

Multidimensional frailty score helps predict postoperative outcomes in older adults

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A multidimensional frailty score may help predict postoperative outcomes in older adults.

More than half of all operations are performed on [patients](#) 65 years and older in the United States. Frail elderly patients who undergo [surgery](#) are more likely to have [postoperative complications](#). But tools to estimate operative risk have their limitations because they often focus on a single organ system or solitary event. In geriatric medicine, the comprehensive geriatric assessment (CGA) is widely used to detect disabilities and conditions associated with frailty. The authors sought to develop a multidimensional frailty score model to predict unfavorable outcomes after surgery in [older adults](#) using results of the CGA, other patient characteristics, and laboratory variables.

The authors enrolled 275 patients 65 and older who were undergoing intermediate- or high-risk elective surgical procedures at a single tertiary facility. During follow-up, 25 patients (9.1 percent) died and 29 patients (10.5 percent) experienced at least one complication after surgery, while 24 patients (8.7 percent) were discharged to nursing facilities.

A multidimensional frailty score composed of items including dependence in activities of daily living, dementia and malnutrition appeared to help predict longer hospital stay, greater risk of death or need for discharge to a nursing facility in [elderly patients](#) after surgery.

"This model may support surgical treatments for fit older patients at low

risk of complications, and it may also provide an impetus for better management of geriatric patients with a high risk of adverse outcomes after surgery." Sun-wook Kim, M.D., of the Seoul National University College of Medicine, Korea, and colleagues wrote in their *JAMA Surgery* paper.

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