

# Frailer patients at much greater risk of institutional care and death after discharge from hospital

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Independent of age, frail patients are almost twice as likely to die in the year following admission to critical care, and even more likely to need nursing home care after discharge from hospital, compared with patients who are not frail, according to new research presented at this year's Euroanaesthesia Congress in Geneva (3-5 June).

Frailty (a decline in physiological reserve and function leading to increased vulnerability to poor health outcomes) is very common, affecting up to 1 in 10 people over 70 years old. While people who are frail are not disabled, they have reduced strength and endurance and find it difficult to carry out normal daily activities. Frailty is linked to earlier death, poor function, and increased hospitalisations. However, the role of frailty in critical care outcomes is unclear.

In this study, Professor Gary Mills from the University of Sheffield, UK and colleagues looked at data over a 3-year period for 7,732 adults aged 17 to 104 years old, who had been admitted to critical care departments in two hospitals in Sheffield, UK. They measured the effect of frailty on the risk of death in the year after hospitalisation. Smaller samples of [patients](#) were also assessed for changes to residence (3,469 patients) and differences in dependency (2,387) before and after admission. Of 7,732 patients 1,726 were considered to be frail with an average age of 72.5 years, based on an assessment of their health and function in line prior to this illness episode, using the Rockwood [frailty](#) score.

Results showed that around 40% of frail patients had died within one year of admission compared to 15% of non-frail patients. Analysis of the data showed that frail patients were at almost twice the risk of dying in the year after [admission](#) to [critical care](#) compared to non-frail patients, even after accounting for important characteristics like age, the number of organs supported during care and major comorbidities like metastatic disease or kidney failure. Frail patients were also nearly 2.5 times as likely to need institutional care and became more dependent after discharge from hospital.

The authors conclude: "Our findings suggest that being frail is associated with poorer outcomes after critical illness and this could affect decision making regarding appropriate care by patients. This study should trigger further research and quality improvement efforts aimed at improving the care and outcomes of the growing population of [frail patients](#) with [critical illness](#)."

Provided by European Society of Anaesthesiology

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