

<b>Paper Category:</b>	Health Services
<b>Paper Title:</b> (Arial Font; 14 Pt Size)	<b>Frailty Knowledge, Awareness, and Practices Among Interventional Cardiologists in Asia</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>(Maximum word limit - 300 words)</p> <ul style="list-style-type: none"> <li>• <b>BACKGROUND</b></li> </ul> <p>Burgeoning prevalence of cardiovascular disease among rapidly aging populations has spurred demand for coronary and/or structural intervention procedures. Frailty contributes to incremental risk prognostication for clinical decision-making in elderly candidates of such interventions but the prevalence of frailty assessment amongst physicians is unknown.</p> <ul style="list-style-type: none"> <li>• <b>OBJECTIVES</b></li> </ul> <p>We investigated a range of frailty awareness and practices among interventional cardiologists.</p> <ul style="list-style-type: none"> <li>• <b>METHODS</b></li> </ul> <p>We designed and posted an academic web-based survey to cardiologists in Asia.</p> <ul style="list-style-type: none"> <li>• <b>RESULTS</b></li> </ul> <p>245 interventionists (24% females) in general hospital practice (80.7%) responded. The majority were not confident in defining (somewhat 51.2%; not 39.8%) or identifying frailty in patients (somewhat 59.0%; not 27.9%). One-third were unaware of the association between frailty and cardiovascular mortality (39.5%). Half were unaware of any screening tools for frailty (55.7%). The majority were unaware of nutritional (vaguely 53.9%; not 40.7%) or exercise (vaguely 61.9%; not 31.1%) modifications for frailty or social support services (vaguely 43.9%; not 38.1%). Within their practice, patients <math>\geq 70</math> years rarely received frailty screening during acute disease (rarely 20.1%; never 52.9%) or before cardiovascular procedures (rarely 19.7%; never 52.9%). The majority rarely employed cardiac rehabilitation (rarely 23.9%; never 36.6%), nutritional modification (rarely 21.7%; never 39.3%), or multidisciplinary care (rarely 22.1%; never 37.7%) to address frailty. Respondents with higher frailty awareness (answered "well" or "vaguely" aware; n=39, 15.9%) were more likely to perform frailty screening, employ frailty instruments, rehabilitation, fall screening, nutritional modification, and engage in multidisciplinary care (all <math>p &lt; 0.001</math>) than those with lower awareness. Most respondents believed that managing frailty reduces cardiovascular morbidity (definitely 73.0%; somewhat 23.0%).</p> <ul style="list-style-type: none"> <li>• <b>DISCUSSIONS AND CONCLUSIONS</b></li> </ul> <p>Despite recognizing the importance of frailty, many were unfamiliar with frailty assessment and resources to manage frailty. The minority with awareness was more</p>	

likely to employ frailty assessments and interventions. Therefore, raising frailty awareness is critical for improving frailty-related practices among Asian interventional cardiologists.

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