



Prevalence and impact of frailty on mortality in elderly ICU patients: a prospective, multicenter, observational study

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PURPOSE: Frailty is a recent concept used for evaluating elderly individuals. Our study determined the prevalence of frailty in intensive care unit (ICU) patients and its impact on the rate of mortality. **METHODS:** A multicenter, prospective, observational study performed in four ICUs in France included 196 patients aged ≥ 65 years hospitalized for >24 h during a 6-month study period. Frailty was determined using the frailty phenotype (FP) and the clinical frailty score (CFS). The patients were separated as follows: FP score <3 or ≥ 3 and CFS <5 or ≥ 5 . **RESULTS:** Frailty was observed in 41 and 23% of patients on the basis of an FP score ≥ 3 and a CFS ≥ 5 , respectively. At admission to the ICU, the Simplified Acute Physiology Score II (SAPS II) and Sequential Organ Failure Assessment (SOFA) scores did not differ between the frail and nonfrail patients. In the multivariate analysis, the risk factors for ICU mortality were FP score ≥ 3 [hazard ratio (HR), 3.3; 95% confidence interval (CI), 1.6-6.6; $p < 0.001$], male gender (HR, 2.4; 95% CI, 1.1-5.3; $p = 0.026$), cardiac arrest before admission (HR, 2.8; 95% CI, 1.1-7.4; $p = 0.036$), SAPS II score ≥ 46 (HR, 2.6; 95% CI, 1.2-5.3; $p = 0.011$), and brain injury before admission (HR, 3.5; 95% CI, 1.6-7.7; $p = 0.002$). The risk factors for 6-month mortality were a CFS ≥ 5 (HR, 2.4; 95% CI, 1.49-3.87; $p < 0.001$) and a SOFA score ≥ 7 (HR, 2.2; 95% CI, 1.35-3.64; $p = 0.002$). An increased CFS was associated with significant incremental hospital and 6-month mortalities. **CONCLUSIONS:** Frailty is a frequent occurrence and is independently associated with increased ICU and 6-month mortalities. Notably, the CFS predicts outcomes more effectively than the commonly used ICU illness scores.

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