Frailty assessment in an unselected population admitted to an intensive cardiac care unit

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Background: Although interest in frailty has expanded among cardiology experts over the past 2 decades, its integration, as part of cardiovascular disease management, is still lacking, above all in the acute cardiac care setting. The Clinical Frailty Scale (CFS) is a brief guided tool to assess frailty in hospital settings without specialist equipment.

Purpose: Our objective was to test the performance of the CFS in an older, unselected population, admitted to an Intensive Cardiac Care Unit (ICCU) during the year 2019.

Methods: The study sample included 431 patients \geq 65 years old, admitted to an ICCU of a tertiary cardiac center in Italy. The CFS ranged from "very fit: 1" to "terminally ill: 9", but it was considered present at a score \geq 5. Our primary endpoint was defined by a combination of severe complications

requiring critical care and in-hospital death. The data were collected from the hospital discharge summary and the electronic chart records.

Results: 158 patients (36.7%) were frail. These individuals had greater comorbidity and higher in-hospital mortality (Table 1). After a multivariable logistic regression analysis, 4 predictors were identified: signs of congestive heart failure (OR: 8.51, 95% Confidence Interval-CI: 4.63–14.6; p<0,001), systolic blood pressure (OR per 1 mmHg increasing: 0.98, 95% CI: 0.97–0.99; p<0,001), smoking habit (OR: 0.49, 95% CI: 0.22–1.11; p=0.09) and the CFS ≥ 5 (OR: 1.86, 95% CI: 1.08–3.23: p=0,026).

Conclusions: The CFS is a simple guided frailty tool that may enhance outcome prediction in the acute cardiac care setting. These findings merit evaluation in larger cohorts of unselected patients.

Table 1. Descriptive statistics stratified to Frailty status

Variables	All patients (n=431)	Not frail (CFS 1-4; n=273)	Frail (CFS 5-9; n =158)	p-value
Female gender, N (%)	181 (42)	97 (35.5)	84 (53.2)	< 0.001
Age (mean ± SD)	77.9 ± 7.6	75.8 ± 6.8	82.5 ± 7.2	< 0.00
Admission diagnoses: ACS, N (%) AHF, N (%) Non-ACS/AHF, N (%)	234 (54.3) 30 (7) 167 (38.7)	172 (63) 13 (4.8) 88 (32.2)	62 (39.2) 17 (10.8) 79 (50)	< 0.001
Diabetes not requiring Insulin, N (%)	85 (19.7)	55 (20.1)	33 (19)	0,771
Diabetes requiring insuline, N (%)	58 (13.5)	28 (10.3)	30 (19)	0,01
Hypertension, N (%)	373 (86.5)	238 (87.2)	135 (85.4)	0.61
Familiar history of coronary heart disease, N (%)	58 (13.5)	43 (15.8)	15 (9.5)	0.07
Hyperlipidaemia, N (%)	247 (57.3)	165 (60.4)	82 (51.9)	0.08
Smoking, N (%)	81 (18.8)	69 (25.3)	12 (7.6)	< 0.00
Coronary artery disease, N (%)	148 (34.3)	86 (31.5)	62 (39.2)	0,103
Previous stroke, N (%)	37 (8.6)	19 (7)	18 (11.4)	0.113
Atrial fibrillation, N (%)	104 (24.1)	47 (17.2)	57 (36.1)	< 0.00
Chronic obstructive pulmonary disease, N (%)	96 (22.3)	52 (19)	44 (27.8)	0.03
Anaemia, N (%)	58 (13.5)	25 (9.2)	33 (20.9)	0.001
Chronic kidney disease not requiring dialysis, N (%)	223 (51.7)	110 (40.3)	113 (71.5)	< 0.00
Chronic kidney disease requiring dialysis, N (%)	9 (2.1)	1 (0.4)	8 (5.1)	0.001
Peripheral artery disease, N(%)	104 (24.1)	63 (23.1)	41 (25.9)	0.502
Malignancy, N (%)	55 (12.8)	33 (12.1)	22 (13.9)	0.582
Neurological and/or psychiatric disorders, N (%)	70 (16.2)	24 (8.8)	46 (29.1)	< 0.00
Charlson Comorbidity Index (CCI; mean ± SD)	5.8 ± 2.3	5.1 ± 1.9	7.4 ± 2.4	< 0.00
Signs of congestive heart failure, N(%)	139 (33.3)	68 (25.5)	71 (47.3)	< 0.00
Systolic blood pressure at the admission (mmHg); mean ± SD	134.5 ± 28.7	137.7 ± 26.6	128.5 ± 30.7	0.001
Heart rate at the admission (bpm); mean ± SD	77.8 ± 22.9	77.7 ± 22.7	76.5 ± 24.5	0.613
Ejection fraction at admission (%); mean ± SD	46.2 ± 11.4	47.2 ± 11.1	44.3 ± 11.4	0.01
Creatinine at the admission (mg/dl); mean ± SD	1.47 ± 1.16	1.26 ± 0.76	1.81 ± 1.36	< 0.00
Haemoglobin at the admission (g/dl); mean ± SD	12.6 ± 2.2	13.05 ± 2.05	11.54 ± 2.05	< 0.00
In-Hospital Mortality, N (%)	52 (12.1)	16 (5.9)	36 (22.8)	< 0.00