5.08 [2.68,7.48]***	1.69 [0.94,2.45]***	2.87 [0.40,5.34]*
30	1.92 [1.18,2.65]***	4.30 [1.91,6.69]***	1.73 [0.98,2.48]***	2.15 [-0.30,4.60]
40	1.88 [1.16,2.60]***	4.16 [1.81,6.51]***	1.71 [0.98,2.45]***	2.04 [-0.37,4.44]
50	1.84 [1.13,2.56]***	4.02 [1.70,6.34]***	1.70 [0.97,2.42]***	1.93 [-0.45,4.30]
60	1.81 [1.10,2.52]***	3.88 [1.58,6.18]***	1.68 [0.96,2.40]***	1.82 [-0.54,4.17]
70	1.77 [1.06,2.48]***	3.74 [1.44,6.03]**	1.66 [0.94,2.38]***	1.71 [-0.64,4.06]
80	1.73 [1.02,2.44]***	3.59 [1.29,5.89]**	1.65 [0.93,2.37]***	1.60 [-0.75,3.95]
90	1.70 [0.98,2.41]***	3.45 [1.13,5.77]**	1.63 [0.91,2.36]***	1.49 [-0.88,3.86]
100	1.66 [0.94,2.39]***	3.31 [0.96,5.66]**	1.62 [0.88,2.35]***	1.38 [-1.02,3.79]
110	1.63 [0.89,2.36]***	3.17 [0.78,5.56]**	1.60 [0.85,2.35]***	1.27 [-1.18,3.72]

Parameters are estimated from mixed effects models with linear splines. Model 1: Age and sex, Model 2: Age, sex, BMI, smoking, depressive symptoms, self-reported CVD conditions, medication use *P<0.05, **P<0.01, ***P<0.001

Figure S1: Adjusted blood pressure and heart rate responses across frailty categories

Data are adjusted conditional means and 95% confidence intervals estimated from mixed effects models. Model 1: Age and sex; Model 2: age, sex, BMI, smoking, antihypertensive and antidepressant medication use, depressive symptoms and CVD conditions, and are mutually adjusted for the presence of the other frailty criteria

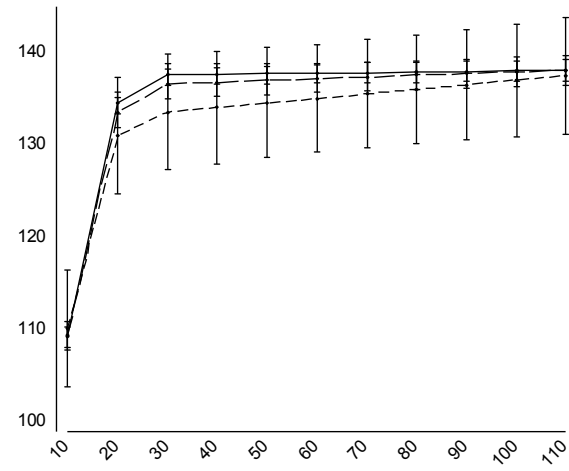
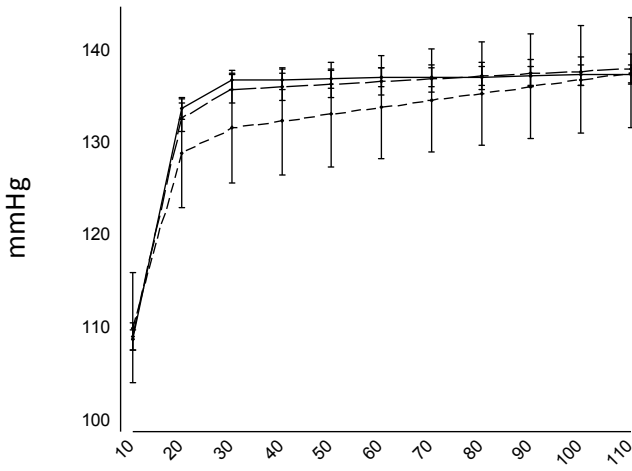
———— Robust - - - - - Prefrail - - - - - Frail

For Review Only

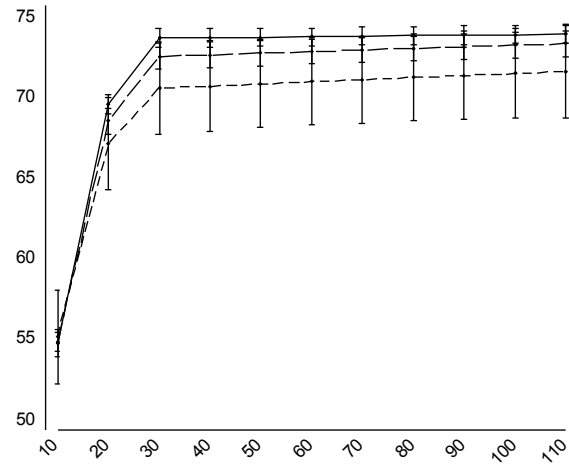
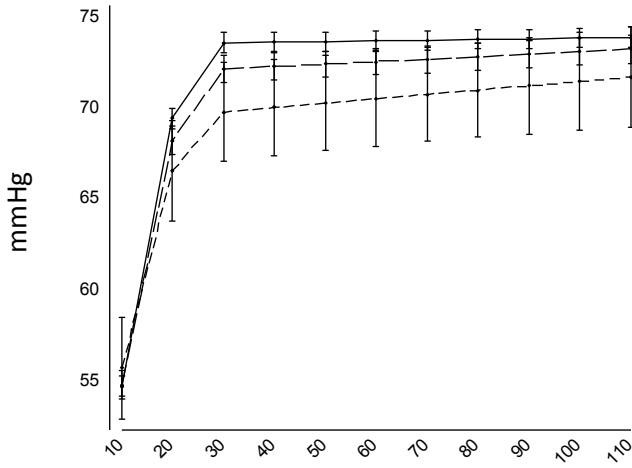
Model 1

Model 2

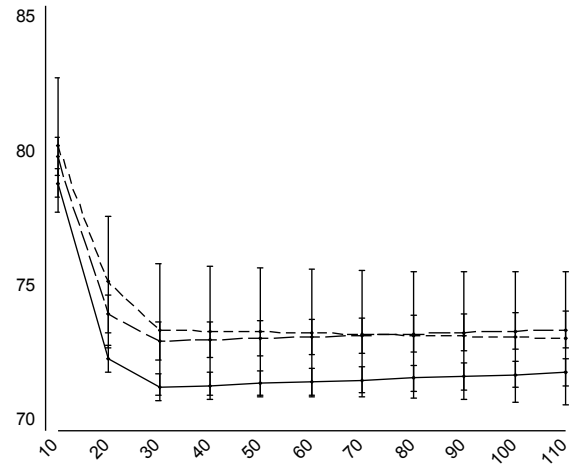
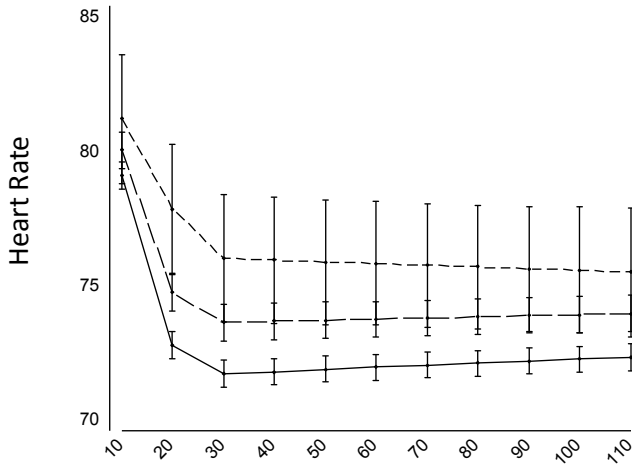
Systolic blood pressure



Diastolic blood pressure



Heart Rate



Time since stand (s)

Appendix Tables – Full model outputs**Table SA1: Mixed effects models for % SBP recovery**

Main effects	Model 1	Model 2
Period 1 10-20s	1.71 (-7.43 - 10.84)	-16.56 (-26.41 - -6.71)
Period 2 20-30s	-4.07 (-13.18 - 5.04)	2.02 (-7.81 - 11.85)
Period 3 30-110s	-1.61 (-3.81 - 0.59)	-0.43 (-2.80 - 1.95)
Prefrail	0.39 (-0.41 - 1.20)	0.44 (-0.40 - 1.28)
Frail	0.29 (-2.58 - 3.17)	1.07 (-1.97 - 4.10)
Age	-0.42 (-1.01 - 0.17)	-0.52 (-1.11 - 0.07)
Age*age	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.01)
Female	-1.56 (-2.27 - -0.85)	-1.14 (-1.88 - -0.40)
Antidepressant		-3.84 (-5.44 - -2.25)
Antihypertensive		-3.05 (-4.24 - -1.86)
BMI		0.77 (0.29 - 1.24)
BMI*BMI		-0.01 (-0.02 - 0.00)
Past smoker		0.50 (-0.28 - 1.27)
Current smoker		-0.10 (-1.18 - 0.98)
CES-D score		-0.01 (-0.07 - 0.06)
Diabetes		1.51 (-0.01 - 3.03)
Stroke		-2.25 (-5.86 - 1.35)
Angina		-2.77 (-4.71 - -0.83)
Heart attack		1.42 (-0.60 - 3.43)
Hypertension		1.17 (0.35 - 2.00)
Heart murmur		-0.31 (-1.94 - 1.32)
Interactions 10-20s		
Prefrail*time	-0.99 (-1.37 - -0.60)	-0.88 (-1.29 - -0.47)
Frail*time	-4.12 (-5.53 - -2.72)	-2.71 (-4.21 - -1.21)
Age*time	0.81 (0.52 - 1.10)	0.89 (0.59 - 1.18)
Age*age*time	-0.01 (-0.01 - -0.01)	-0.01 (-0.01 - -0.01)
Female*time	-2.01 (-2.36 - -1.67)	-1.60 (-1.96 - -1.23)
Antidepressant*time		-0.62 (-1.40 - 0.16)
Antihypertensive*time		0.02 (-0.57 - 0.61)
BMI*time		0.98 (0.75 - 1.22)
BMI*BMI*time		-0.01 (-0.02 - -0.01)
Past smoker*time		-0.51 (-0.89 - -0.13)
Current smoker*time		-2.03 (-2.56 - -1.50)
CES-D score*time		-0.03 (-0.06 - 0.00)
Diabetes*time		-0.62 (-1.37 - 0.13)
Stroke*time		1.01 (-0.75 - 2.76)
Angina*time		1.42 (0.47 - 2.37)
Heart attack*time		1.05 (0.06 - 2.04)
Hypertension*time		-2.12 (-2.53 - -1.72)
Heart murmur*time		0.92 (0.11 - 1.72)
Interactions 20-30s		
Prefrail*time	0.01 (-0.38 - 0.39)	0.07 (-0.34 - 0.48)
Frail*time	-0.25 (-1.65 - 1.15)	-0.29 (-1.79 - 1.21)
Age*time	0.05 (-0.24 - 0.33)	0.00 (-0.30 - 0.29)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	1.68 (1.34 - 2.03)	1.56 (1.20 - 1.92)
Antidepressant*time		0.92 (0.14 - 1.69)
Antihypertensive*time		0.86 (0.27 - 1.44)

BMI*time		-0.19 (-0.42 - 0.05)
BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		-0.21 (-0.59 - 0.17)
Current smoker*time		0.45 (-0.08 - 0.98)
CES-D score*time		-0.02 (-0.05 - 0.01)
Diabetes*time		-1.10 (-1.85 - -0.36)
Stroke*time		0.73 (-1.03 - 2.48)
Angina*time		0.74 (-0.20 - 1.69)
Heart attack*time		-0.50 (-1.49 - 0.49)
Hypertension*time		0.74 (0.33 - 1.15)
Heart murmur*time		0.20 (-0.60 - 1.00)
Interactions 30-110s		
Prefrail*time	0.15 (0.06 - 0.25)	0.10 (0.00 - 0.20)
Frail*time	0.46 (0.10 - 0.82)	0.27 (-0.12 - 0.66)
Age*time	0.02 (-0.05 - 0.09)	0.02 (-0.05 - 0.09)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	0.06 (-0.02 - 0.14)	0.04 (-0.05 - 0.12)
Antidepressant*time		0.16 (-0.03 - 0.35)
Antihypertensive*time		0.01 (-0.13 - 0.16)
BMI*time		-0.08 (-0.13 - -0.02)
BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		0.03 (-0.06 - 0.13)
Current smoker*time		0.19 (0.06 - 0.32)
CES-D score*time		0.01 (0.00 - 0.01)
Diabetes*time		0.13 (-0.05 - 0.31)
Stroke*time		-0.11 (-0.55 - 0.33)
Angina*time		0.13 (-0.10 - 0.36)
Heart attack*time		-0.01 (-0.25 - 0.23)
Hypertension*time		0.07 (-0.03 - 0.17)
Heart murmur*time		0.12 (-0.07 - 0.31)
Intercept	95.91 (77.18 - 114.63)	83.24 (63.23 - 103.25)
Random effects (identity matrix)		
Intercept variance	71.96 (67.17 - 77.09)	67.87 (63.18 - 72.92)
AR1 Residuals by Frailty category		
variance		
Robust	61.68 (58.53 - 64.98)	61.49 (58.31 - 64.84)
Prefrail	89.55 (82.26 - 97.49)	90.61 (83.17 - 98.72)
Frail	120.38 (90.48 - 160.17)	124.69 (92.53 - 168.02)
rho		
Robust	0.74 (0.72 - 0.75)	0.74 (0.73 - 0.75)
Prefrail	0.80 (0.78 - 0.81)	0.80 (0.78 - 0.82)
Frail	0.81 (0.75 - 0.86)	0.81 (0.75 - 0.86)

Table SA2: Mixed effects models for % DBP recovery

Main effects	Model 1	Model 2
Period 1 10-20s	12.04 (1.71 - 22.37)	3.03 (-8.12 - 14.17)
Period 2 20-30s	-3.84 (-14.10 - 6.41)	3.82 (-7.24 - 14.89)
Period 3 30-110s	-1.16 (-3.32 - 0.99)	-0.35 (-2.68 - 1.97)
Prefrail	0.80 (-0.01 - 1.61)	0.55 (-0.31 - 1.40)
Frail	2.77 (0.10 - 5.44)	2.59 (-0.27 - 5.45)
Age	-0.62 (-1.21 - -0.02)	-0.72 (-1.32 - -0.12)
Age*age	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.01)
Female	0.34 (-0.38 - 1.06)	0.68 (-0.07 - 1.44)
Antidepressant		-2.35 (-3.97 - -0.73)
Antihypertensive		-2.87 (-4.08 - -1.65)
BMI		0.90 (0.42 - 1.39)
BMI*BMI		-0.01 (-0.02 - 0.00)
Past smoker		0.46 (-0.33 - 1.26)
Current smoker		0.76 (-0.35 - 1.87)
CES-D score		0.03 (-0.03 - 0.10)
Diabetes		1.26 (-0.29 - 2.81)
Stroke		-3.08 (-6.71 - 0.54)
Angina		-3.67 (-5.64 - -1.70)
Heart attack		0.54 (-1.52 - 2.59)
Hypertension		1.32 (0.47 - 2.17)
Heart murmur		-1.25 (-2.92 - 0.42)
Interactions 10-20s		
Prefrail*time	-1.80 (-2.24 - -1.36)	-1.39 (-1.86 - -0.92)
Frail*time	-5.26 (-6.87 - -3.65)	-3.44 (-5.16 - -1.71)
Age*time	0.63 (0.30 - 0.96)	0.80 (0.48 - 1.13)
Age*age*time	-0.01 (-0.01 - -0.01)	-0.01 (-0.01 - -0.01)
Female*time	-3.18 (-3.58 - -2.79)	-3.08 (-3.50 - -2.67)
Antidepressant*time		-0.18 (-1.06 - 0.71)
Antihypertensive*time		0.15 (-0.51 - 0.81)
BMI*time		0.41 (0.15 - 0.68)
BMI*BMI*time		-0.01 (-0.01 - 0.00)
Past smoker*time		-0.96 (-1.39 - -0.53)
Current smoker*time		-2.02 (-2.63 - -1.42)
CES-D score*time		-0.06 (-0.09 - -0.02)
Diabetes*time		-1.57 (-2.42 - -0.72)
Stroke*time		3.00 (1.00 - 5.01)
Angina*time		1.68 (0.61 - 2.76)
Heart attack*time		2.33 (1.21 - 3.45)
Hypertension*time		-2.30 (-2.76 - -1.84)
Heart murmur*time		-0.51 (-1.42 - 0.39)
Interactions 20-30s		
Prefrail*time	-0.18 (-0.62 - 0.26)	0.07 (-0.40 - 0.53)
Frail*time	-1.17 (-2.77 - 0.42)	-0.76 (-2.47 - 0.95)
Age*time	0.13 (-0.19 - 0.45)	0.10 (-0.22 - 0.43)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	2.81 (2.43 - 3.20)	2.65 (2.24 - 3.06)
Antidepressant*time		0.09 (-0.79 - 0.97)
Antihypertensive*time		0.83 (0.17 - 1.49)
BMI*time		-0.27 (-0.53 - -0.01)

BMI*BMI*time		0.00 (0.00 - 0.01)
Past smoker*time		-0.33 (-0.76 - 0.10)
Current smoker*time		-0.53 (-1.12 - 0.07)
CES-D score*time		-0.02 (-0.06 - 0.02)
Diabetes*time		-1.31 (-2.15 - -0.47)
Stroke*time		0.00 (-1.99 - 1.99)
Angina*time		1.19 (0.12 - 2.26)
Heart attack*time		-0.62 (-1.73 - 0.50)
Hypertension*time		0.73 (0.27 - 1.18)
Heart murmur*time		0.36 (-0.54 - 1.26)
<hr/>		
Interactions 30-110s		
Prefrail*time	0.15 (0.05 - 0.24)	0.10 (0.00 - 0.20)
Frail*time	0.25 (-0.07 - 0.58)	0.09 (-0.26 - 0.44)
Age*time	0.01 (-0.05 - 0.08)	0.01 (-0.06 - 0.08)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	0.08 (0.00 - 0.16)	0.06 (-0.03 - 0.15)
Antidepressant*time		0.11 (-0.08 - 0.30)
Antihypertensive*time		0.05 (-0.09 - 0.19)
BMI*time		-0.05 (-0.11 - 0.00)
BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		0.05 (-0.04 - 0.14)
Current smoker*time		0.12 (0.00 - 0.25)
CES-D score*time		0.01 (0.00 - 0.02)
Diabetes*time		0.12 (-0.06 - 0.30)
Stroke*time		-0.20 (-0.62 - 0.23)
Angina*time		0.06 (-0.17 - 0.29)
Heart attack*time		-0.08 (-0.32 - 0.15)
Hypertension*time		0.04 (-0.06 - 0.13)
Heart murmur*time		0.20 (0.01 - 0.39)
<hr/>		
Intercept	96.75 (77.80 - 115.71)	80.22 (59.81 - 100.62)
<hr/>		
Random effects (identity matrix)		
Intercept variance	83.37 (78.87 - 88.13)	82.05 (77.58 - 86.79)
<hr/>		
AR1 Residuals by Frailty category		
variance		
Robust	58.03 (55.80 - 60.36)	57.52 (55.29 - 59.83)
Prefrail	78.61 (73.63 - 83.92)	77.20 (72.26 - 82.48)
Frail	81.71 (66.37 - 100.59)	85.43 (68.54 - 106.48)
<hr/>		
rho		
Robust	0.65 (0.64 - 0.66)	0.65 (0.64 - 0.66)
Prefrail	0.69 (0.67 - 0.71)	0.69 (0.67 - 0.71)
Frail	0.63 (0.54 - 0.70)	0.63 (0.54 - 0.71)

Table SA3: Mixed effects models for % HR recovery

Main effects	Model 1	Model 2
Period 1 10-20s	-69.39 (-78.50 - -60.28)	-44.75 (-54.57 - -34.92)
Period 2 20-30s	28.21 (19.19 - 37.23)	28.81 (19.09 - 38.53)
Period 3 30-110s	1.67 (-0.16 - 3.50)	2.25 (0.30 - 4.21)
Prefrail	-1.26 (-1.93 - -0.59)	-0.51 (-1.22 - 0.19)
Frail	-2.02 (-4.20 - 0.16)	0.70 (-1.64 - 3.03)
Age	-0.68 (-1.18 - -0.17)	-0.52 (-1.03 - -0.02)
Age*age	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.01)
Female	-1.17 (-1.78 - -0.56)	-1.25 (-1.89 - -0.61)
Antidepressant		-3.53 (-4.88 - -2.18)
Antihypertensive		-2.52 (-3.54 - -1.50)
BMI		0.77 (0.36 - 1.18)
BMI*BMI		-0.01 (-0.02 - 0.00)
Past smoker		0.00 (-0.67 - 0.67)
Current smoker		-2.80 (-3.73 - -1.87)
CES-D score		0.00 (-0.05 - 0.06)
Diabetes		-3.31 (-4.60 - -2.02)
Stroke		-0.31 (-3.29 - 2.67)
Angina		-1.35 (-2.99 - 0.29)
Heart attack		-0.98 (-2.69 - 0.73)
Hypertension		-2.14 (-2.85 - -1.42)
Heart murmur		0.48 (-0.92 - 1.89)
Interactions 10-20s		
Prefrail*time	1.74 (1.36 - 2.13)	1.22 (0.81 - 1.62)
Frail*time	4.92 (3.73 - 6.11)	2.41 (1.12 - 3.70)
Age*time	1.45 (1.16 - 1.73)	1.38 (1.09 - 1.67)
Age*age*time	-0.01 (-0.01 - -0.01)	-0.01 (-0.01 - 0.00)
Female*time	-0.64 (-0.98 - -0.29)	-0.91 (-1.27 - -0.54)
Antidepressant*time		2.49 (1.72 - 3.27)
Antihypertensive*time		-0.17 (-0.76 - 0.42)
BMI*time		-1.53 (-1.76 - -1.29)
BMI*BMI*time		0.02 (0.02 - 0.03)
Past smoker*time		0.48 (0.09 - 0.86)
Current smoker*time		3.86 (3.32 - 4.39)
CES-D score*time		0.02 (-0.01 - 0.05)
Diabetes*time		1.67 (0.92 - 2.41)
Stroke*time		0.43 (-1.29 - 2.15)
Angina*time		1.32 (0.37 - 2.26)
Heart attack*time		0.94 (-0.05 - 1.93)
Hypertension*time		1.79 (1.38 - 2.20)
Heart murmur*time		-0.50 (-1.31 - 0.31)
Interactions 20-30s		
Prefrail*time	-0.03 (-0.41 - 0.35)	0.07 (-0.33 - 0.47)
Frail*time	-1.10 (-2.29 - 0.08)	-1.12 (-2.40 - 0.16)
Age*time	-0.90 (-1.19 - -0.62)	-0.89 (-1.18 - -0.61)
Age*age*time	0.01 (0.00 - 0.01)	0.01 (0.00 - 0.01)
Female*time	0.27 (-0.08 - 0.61)	0.24 (-0.13 - 0.60)
Antidepressant*time		0.39 (-0.38 - 1.15)
Antihypertensive*time		0.32 (-0.26 - 0.90)
BMI*time		0.00 (-0.23 - 0.24)

BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		-0.03 (-0.41 - 0.35)
Current smoker*time		0.18 (-0.35 - 0.71)
CES-D score*time		-0.02 (-0.05 - 0.01)
Diabetes*time		0.72 (-0.02 - 1.46)
Stroke*time		0.17 (-1.53 - 1.88)
Angina*time		-1.07 (-2.01 - -0.13)
Heart attack*time		-0.02 (-1.00 - 0.95)
Hypertension*time		-0.16 (-0.57 - 0.25)
Heart murmur*time		-0.82 (-1.62 - -0.02)
<hr/>		
Interactions 30-110s		
Prefrail*time	-0.06 (-0.14 - 0.01)	-0.03 (-0.11 - 0.05)
Frail*time	-0.24 (-0.49 - 0.01)	-0.17 (-0.45 - 0.10)
Age*time	-0.02 (-0.08 - 0.03)	-0.01 (-0.07 - 0.05)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	0.06 (-0.01 - 0.13)	0.02 (-0.05 - 0.10)
Antidepressant*time		0.01 (-0.14 - 0.17)
Antihypertensive*time		-0.10 (-0.21 - 0.02)
BMI*time		-0.04 (-0.09 - 0.00)
BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		-0.04 (-0.11 - 0.04)
Current smoker*time		-0.11 (-0.22 - -0.01)
CES-D score*time		0.00 (-0.01 - 0.01)
Diabetes*time		-0.08 (-0.22 - 0.07)
Stroke*time		0.12 (-0.22 - 0.46)
Angina*time		-0.04 (-0.23 - 0.15)
Heart attack*time		0.09 (-0.11 - 0.28)
Hypertension*time		-0.05 (-0.13 - 0.03)
Heart murmur*time		-0.03 (-0.19 - 0.13)
<hr/>		
	157.26 (141.30 -	140.17 (123.09 -
Intercept	173.22)	157.26)
<hr/>		
Random effects (identity matrix)		
Intercept variance	58.73 (55.59 - 62.06)	57.37 (54.29 - 60.62)
<hr/>		
AR1 Residuals by Frailty category		
variance		
Robust	46.94 (45.15 - 48.80)	45.25 (43.56 - 47.01)
Prefrail	47.74 (45.23 - 50.38)	46.34 (43.93 - 48.89)
Frail	50.39 (40.40 - 62.85)	53.21 (41.96 - 67.48)
<hr/>		
rho		
Robust	0.64 (0.62 - 0.65)	0.63 (0.61 - 0.64)
Prefrail	0.63 (0.61 - 0.65)	0.62 (0.60 - 0.64)
Frail	0.68 (0.60 - 0.75)	0.69 (0.60 - 0.76)

Table SA4: Mixed effects models for SBP recovery

Main effects	Model 1	Model 2
Period 1 10-20s	-15.43 (-27.53 - -3.32)	-40.89 (-53.94 - -27.84)
Period 2 20-30s	-6.85 (-18.93 - 5.23)	-0.21 (-13.24 - 12.81)
Period 3 30-110s	-1.10 (-4.03 - 1.83)	0.26 (-2.91 - 3.43)
Prefrail	0.34 (-1.30 - 1.98)	0.13 (-1.59 - 1.85)
Frail	1.27 (-4.66 - 7.21)	0.89 (-5.39 - 7.17)
Age	1.37 (0.15 - 2.60)	0.97 (-0.25 - 2.19)
Age*age	-0.01 (-0.02 - 0.00)	-0.01 (-0.01 - 0.00)
Female	0.63 (-0.84 - 2.10)	0.56 (-0.97 - 2.09)
Antidepressant		-3.46 (-6.74 - -0.18)
Antihypertensive		-5.89 (-8.35 - -3.42)
BMI		1.68 (0.70 - 2.67)
BMI*BMI		-0.02 (-0.04 - -0.01)
Past smoker		-0.80 (-2.41 - 0.80)
Current smoker		-2.80 (-5.05 - -0.56)
CES-D score		0.12 (-0.01 - 0.26)
Diabetes		0.66 (-2.48 - 3.79)
Stroke		-3.23 (-10.58 - 4.12)
Angina		-6.88 (-10.87 - -2.90)
Heart attack		-2.29 (-6.45 - 1.86)
Hypertension		5.43 (3.71 - 7.15)
Heart murmur		-2.75 (-6.13 - 0.63)
Interactions 10-20s		
Prefrail*time	-1.27 (-1.78 - -0.75)	-1.20 (-1.74 - -0.66)
Frail*time	-5.99 (-7.89 - -4.09)	-4.47 (-6.49 - -2.44)
Age*time	1.57 (1.19 - 1.95)	1.59 (1.21 - 1.98)
Age*age*time	-0.01 (-0.02 - -0.01)	-0.01 (-0.02 - -0.01)
Female*time	-2.26 (-2.72 - -1.80)	-1.77 (-2.25 - -1.29)
Antidepressant*time		-0.30 (-1.33 - 0.74)
Antihypertensive*time		-0.20 (-0.98 - 0.57)
BMI*time		1.50 (1.19 - 1.81)
BMI*BMI*time		-0.02 (-0.03 - -0.02)
Past smoker*time		-0.85 (-1.36 - -0.35)
Current smoker*time		-3.21 (-3.91 - -2.50)
CES-D score*time		-0.02 (-0.06 - 0.02)
Diabetes*time		-1.09 (-2.08 - -0.10)
Stroke*time		0.29 (-2.04 - 2.61)
Angina*time		1.29 (0.04 - 2.55)
Heart attack*time		0.52 (-0.79 - 1.83)
Hypertension*time		-1.92 (-2.46 - -1.38)
Heart murmur*time		1.18 (0.12 - 2.25)
Interactions 20-30s		
Prefrail*time	-0.04 (-0.55 - 0.47)	0.08 (-0.46 - 0.62)
Frail*time	-0.47 (-2.37 - 1.43)	-0.46 (-2.49 - 1.57)
Age*time	0.10 (-0.28 - 0.48)	0.03 (-0.36 - 0.41)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	2.35 (1.89 - 2.81)	2.19 (1.70 - 2.67)
Antidepressant*time		1.33 (0.30 - 2.36)
Antihypertensive*time		1.11 (0.34 - 1.89)
BMI*time		-0.14 (-0.45 - 0.17)

BMI*BMI*time		0.00 (-0.01 - 0.00)
Past smoker*time		-0.26 (-0.76 - 0.24)
Current smoker*time		0.44 (-0.27 - 1.14)
CES-D score*time		-0.02 (-0.07 - 0.02)
Diabetes*time		-1.58 (-2.56 - -0.59)
Stroke*time		0.90 (-1.42 - 3.22)
Angina*time		0.79 (-0.47 - 2.04)
Heart attack*time		-1.15 (-2.46 - 0.15)
Hypertension*time		1.11 (0.57 - 1.65)
Heart murmur*time		0.19 (-0.87 - 1.25)
<hr/>		
Interactions 30-110s		
Prefrail*time	0.20 (0.07 - 0.33)	0.13 (-0.01 - 0.27)
Frail*time	0.67 (0.13 - 1.21)	0.43 (-0.14 - 1.01)
Age*time	-0.01 (-0.10 - 0.09)	-0.01 (-0.10 - 0.08)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	0.09 (-0.02 - 0.20)	0.06 (-0.06 - 0.17)
Antidepressant*time		0.20 (-0.06 - 0.45)
Antihypertensive*time		0.03 (-0.15 - 0.22)
BMI*time		-0.09 (-0.17 - -0.02)
BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		0.04 (-0.08 - 0.16)
Current smoker*time		0.27 (0.10 - 0.44)
CES-D score*time		0.01 (0.00 - 0.02)
Diabetes*time		0.15 (-0.10 - 0.39)
Stroke*time		-0.05 (-0.64 - 0.53)
Angina*time		0.14 (-0.16 - 0.45)
Heart attack*time		-0.03 (-0.35 - 0.29)
Hypertension*time		0.07 (-0.06 - 0.20)
Heart murmur*time		0.15 (-0.11 - 0.41)
<hr/>		
Intercept	56.08 (17.29 - 94.88)	37.26 (-4.15 - 78.67)
<hr/>		
Random effects (identity matrix)		
Intercept variance	484.80 (461.61 - 509.15)	464.58 (441.81 - 488.53)
<hr/>		
AR1 Residuals by Frailty category		
variance		
Robust	107.04 (101.53 - 112.84)	106.44 (100.90 - 112.30)
Prefrail	162.61 (146.42 - 180.58)	167.18 (149.73 - 186.68)
Frail	329.37 (180.59 - 600.72)	352.45 (181.23 - 685.46)
<hr/>		
rho		
Robust	0.74 (0.72 - 0.75)	0.74 (0.72 - 0.75)
Prefrail	0.80 (0.78 - 0.82)	0.81 (0.79 - 0.83)
Frail	0.87 (0.77 - 0.93)	0.88 (0.77 - 0.94)

Table SA5: Mixed effects models for DBP recovery

Main effects	Model 1	Model 2
Period 1 10-20s	8.44 (1.24 - 15.63)	2.40 (-5.36 - 10.16)
Period 2 20-30s	-3.33 (-10.46 - 3.80)	1.81 (-5.88 - 9.51)
Period 3 30-110s	-0.74 (-2.21 - 0.73)	-0.30 (-1.88 - 1.28)
Prefrail	0.10 (-0.74 - 0.94)	-0.08 (-0.95 - 0.80)
Frail	1.01 (-1.76 - 3.78)	0.32 (-2.59 - 3.23)
Age	-0.17 (-0.80 - 0.46)	-0.35 (-0.98 - 0.27)
Age*age	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.01)
Female	-1.25 (-2.01 - -0.49)	-1.41 (-2.20 - -0.62)
Antidepressant		-0.61 (-2.28 - 1.06)
Antihypertensive		-4.19 (-5.45 - -2.92)
BMI		0.84 (0.34 - 1.34)
BMI*BMI		-0.01 (-0.02 - 0.00)
Past smoker		-0.22 (-1.04 - 0.61)
Current smoker		-0.62 (-1.77 - 0.53)
CES-D score		0.07 (0.00 - 0.14)
Diabetes		-0.79 (-2.39 - 0.81)
Stroke		-1.90 (-5.61 - 1.81)
Angina		-4.03 (-6.07 - -1.99)
Heart attack		-2.59 (-4.71 - -0.46)
Hypertension		2.39 (1.51 - 3.28)
Heart murmur		-2.26 (-4.00 - -0.53)
Interactions 10-20s		
Prefrail*time	-1.30 (-1.60 - -0.99)	-1.01 (-1.33 - -0.69)
Frail*time	-3.87 (-4.99 - -2.75)	-2.80 (-4.00 - -1.60)
Age*time	0.48 (0.25 - 0.71)	0.57 (0.34 - 0.80)
Age*age*time	-0.01 (-0.01 - 0.00)	-0.01 (-0.01 - 0.00)
Female*time	-2.84 (-3.11 - -2.57)	-2.87 (-3.15 - -2.58)
Antidepressant*time		0.30 (-0.32 - 0.91)
Antihypertensive*time		-0.47 (-0.93 - -0.01)
BMI*time		0.31 (0.12 - 0.49)
BMI*BMI*time		-0.01 (-0.01 - 0.00)
Past smoker*time		-0.76 (-1.06 - -0.46)
Current smoker*time		-1.69 (-2.11 - -1.27)
CES-D score*time		-0.03 (-0.06 - -0.01)
Diabetes*time		-1.33 (-1.92 - -0.74)
Stroke*time		1.69 (0.30 - 3.08)
Angina*time		0.71 (-0.04 - 1.46)
Heart attack*time		0.67 (-0.11 - 1.45)
Hypertension*time		-1.26 (-1.58 - -0.94)
Heart murmur*time		-0.47 (-1.10 - 0.16)
Interactions 20-30s		
Prefrail*time	-0.25 (-0.55 - 0.05)	-0.04 (-0.36 - 0.28)
Frail*time	-0.93 (-2.03 - 0.18)	-0.61 (-1.80 - 0.58)
Age*time	0.12 (-0.11 - 0.35)	0.09 (-0.13 - 0.32)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	1.94 (1.67 - 2.21)	1.80 (1.51 - 2.08)
Antidepressant*time		0.16 (-0.45 - 0.77)
Antihypertensive*time		0.51 (0.06 - 0.97)
BMI*time		-0.15 (-0.34 - 0.03)

BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		-0.23 (-0.52 - 0.07)
Current smoker*time		-0.51 (-0.92 - -0.09)
CES-D score*time		-0.01 (-0.04 - 0.01)
Diabetes*time		-1.08 (-1.67 - -0.50)
Stroke*time		-0.12 (-1.49 - 1.25)
Angina*time		0.59 (-0.15 - 1.33)
Heart attack*time		-0.63 (-1.41 - 0.14)
Hypertension*time		0.64 (0.32 - 0.96)
Heart murmur*time		0.14 (-0.48 - 0.77)
Interactions 30-110s		
Prefrail*time	0.10 (0.04 - 0.16)	0.07 (0.00 - 0.13)
Frail*time	0.20 (-0.03 - 0.43)	0.10 (-0.15 - 0.35)
Age*time	0.01 (-0.04 - 0.05)	0.01 (-0.04 - 0.05)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	0.06 (0.00 - 0.11)	0.04 (-0.01 - 0.10)
Antidepressant*time		0.08 (-0.05 - 0.21)
Antihypertensive*time		0.04 (-0.05 - 0.14)
BMI*time		-0.03 (-0.07 - 0.01)
BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		0.04 (-0.02 - 0.10)
Current smoker*time		0.09 (0.01 - 0.18)
CES-D score*time		0.00 (0.00 - 0.01)
Diabetes*time		0.06 (-0.06 - 0.18)
Stroke*time		-0.07 (-0.36 - 0.21)
Angina*time		0.02 (-0.14 - 0.17)
Heart attack*time		-0.05 (-0.21 - 0.11)
Hypertension*time		0.02 (-0.05 - 0.08)
Heart murmur*time		0.13 (0.00 - 0.26)
Intercept		
	65.22 (45.33 - 85.11)	53.15 (31.99 - 74.31)
Random effects (identity matrix)		
Intercept variance	132.94 (127.04 - 139.11)	127.29 (121.58 - 133.27)
AR1 Residuals by Frailty category		
variance		
Robust	27.24 (26.23 - 28.29)	27.01 (26.00 - 28.05)
Prefrail	34.58 (32.49 - 36.80)	33.85 (31.80 - 36.02)
Frail	43.00 (33.60 - 55.05)	44.42 (34.17 - 57.72)
rho		
Robust	0.63 (0.62 - 0.65)	0.63 (0.62 - 0.65)
Prefrail	0.67 (0.64 - 0.69)	0.66 (0.64 - 0.69)
Frail	0.66 (0.57 - 0.74)	0.66 (0.56 - 0.75)

Table SA6: Mixed effects models for HR recovery

Main effects	Model 1	Model 2
Period 1 10-20s	-43.78 (-49.74 - -37.83)	-27.96 (-34.38 - -21.54)
Period 2 20-30s	18.36 (12.48 - 24.24)	18.46 (12.13 - 24.80)
Period 3 30-110s	1.06 (-0.10 - 2.22)	1.44 (0.20 - 2.67)
Prefrail	0.92 (0.18 - 1.67)	0.98 (0.22 - 1.74)
Frail	2.09 (-0.32 - 4.50)	1.42 (-1.05 - 3.90)
Age	-0.66 (-1.22 - -0.10)	-0.63 (-1.18 - -0.09)
Age*age	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.01)
Female	0.29 (-0.39 - 0.97)	-0.11 (-0.79 - 0.58)
Antidepressant		0.00 (-1.46 - 1.45)
Antihypertensive		-8.43 (-9.53 - -7.33)
BMI		-0.26 (-0.70 - 0.18)
BMI*BMI		0.01 (0.00 - 0.02)
Past smoker		-0.31 (-1.03 - 0.42)
Current smoker		0.83 (-0.18 - 1.83)
CES-D score		-0.03 (-0.09 - 0.03)
Diabetes		1.42 (0.03 - 2.81)
Stroke		-0.67 (-3.88 - 2.54)
Angina		-2.56 (-4.34 - -0.79)
Heart attack		-2.21 (-4.06 - -0.36)
Hypertension		0.14 (-0.63 - 0.91)
Heart murmur		-0.43 (-1.95 - 1.08)
Interactions 10-20s		
Prefrail*time	1.03 (0.78 - 1.29)	0.71 (0.44 - 0.98)
Frail*time	2.99 (2.22 - 3.76)	1.45 (0.61 - 2.29)
Age*time	0.91 (0.72 - 1.09)	0.86 (0.67 - 1.05)
Age*age*time	0.00 (-0.01 - 0.00)	0.00 (-0.01 - 0.00)
Female*time	-0.52 (-0.75 - -0.29)	-0.67 (-0.91 - -0.43)
Antidepressant*time		1.52 (1.01 - 2.03)
Antihypertensive*time		0.38 (-0.01 - 0.76)
BMI*time		-0.96 (-1.11 - -0.80)
BMI*BMI*time		0.01 (0.01 - 0.02)
Past smoker*time		0.37 (0.12 - 0.62)
Current smoker*time		2.40 (2.05 - 2.75)
CES-D score*time		0.01 (-0.01 - 0.03)
Diabetes*time		1.01 (0.53 - 1.50)
Stroke*time		0.23 (-0.91 - 1.37)
Angina*time		0.88 (0.25 - 1.50)
Heart attack*time		0.61 (-0.04 - 1.26)
Hypertension*time		1.10 (0.83 - 1.37)
Heart murmur*time		-0.26 (-0.79 - 0.27)
Interactions 20-30s		
Prefrail*time	-0.04 (-0.29 - 0.21)	0.04 (-0.23 - 0.30)
Frail*time	-0.78 (-1.55 - -0.01)	-0.73 (-1.56 - 0.10)
Age*time	-0.59 (-0.77 - -0.40)	-0.58 (-0.76 - -0.39)
Age*age*time	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.01)
Female*time	0.13 (-0.09 - 0.36)	0.13 (-0.11 - 0.37)
Antidepressant*time		0.24 (-0.27 - 0.74)
Antihypertensive*time		0.32 (-0.06 - 0.70)
BMI*time		0.02 (-0.13 - 0.17)

BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		0.03 (-0.22 - 0.27)
Current smoker*time		0.09 (-0.26 - 0.43)
CES-D score*time		-0.01 (-0.04 - 0.01)
Diabetes*time		0.41 (-0.07 - 0.90)
Stroke*time		0.08 (-1.04 - 1.21)
Angina*time		-0.68 (-1.29 - -0.06)
Heart attack*time		0.01 (-0.63 - 0.65)
Hypertension*time		-0.18 (-0.45 - 0.08)
Heart murmur*time		-0.54 (-1.06 - -0.02)
Interactions 30-110s		
Prefrail*time	-0.04 (-0.09 - 0.01)	-0.02 (-0.07 - 0.03)
Frail*time	-0.14 (-0.30 - 0.02)	-0.11 (-0.29 - 0.07)
Age*time	-0.02 (-0.05 - 0.02)	-0.01 (-0.04 - 0.03)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	0.05 (0.00 - 0.09)	0.02 (-0.02 - 0.07)
Antidepressant*time		0.01 (-0.09 - 0.11)
Antihypertensive*time		-0.07 (-0.14 - 0.01)
BMI*time		-0.03 (-0.06 - 0.00)
BMI*BMI*time		0.00 (0.00 - 0.00)
Past smoker*time		-0.02 (-0.07 - 0.02)
Current smoker*time		-0.07 (-0.13 - 0.00)
CES-D score*time		0.00 (0.00 - 0.00)
Diabetes*time		-0.05 (-0.15 - 0.04)
Stroke*time		0.08 (-0.14 - 0.30)
Angina*time		-0.02 (-0.14 - 0.10)
Heart attack*time		0.06 (-0.07 - 0.18)
Hypertension*time		-0.03 (-0.08 - 0.03)
Heart murmur*time		-0.02 (-0.12 - 0.08)
Intercept		
	108.79 (91.05 - 126.53)	105.66 (87.23 - 124.09)
Random effects (identity matrix)		
Intercept variance	111.02 (106.20 - 116.05)	100.89 (96.46 - 105.52)
AR1 Residuals by Frailty category		
variance		
Robust	18.43 (17.77 - 19.12)	17.76 (17.14 - 18.41)
Prefrail	19.68 (18.71 - 20.69)	19.12 (18.19 - 20.09)
Frail	21.05 (16.70 - 26.53)	21.92 (17.13 - 28.05)
rho		
Robust	0.61 (0.60 - 0.63)	0.61 (0.59 - 0.62)
Prefrail	0.59 (0.57 - 0.61)	0.58 (0.56 - 0.61)
Frail	0.68 (0.59 - 0.75)	0.68 (0.59 - 0.76)

Table SA7: Mixed effects models for % BP & HR recovery by frailty criteria

Main effects	Systolic BP	Diastolic BP	Heart rate
Period 1 10-20s	-14.88 (-24.64 - -5.11)	6.27 (-4.77 - 17.30)	-47.02 (-56.84 - -37.20)
Period 2 20-30s	0.53 (-9.22 - 10.27)	3.03 (-7.92 - 13.98)	28.85 (19.13 - 38.57)
Period 3 30-110s	-0.59 (-2.94 - 1.76)	-0.52 (-2.83 - 1.78)	2.12 (0.17 - 4.07)
Slowness	-0.72 (-2.12 - 0.68)	1.89 (0.45 - 3.32)	-1.76 (-2.96 - -0.55)
Low Activity	0.69 (-0.36 - 1.73)	0.64 (-0.43 - 1.71)	0.26 (-0.63 - 1.16)
Weakness	0.09 (-1.23 - 1.40)	-0.22 (-1.57 - 1.12)	0.29 (-0.84 - 1.41)
Exhaustion	1.12 (-0.38 - 2.63)	0.73 (-0.81 - 2.27)	-0.64 (-1.93 - 0.65)
Weight loss	0.24 (-1.29 - 1.77)	0.30 (-1.27 - 1.87)	0.16 (-1.15 - 1.47)
Age	-0.58 (-1.16 - 0.01)	-0.71 (-1.31 - -0.11)	-0.59 (-1.10 - -0.09)
Age*age	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.01)
Female	-1.11 (-1.85 - -0.37)	0.79 (0.03 - 1.55)	-1.29 (-1.92 - -0.65)
Antidepressant	-3.80 (-5.37 - -2.22)	-2.47 (-4.08 - -0.86)	-3.34 (-4.69 - -1.99)
Antihypertensive	-2.93 (-4.12 - -1.74)	-2.84 (-4.06 - -1.62)	-2.54 (-3.57 - -1.52)
BMI	0.84 (0.37 - 1.32)	0.99 (0.51 - 1.48)	0.76 (0.35 - 1.16)
BMI*BMI	-0.01 (-0.02 - 0.00)	-0.01 (-0.02 - 0.00)	-0.01 (-0.02 - 0.00)
Past smoker	0.45 (-0.33 - 1.23)	0.45 (-0.35 - 1.25)	0.00 (-0.67 - 0.68)
Current smoker	-0.03 (-1.12 - 1.05)	0.80 (-0.31 - 1.91)	-2.75 (-3.69 - -1.82)
CES-D score	-0.02 (-0.09 - 0.05)	0.03 (-0.04 - 0.10)	0.01 (-0.05 - 0.07)
Diabetes	1.50 (-0.01 - 3.00)	1.06 (-0.48 - 2.60)	-3.20 (-4.50 - -1.91)
Stroke	-1.85 (-5.31 - 1.62)	-3.21 (-6.76 - 0.34)	-0.11 (-3.08 - 2.87)
Angina	-2.88 (-4.79 - -0.96)	-3.85 (-5.81 - -1.90)	-1.34 (-2.98 - 0.30)
Heart attack	1.40 (-0.60 - 3.39)	0.61 (-1.43 - 2.65)	-1.04 (-2.75 - 0.67)
Hypertension	1.17 (0.33 - 2.00)	1.36 (0.51 - 2.21)	-2.11 (-2.83 - -1.40)
Heart murmur	-0.17 (-1.80 - 1.47)	-1.24 (-2.91 - 0.44)	0.45 (-0.95 - 1.86)
Interactions 10-20s			
Slowness*time	-2.33 (-3.02 - -1.64)	-3.82 (-4.59 - -3.04)	3.26 (2.57 - 3.96)
Low Activity*time	-0.48 (-0.99 - 0.04)	-0.56 (-1.14 - 0.02)	0.21 (-0.30 - 0.73)
Weakness*time	-0.41 (-1.05 - 0.24)	-0.26 (-0.98 - 0.47)	0.53 (-0.12 - 1.18)
Exhaustion*time	-0.76 (-1.50 - -0.02)	-0.62 (-1.45 - 0.22)	1.20 (0.46 - 1.95)
Weight loss*time	-0.61 (-1.37 - 0.14)	-1.11 (-1.96 - -0.26)	0.05 (-0.71 - 0.80)
Age*time	0.81 (0.52 - 1.10)	0.70 (0.37 - 1.02)	1.48 (1.19 - 1.77)
Age*age*time	-0.01 (-0.01 - -0.01)	-0.01 (-0.01 - -0.01)	-0.01 (-0.01 - -0.01)
Female*time	-1.65 (-2.01 - -1.28)	-3.19 (-3.60 - -2.78)	-0.87 (-1.24 - -0.50)
Antidepressant*time	-0.54 (-1.31 - 0.23)	-0.04 (-0.92 - 0.83)	2.30 (1.53 - 3.08)
Antihypertensive*time	-0.02 (-0.60 - 0.57)	0.14 (-0.52 - 0.80)	-0.14 (-0.73 - 0.45)
BMI*time	1.00 (0.77 - 1.23)	0.39 (0.13 - 0.65)	-1.53 (-1.77 - -1.30)
BMI*BMI*time	-0.01 (-0.02 - -0.01)	-0.01 (-0.01 - 0.00)	0.02 (0.02 - 0.03)
Past smoker*time	-0.52 (-0.90 - -0.14)	-0.94 (-1.38 - -0.51)	0.48 (0.09 - 0.86)
Current smoker*time	-2.02 (-2.55 - -1.49)	-1.97 (-2.57 - -1.36)	3.84 (3.30 - 4.38)
CES-D score*time	-0.03 (-0.07 - 0.00)	-0.07 (-0.10 - -0.03)	0.01 (-0.02 - 0.04)
Diabetes*time	-0.48 (-1.22 - 0.26)	-1.37 (-2.21 - -0.54)	1.49 (0.75 - 2.23)
Stroke*time	1.46 (-0.24 - 3.16)	3.59 (1.66 - 5.51)	-0.06 (-1.77 - 1.65)
Angina*time	1.55 (0.62 - 2.49)	1.86 (0.80 - 2.92)	1.24 (0.29 - 2.18)
Heart attack*time	0.90 (-0.07 - 1.88)	2.05 (0.94 - 3.15)	1.04 (0.06 - 2.02)
Hypertension*time	-2.16 (-2.57 - -1.75)	-2.36 (-2.82 - -1.89)	1.79 (1.38 - 2.20)
Heart murmur*time	0.89 (0.09 - 1.69)	-0.47 (-1.38 - 0.44)	-0.50 (-1.30 - 0.31)
Interactions 20-30s			
Slowness*time	0.96 (0.27 - 1.65)	0.70 (-0.07 - 1.47)	-0.25 (-0.94 - 0.43)
Low Activity*time	-0.45 (-0.96 - 0.06)	-0.64 (-1.21 - -0.06)	0.04 (-0.47 - 0.55)

Weakness*time	0.56 (-0.09 - 1.20)	0.66 (-0.07 - 1.38)	-0.39 (-1.03 - 0.26)
Exhaustion*time	-0.89 (-1.63 - -0.16)	-0.70 (-1.53 - 0.13)	0.47 (-0.26 - 1.21)
Weight loss*time	-0.74 (-1.49 - 0.01)	-0.92 (-1.76 - -0.07)	0.15 (-0.60 - 0.90)
Age*time	0.07 (-0.22 - 0.36)	0.19 (-0.13 - 0.51)	-0.90 (-1.19 - -0.62)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)	0.01 (0.00 - 0.01)
Female*time	1.53 (1.16 - 1.89)	2.61 (2.20 - 3.02)	0.25 (-0.11 - 0.61)
Antidepressant*time	0.94 (0.17 - 1.71)	0.18 (-0.68 - 1.05)	0.26 (-0.51 - 1.03)
Antihypertensive*time	0.82 (0.24 - 1.41)	0.84 (0.18 - 1.49)	0.34 (-0.25 - 0.92)
BMI*time	-0.22 (-0.46 - 0.01)	-0.38 (-0.64 - -0.12)	0.02 (-0.21 - 0.25)
BMI*BMI*time	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.01)	0.00 (0.00 - 0.00)
Past smoker*time	-0.21 (-0.59 - 0.17)	-0.33 (-0.76 - 0.10)	-0.03 (-0.41 - 0.35)
Current smoker*time	0.43 (-0.10 - 0.97)	-0.57 (-1.17 - 0.03)	0.16 (-0.37 - 0.69)
CES-D score*time	0.00 (-0.03 - 0.04)	0.00 (-0.04 - 0.04)	-0.03 (-0.07 - 0.00)
Diabetes*time	-1.03 (-1.77 - -0.29)	-1.10 (-1.93 - -0.27)	0.73 (-0.01 - 1.46)
Stroke*time	0.48 (-1.22 - 2.18)	-0.20 (-2.10 - 1.71)	0.17 (-1.52 - 1.86)
Angina*time	0.82 (-0.12 - 1.76)	1.28 (0.22 - 2.33)	-1.03 (-1.97 - -0.10)
Heart attack*time	-0.42 (-1.39 - 0.56)	-0.50 (-1.60 - 0.60)	-0.06 (-1.04 - 0.91)
Hypertension*time	0.73 (0.33 - 1.14)	0.73 (0.27 - 1.19)	-0.18 (-0.59 - 0.23)
Heart murmur*time	0.15 (-0.65 - 0.95)	0.33 (-0.57 - 1.23)	-0.78 (-1.58 - 0.02)
Interactions 30-110s			
Slowness*time	0.22 (0.06 - 0.39)	0.11 (-0.05 - 0.27)	-0.10 (-0.23 - 0.04)
Low Activity*time	0.06 (-0.06 - 0.18)	0.05 (-0.07 - 0.17)	0.02 (-0.08 - 0.12)
Weakness*time	0.05 (-0.11 - 0.20)	0.01 (-0.15 - 0.16)	-0.02 (-0.15 - 0.11)
Exhaustion*time	0.11 (-0.07 - 0.29)	0.12 (-0.05 - 0.30)	-0.09 (-0.24 - 0.06)
Weight loss*time	0.03 (-0.15 - 0.21)	0.05 (-0.13 - 0.23)	-0.01 (-0.16 - 0.14)
Age*time	0.03 (-0.04 - 0.10)	0.01 (-0.05 - 0.08)	-0.01 (-0.06 - 0.05)
Age*age*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Female*time	0.04 (-0.05 - 0.13)	0.07 (-0.02 - 0.15)	0.02 (-0.05 - 0.10)
Antidepressant*time	0.14 (-0.04 - 0.33)	0.10 (-0.08 - 0.29)	0.02 (-0.13 - 0.18)
Antihypertensive*time	0.00 (-0.14 - 0.15)	0.05 (-0.09 - 0.19)	-0.10 (-0.21 - 0.02)
BMI*time	-0.09 (-0.14 - -0.03)	-0.05 (-0.11 - 0.00)	-0.04 (-0.09 - 0.00)
BMI*BMI*time	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)	0.00 (0.00 - 0.00)
Past smoker*time	0.04 (-0.06 - 0.13)	0.05 (-0.04 - 0.14)	-0.04 (-0.12 - 0.03)
Current smoker*time	0.18 (0.05 - 0.30)	0.11 (-0.02 - 0.23)	-0.12 (-0.22 - -0.01)
CES-D score*time	0.00 (0.00 - 0.01)	0.01 (0.00 - 0.01)	0.00 (-0.01 - 0.01)
Diabetes*time	0.12 (-0.06 - 0.30)	0.10 (-0.07 - 0.28)	-0.08 (-0.22 - 0.07)
Stroke*time	-0.13 (-0.54 - 0.28)	-0.21 (-0.61 - 0.19)	0.14 (-0.20 - 0.48)
Angina*time	0.12 (-0.11 - 0.34)	0.05 (-0.17 - 0.27)	-0.03 (-0.22 - 0.16)
Heart attack*time	0.02 (-0.22 - 0.25)	-0.06 (-0.29 - 0.17)	0.08 (-0.12 - 0.27)
Hypertension*time	0.07 (-0.03 - 0.17)	0.04 (-0.06 - 0.13)	-0.05 (-0.13 - 0.03)
Heart murmur*time	0.12 (-0.08 - 0.31)	0.20 (0.01 - 0.39)	-0.03 (-0.19 - 0.13)
Intercept	83.69 (63.80 - 103.57)	78.80 (58.44 - 99.15)	142.09 (125.01 - 159.16)
Random effects (identity matrix)			
Intercept variance	69.64 (64.89 - 74.73)	82.84 (78.37 - 87.57)	57.40 (54.32 - 60.66)
AR1 Residuals			
variance	70.38 (67.05 - 73.87)	63.71 (61.56 - 65.93)	45.70 (44.29 - 47.16)
rho	0.76 (0.75 - 0.77)	0.66 (0.65 - 0.67)	0.63 (0.61 - 0.64)

For Review Only