

Frailty: Comparison of Three Measures for the Prediction of Short-term Adverse Outcomes

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Introduction: Frailty is a geriatric syndrome that entails an increased risk of clinically significant adverse outcomes. There are different approaches regarding frailty's clinical operationalization.

Objective: To compare how different frailty measures (the Frailty Phenotype/FP, Groningen Frailty Indicator/GFI and the Tilburg Frailty Indicator/TFI) predict short-term adverse outcomes.

Methods: A longitudinal study was designed recruiting 95 community-dwelling elderly. Participants were assessed at baseline for frailty, determinants of frailty and adverse outcomes, and 10 months later for the same outcomes (healthcare utilization, quality of life, disability in basic and instrumental activities of daily living/ADL and IADL).

Results: The mean age of the participants was 78.5 ± 6.2 years, and most were women (67.4%). Being classified as frail at baseline by each operationalization of frailty was associated with specific healthcare utilization indicators at follow-up: the FP with a greater utilization of informal care; GFI with increased contact with healthcare professionals; and TFI with more contact with a general practitioner. In general, after controlling for the effect of life-course determinants, comorbidity and the same adverse outcome at baseline, GFI predicted IADL disability and TFI predicted total quality of life and most of the quality of life domains. The effect of the FP on the outcomes was not significant, when compared with the other measures.

Conclusions: Frailty at baseline was associated with adverse outcomes at follow-up. In this study, multidimensional measures of frailty (GFI and TFI) were better predictors of the selected outcomes in a 10-month follow-up than an exclusively physical one (FP).