

## One-third of older adults admitted to ICU deemed 'frail'

## November 25 2013

One-third of older adults admitted to the intensive care unit (ICU) were "frail," increasing the risk of death, illness and adverse events, according to a new study in *CMAJ* (*Canadian Medical Association Journal*).

Frailty is characterized by the loss of physical and mental strength that can make people more vulnerable to adverse events. People who are frail are at higher risk of falls, illness, unplanned hospital admissions, complications after surgery, disability and death. A major illness in an older person is often the catalyst for decline into frailty, which can prevent recovery.

A study of 421 critically ill adults aged 50 years and over in ICUs at 6 hospitals in Alberta, Canada, found that 33% of patients were considered frail based on the Canadian Study on Health and Aging Clinical Frailty Scale (CFS). The mean age of the patients was 67 years, 39% were women, and most (95%) were living at home independently or with help. In addition to being older, frail patients had multiple illnesses and fewer social supports compared with patients who were not frail.

"Despite both groups having similar treatment intensity, frail patients were more likely to experience <u>adverse events</u>, had longer lengths of stay in ICU and hospital, and were more likely to die while in hospital and within 12 months after admission," writes Dr. Sean Bagshaw, Division of Critical Care Medicine, Faculty of Medicine and Dentistry, University of Alberta, with coauthors. "Among survivors, frail patients were more likely than nonfrail patients to have new functional



dependence at hospital discharge and had higher rates of hospital readmission."

"Our findings suggest that routine assessment of frailty could provide more accurate prognostication and identify a vulnerable population that might benefit from follow-up and intervention," conclude the authors.

More information: <a href="https://www.cmaj.ca/lookup/doi/10.1503/cmaj.130639">www.cmaj.ca/lookup/doi/10.1503/cmaj.130639</a>

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