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Prevalence of physical and cognitive frailty in the low clearance population

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Introduction: With an ageing population, the prevalence of frailty amongst the low clearance and renal replacement population is increasing. Current evidence shows a rising association between frailty and mortality on dialysis. Assessment of frailty is not routinely performed in the low clearance population. The aim of our project was to screen for frailty (both physical frailty and cognitive frailty) in the prevalent low clearance population at a tertiary renal centre.

Method: We offered frailty screening to every patient aged 60 and over in our low clearance clinic between October 2018 and January 2019. These are patients who have either not yet decided which pathway to pursue or who have decided to pursue an active renal replacement pathway. We screened 54 patients during this time. We assessed frailty using the Clinical Frailty Scale (CFS), MOCA (Montreal Cognitive Assessment) score and also performed a Timed Up and Go test (TUG) for each patient. Patients that met our criteria for frailty were referred on to a geriatrician for Comprehensive Geriatric Assessment (CGA).

Results: Patients were deemed as frail if they had one or more of the following: a CFS ≥ 5 , a TUG ≥ 15 seconds or MOCA score < 24 . Out of the 54 patients screened, we were able to collect satisfactory results to make a complete assessment in 46 of these patients. These patients were aged 61-89; 21 were female and 25 were male. In total, a CGA was recommended in 29 out of the 46 patients. Out of the 46 patients included, 12/46 had a CFS ≥ 5 and 19/46 patients had either a TUG ≥ 15 seconds or could not mobilise. In total, there were 20 patients who either had a CFS ≥ 5 or a TUG ≥ 15 seconds. 22/46 patients had MOCA scores < 24 and one patient despite trying was unable to complete the MOCA. 14 patients with cognitive impairment also had either a CFS ≥ 5 or a TUG ≥ 15 seconds.

Discussion: These results show that within our low clearance population, physical frailty (defined by either a CFS ≥ 5 or TUG ≥ 15 seconds) affects 43% of patients. Cognitive impairment was detected in 50% of patients. Cognitive frailty is described as the presence of co-existing cognitive impairment and physical frailty, something that has not been widely investigated in this population before. We demonstrated evidence of cognitive frailty in 30% of patients. Early recognition of frailty syndromes can allow optimisation of care, provision of further support and improved shared decision making for both those who wish to pursue an active renal replacement pathway and those choosing supportive care. The next stage of our work involves screening incident patients to the low clearance clinic and considering how we can better adapt services to cater for the needs of our frail patients.