

Paper Category:	Others
Paper Title: (Arial Font; 14 Pt Size)	Association Between Intrinsic Capacity and Adverse Health Outcomes in Japanese Older Outpatients: A 1-year Follow-up Study
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: Limited evidence has been reported on the prognostic value of intrinsic capacity (IC) in older outpatients.</p> <p>Objectives: This study aimed to investigate the association between IC and adverse health outcomes in Japanese older outpatients.</p> <p>Method: We enrolled 454 outpatients without any disability from the frailty clinic of the National Center for Geriatrics and Gerontology (Aichi, Obu, Japan). Of the study population, 100 participants who underwent physical assessments before and after orthopedic surgery and 3 with missing data were excluded, leaving 351 participants who were included in the analysis.</p> <p>The outcome of interest was aggregated adverse health outcomes, including mortality, emergency hospitalization, admission to a nursing home, new or worsening long-term care insurance certification, and fractures due to a fall. IC has five components, namely, locomotion, cognition, psychological well-being, vitality, and sensory function, which could be evaluated using conventional geriatric assessments. A composite score that takes into account the degree of capacity of each IC component, with a higher score indicating better functional capacity of the individual, was developed.</p>	

Results: During the 1-year follow-up, 96 participants had adverse health outcomes. In the multivariable logistic model, locomotion and vitality were inversely associated with adverse health outcomes; a similar trend was observed for cognition and psychological well-being, but not for sensory function. Furthermore, the composite score of IC that excludes sensory function was inversely associated with adverse health outcomes. Multivariable-adjusted odds ratios (95% confidence intervals) of 0.33 (0.16–0.66) and 0.75 (0.64–0.89) were obtained for the highest versus lowest tertiles and for every 1-point increment of IC score, respectively.

Conclusions: The IC composite score developed in this study is inversely associated with subsequent adverse health outcomes in Japanese older outpatients. This finding suggests the plausibility of a composite assessment of IC in routine geriatric practices.

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