

Identifying frailty in older patients can predict adverse outcomes after surgery

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Identifying frailty in surgical patients, especially those without apparent disability, will help predict risk of adverse events and repeat hospitalizations, according to research in *CMAJ* (*Canadian Medical Association Journal*).

Few studies have looked at the risk of further health care use associated with [frailty](#) in older surgical patients.

Researchers looked at data on 308 older patients with a median age of 75 years (45% were women) who underwent abdominal surgery at two hospitals in Alberta. Almost three-quarters of them had been living at home independently. Based on the Canadian Study of Health and Aging Clinical Frailty Scale, 23% of patients were classified as "well," 55% "vulnerable," and 22% as "frail." One-third of patients were readmitted or died within 6 months. Both vulnerable and frail patients were at higher risk of readmission or death within 30 days and 6 months, independent of other clinical and surgical factors. By 6 months, the degree of frailty predicted increasing risk of readmission or death, with frail patients at greatest risk.

"Identifying frailty in [surgical patients](#) will help to predict which patients are at high risk of adverse outcomes, thus improving patient and family discussions and targeting patients for enhanced postoperative care," writes Dr. Rachel Khadaroo, University of Alberta, Edmonton, Alberta, with coauthors. "Moreover, the results of this study suggest that poor postoperative prognosis is not limited to the most severely frail patients, but that vulnerable patients without evident disability are also at higher risk of readmission or death after discharge."

In a related [commentary](#), Dr. Olga Theou, Dalhousie University, Halifax, Nova Scotia, writes, "frailty can also be considered a useful outcome measure. It is a measure of overall health state and, arguably, a better predictor of adverse health

outcomes than other individual [health](#) measures, although it is a dynamic process. Future research should focus on whether modifying clinical treatment plans can modify level of frailty or enable [patients](#) to recover to their level of frailty before surgery and admission to hospital."

Performing a comprehensive geriatric assessment may be a way to improve outcomes.

More information: "Impact of frailty on outcomes after discharge in older surgical patients: a prospective cohort study" *Canadian Medical Association Journal*, February 20, 2018. www.cmaj.ca/lookup/doi/10.1503/cmaj.161403

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