Abstract: 25
Frailty and quality of life in elderly patients with acute coronary syndrome

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Background: Recently, a growing interest in the assessment of geriatric condition can be observed, particularly in the frailty syndrome (FS) and its clinical significance in elderly patients with acute coronary syndrome (ACS). A negative effect of the FS on the adverse outcome in patients with ACS has been showed. The objective of the ACS treatment is not only a longer life but also improved quality of life (QoL). There are few studies on the impact of FS on QoL.

Purpose: The aim of the study was to investigate the relationship between the global value and domains of the Tilburg Frailty Index (TFI) and the early QoL in domains assessed in the MacNew Questionnaire at discharge of elderly patients with ACS (= 65 years old).

Methods: The study was conducted among 91 patients aged 65+ (mean age: 76.7 ± 7.8; male: 51.6%) with ACS (STEMI 45%, NSTEMI 45%, UA 10%) with therapeutic strategy: Percutaneous Coronary Intervention (PCI) 72.5%, Conservative therapy (CT) 17.6%, surgical revascularization (CABG) 9.9%. The MacNew Questionnaire and the TFI were used to evaluate QoL and FS.

Results: The frailty syndrome occurred in 82.4%. The average value of points of TFI was 7.43 ± 2.57. A strongly negative correlation between the global value of FS and global value of QoL was shown (Rₛ = -0.514, p = <0.05 and R = -0.549, p = <0.05, respectively). Negative correlations were demonstrated between the TFI domains and MacNew domains, with the exception of the social dimension of TFI, which correlated negatively only with the level of emotional domain of MacNew (Rₛ = -0.314, p < 0.05). The vulnerability factors that negatively affect the early QoL were: the frailty syndrome, marital status - single (4.25 ± 0.82, p = 0.047), conservative treatment (3.96 ± 0.85, p = 0.043) the incidence of hypertension (4.34 ± 0.83, p = 0.038). Based on the ROC curve the cut-off point = 7 points of TFI (AUC= 75.2%) predicted worse QoL. In multivariate analysis it was found that the value of TFI= 7 points was the only independent predictor of worse QoL (β ± SE -0.277 ± 0.122, p= 0.026).

Conclusion: The presence of FS has negative impact on early QoL in patients with ACS. The study suggests that in elderly patients with ACS there is a need to identify frailty.