

FRAILTY IN NEUROREHABILITATION

L Edwards^{1,3}, P Santullo², M Sime^{2,3}, M Antoun², A Gordon^{1,3}, F Zonouzi³, M Phillips³

1: University of Nottingham; 2: Nottingham University Hospitals NHS Trust; 3: University Hospitals of Derby and Burton NHS Foundation Trust

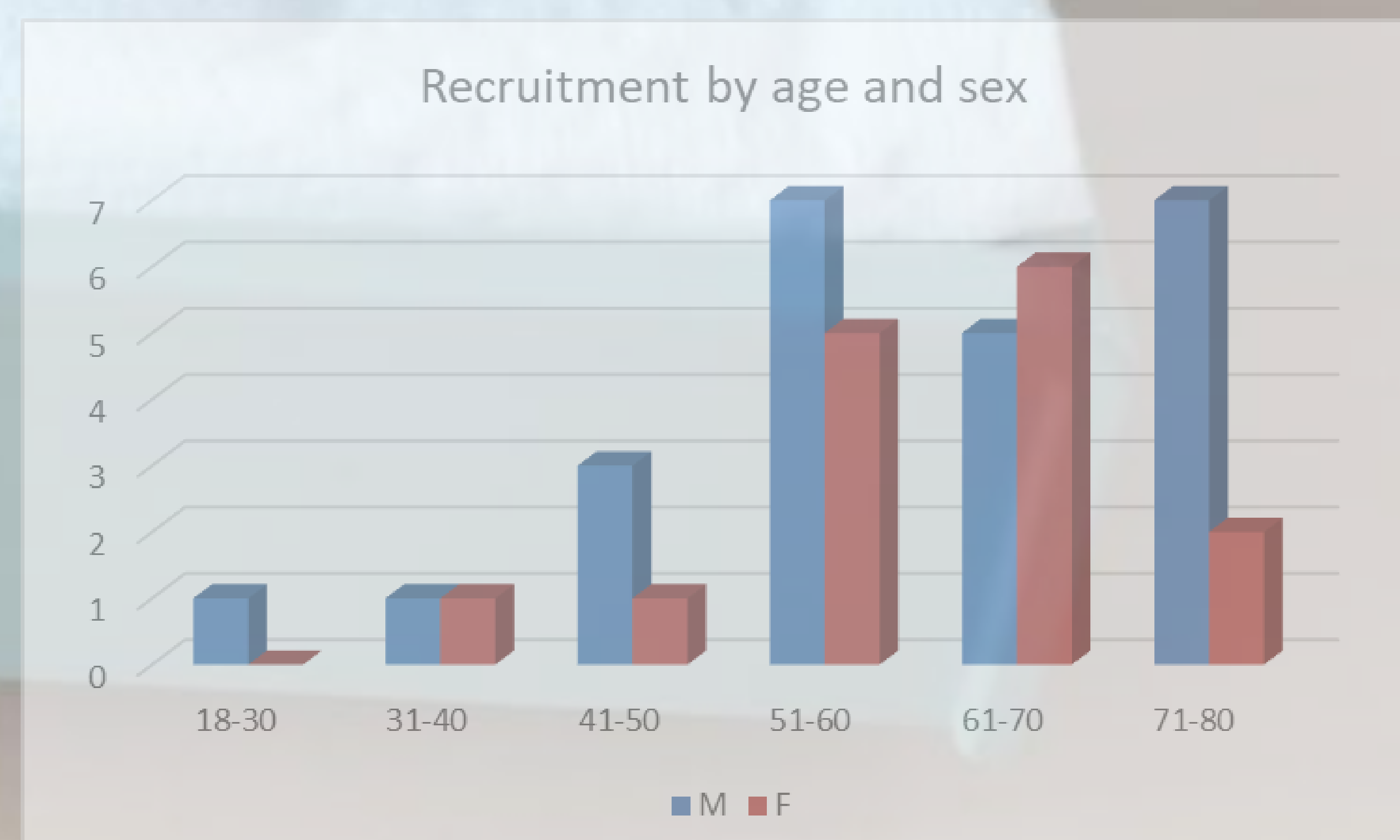
Frailty is:

- “a medical syndrome with multiple causes and contributors that is characterized by diminished strength, endurance, and reduced physiologic function that increases an individual’s vulnerability for developing increased dependency and / or death” (Gordon et al., 2014)
- strongly associated with adverse outcomes in a variety of clinical settings
- important to identify to allow optimum treatment and suitable goal-setting
- relatively under-researched in the neurorehabilitation setting

Progress

- 39 participants recruited over 2 sites since February 2019
- Challenges with recruitment:
 - Staff time
 - Need to liaise with consultees
 - Patient and consultee availability
 - Some patients don’t want to discuss pre-admission function
- Consent and questionnaires answered by 31 participants; assent from consultees for 8

Figure 1 shows demographics of recruited participants



Aims

- To assess the frailty of 228 neurorehabilitation inpatients across 2 level 2b units
- To compare 6 commonly used frailty questionnaires:
 - ❖ Clinical Frailty Scale (CFS)
 - ❖ FRAIL scale
 - ❖ FIND (Frail Non Disabled Questionnaire)
 - ❖ FRESH-screening instrument
 - ❖ Groningen Frailty Index (GFI)
 - ❖ Reported Modified Edmonton Frail Scale (RMEFS)
- To correlate frailty with rehabilitation outcomes

Early review of data

- Wide range of morbidities
- Frequent disagreement between scales (Fig 2)

Figure 2 shows agreement between scoring systems for each participant.

Green = normal / robust / not frail

Orange = pre-frail / apparently vulnerable

Red = frail



Next steps

- Recruitment ends December 2020; 1 year follow up ends December 2021
- Await interim and final results