

Paper Category:	COVID 19 and Sarcopenia and Frailty
Paper Title: (Arial Font; 14 Pt Size)	Comparison of the Hospital Frailty Risk Score in different cohorts of hospitalised older adults
Abstract Body: (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> • Background • Objectives • Method • Results • Discussions and Conclusions
<p>(Maximum word limit - 300 words)</p> <p>Background Frailty is defined as reduced strength and physiologic malfunctioning that increases an individual's susceptibility to increased dependency, vulnerability, and death. Most frailty screening tools require manpower resources and a face-to-face assessment.</p> <p>Objective: evaluation of the Hospital Frailty Risk Score (HFRS) to identify frail hospitalised patients. HFRS doesn't require a patient assessment.</p> <p>Methods: retrospective review of electronic health records in 3 cohorts, patients admitted with community acquired pneumonia (CAP), heart failure (HF) 1st January-30th April 2021 or admitted under the surgical discipline 1st April-31st July 2022. Patients were identified using ICD codes and categorised high risk (>15), intermediate risk (5-15) and low risk (<5) of frailty using HFRS.</p> <p>Results: There were 429 patients with CAP, 53.8% were male with mean age of 82.9 years, 208 patients with HF, 50.5% were male with mean age of 79.4 years and 1829 surgical patients, 53.9% were male with mean age 76 years. Risk of frailty differs across the groups, with overall 84% for CAP, 65% for HF and 49% of surgical patients with a smaller proportion at high risk of frailty, 47.6% of CAP, 18.8% of HF and 16% of surgical patients. Long LOS (defined as ≥ 7 days) was significantly higher in patients at high risk of frailty compared to low risk across the 3 groups ($p < 0.001$). 30-day unplanned hospital re-admission was only higher in the surgical group ($p < 0.001$). Mortality was significantly higher at 90 day and one year in all 3 groups, and also at 30 days for HF and surgical patients. CURB-65 was a better predictor of mortality in CAP patients than HFRS at all-time points.</p> <p>Discussion: Risk of frailty varies significantly across different cohorts of hospitalised patients contributed by the risk profiles of specific groups. Frailty interventions need to be targeted according to the risk profile of hospitalised older patients.</p>	

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