

<b>Paper Category:</b>	Prevention and public health
<b>Paper Title:</b> (Arial Font; 14 Pt Size)	<b>Characteristics of Frailty, Disability, and Comorbidity: Findngs from the Korean Frailty and Aging Cohort study</b>
<b>Abstract Body:</b> (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> <li>• Background</li> <li>• Objectives</li> <li>• Method</li> <li>• Results</li> <li>• Discussions and Conclusions</li> </ul>
<p>Background: Frailty is a common geriatric syndrome in older adults, frequently coexisting with comorbidity and disability, and thus necessitating an understanding of its characteristics in community-dwelling older adults.</p> <p>Objectives: This study compares the characteristics of different combinations of frailty, with or without disability or comorbidity, and assesses their association with falls and hospitalization.</p> <p>Method: 312 community-dwelling older adults (mean age: 78.3±3.5, 42.9% men) were included from Korean Frailty and Aging Cohort Study. The participants were categorized into five groups based on their frailty, disability, and comorbidity status: 1) robust (matched 1:3 by sex and age with the FD group), 2) frail only, 3) frail with disability (FD), 4) frail with comorbidity (FC), and 5) frail with both disability and comorbidity (FCD). Frailty was defined using the Fried frailty phenotype, and comorbidity was determined by the presence of two or more diseases from ten specified conditions. Disability was assessed using activities of daily living or instrumental activities of daily living.</p> <p>Results: Among participants (n=228), 32% were categorized as frail only, followed by FD (33.3%), FCD (22.4%), and FC (12.3%). Compared with the robust group, the frail only group had an increased risk for hospitalization in the past year (odds ratio [OR]=3.39; 95% confidence interval [CI]=1.04–10.41) and falls with injury (OR=2.79; 95% CI=1.06-7.30). The FD groups had a higher risk of falls with injury (OR=4.18; 95% CI=1.19–11.70) and the FC groups had a higher risk of fall experiences in the past year (OR=2.15; 95% CI=1.01-4.58) than the robust group. Cognitive dysfunction was significantly associated with an increased risk in all groups with frailty, further showing a stronger association with disability or comorbidity (all, p &lt; 0.05).</p> <p>Conclusion: Evidently, different combinations of frailty, with or without disability or comorbidity, are associated with adverse health outcomes, highlighting the associations between these conditions.</p>	

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