

P64: Frailty – Prediction of institutionalization and health care utilization in a two years follow-up

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Introduction: Frailty is a geriatric syndrome that refers to a state of high vulnerability to stressor events. Although most of approaches define frailty as a physical condition, more recent conceptualizations define frailty as a multidimensional condition that affects an individual who experiences losses in one or more domains of human functioning (physical, psychological, or social).

Objectives: To examine how frailty (measured as multidimensional syndrome contributes to the prediction of institutionalization and health care utilization in a two year follow-up, in a sample of community-dwelling elderly.

Materials and Methods: A longitudinal study was performed using a non-probabilistic sample of 124 individuals aged 65 years and older. Frailty was assessed at baseline with the Tilburg Frailty Indicator (TFI). Two years later, participants were contacted again to ascertain if they were institutionalized or not, and a questionnaire was used to assess their previous health care utilization. Logistic regressions were conducted.

Results and Discussion: The sample consisted mostly (74.2%) of women (mean age: 77.9±7.1). It was found a significant association between frailty and two indicators of health care utilization (hospitalization and receiving personal care from a professional). The same did not happen between frailty and institutionalization. Through the logistic regression analysis, it was found that frail individuals at baseline were 4.47 more likely to have reported hospitalization (odds ratio 4.5; 95% CI 1.5–13.2; $p < 0.01$) and 3.1 more likely to have reported receiving personal care from a professional at follow-up (odds ratio 3.1; 95% CI 1.0–9.4; $p < 0.05$). These results support the hypothesis of frailty increasing ones' vulnerability and need for care.

Conclusion: It was possible to conclude that a multidimensional, holistic, view of frailty significantly predicted hospitalization and receiving personal care from a professional in a two year follow-up in community-dwelling elderly. This evidence highlights the importance of screening for frailty in order to implement timely interventions.

References

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