Abstract: P1123

Manifestations of frailty in elderly patients with acute coronary syndrome

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Background. Detecting frailty in elderly patients with acute coronary syndrome (ACS) is important to predict the occurrence of adverse outcomes, but because of its complexity, frailty screening is not commonly performed. The quality of life of older people is determined not only by the presence of chronic diseases, but also geriatric syndromes. The most common geriatric syndromes are sensory deficits (decreased vision and hearing), cognitive impairment and depression, incontinence urine, falls, decreased mobility and malnutrition. The aim of the study was to assess patient distribution depending on positive responses to screening questions.

Methods. In 130 patients =75 years (83±5 years, arterial hypertension (AH) 92%, previous myocardial infarction (MI) 32%, atrial fibrillation 32%, diabetes 27%, chronic heart failure (HF) 77%, acute heart failure (ACF) (Killip I - 60%, II- 29,2%, III - 10%,IV- 0,8%), admitted with MI (75%) or unstable angina (25%), frailty (national validated questionnaire), nutritional status (Mini Nutrition Assessment), cognitive function (Mini Mental State Examination) were assessed. National validated questionnaire includes 7 questions. Frailty was diagnosed with =3 points, pre-frail 1-2 points and non-frail – 0 points.

Results. Mean score on a national validated questionnaire was 2,9±1,4 points. Only 8.5% of patients responded negatively to all questionnaire questions. None of the patients had 7 points. 6,2, 19,2, 32,3, 23,8, 6,9 and 3,1% patients had 1, 2, 3, 4, 5 and 6 points. Most often patients noted decreased vision and hearing (56.9%). 48,5 and 48,5% of patients had reduction of mood and the episodes of urinary incontinence. 44,6% patients gave positive answers about memory impairment, understanding, orientation, or ability to plan. 37,7% patients had injuries associated with a fall during the last year, 34,6% - weight loss. 20% patients had difficulties in walking.

Patients with weight loss had more pronounced score on MNA score (22,3±2,7 vs 23,7±2,8 points, p<0,01). Patients with positive answers about memory impairment, understanding, orientation, or ability to plan had more cognitive dysfunction (25,8±4,9 vs 28,3±4,1 points, p<0,01).

8,5 % of the patients were non-frail, 25,4 % pre-frail and 66,1 % frail. Patients with frailty were more likely women (72 vs 59%; p<0,05), had higher incidence of AH (94 vs 86%; p<0,01), MI in this hospitalization (86 vs 55%; p<0,05), GFR <60 ml/min/1,73 m2 (71 vs 48%; p<0,05).

Conclusion. Frailty occurred in 66,1% of elderly patients with ACS, was associated with increased prevalence of cardiovascular diseases. Most often, patients had decreased vision and hearing, reduction mood and the presence of episodes of urinary incontinence.