ARTÍCULOS SELECCIONADOS MES DE FEBRERO:

1. Frail-VIG index: a concise frailty evaluation tool for rapid geriatric assessment.

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Abstract

Background

Demographic changes have led to an increase in the number of elderly frail persons and, consequently, systematic geriatric assessment is more important than ever. Frailty Indexes (FI) may be particularly useful to discriminate between various degrees of frailty but are not routinely assessed due, at least in part, to the large number of deficits assessed (from 30 to 70). Therefore, we have developed a new, more concise FI for rapid geriatric assessment (RGA)—the Frail-VIG index ("VIG" is the Spanish/Catalan abbreviation for Comprehensive Geriatric Assessment), which contains 22 simple questions that assess 25 different deficits. Here we describe this FI and report its ability to predict mortality at 24 months.

Methods

Prospective, observational, longitudinal study of geriatric patients followed for 24 months or until death. The study participants were patients (n = 590) admitted to the Acute Geriatric Unit at the at the University Hospital of Vic (Barcelona) during the year 2014. Participants were classified into one of seven groups based on their Frail-VIG score (0–0.15; 0.16–0.25; 0.26–0.35; 0.36–0.45; 0.46–0.55; 0.56–0.65; and 0.66–1). Survival curves for these groups were compared using the log-rank test. ROC curves were used to assess the index's capacity to predict mortality at 24 months.

Results

Mean (standard deviation) patient age was 86.4 (5.6) years. The 24-month mortality rate was 57.3% for the whole sample. Significant between-group (deceased vs. living) differences ($p < 0.05$) were observed for most index variables. Survival curves for the seven Frail-VIG groups differed significantly ($X^2 = 433.4$, $p < 0.001$), with an area under the ROC curve (confidence interval) of 0.90 (0.88–0.92) at 12 months and 0.85 (0.82–0.88) at 24 months. Administration time for the Frail-VIG index ranged from 5 to 10 min.

Conclusions

The Frail-VIG index, which requires less time to administer than previously validated FIs, presents a good discriminative capacity for the degree of frailty and a high predictive capacity for mortality in the present cohort. Although more research is needed to confirm the validity of this instrument in other populations and settings, the Frail-VIG may provide clinicians with a RGA method and also a reliable tool to assess frailty in routine practice.

Disponible en: https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-018-0718-2

2. Associations between the Drug Burden Index, Potentially Inappropriate Medications and Quality of Life in Residential Aged Care

Revista: Drugs and Aging

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Abstract

Background

Inappropriate polypharmacy may negatively impact the quality of life of residents in aged care facilities, but it remains unclear which medications may influence this reduced quality of life.

Objective

The objective of this study was to examine whether the Drug Burden Index and potentially inappropriate medications were associated with quality of life in older adults living in residential care with a high prevalence of cognitive impairment and dementia.

Methods

We conducted cross-sectional analyses of 541 individuals recruited from 17 residential aged care facilities in Australia in the Investigating Services Provided in the Residential Environment for Dementia (INSPIRED) study. Quality of life was measured using the EuroQol Five Dimensions Questionnaire (a measure of generic quality of life) and the Dementia Quality of Life Questionnaire completed by the participant or a proxy.

Results

In the 100 days prior to recruitment, 83.1% of the participants received at least one anticholinergic or sedative medication included in the Drug Burden Index and 73.0% received at least one potentially inappropriate medication according to the Beers Criteria. Multi-level linear models showed there was a significant association between a higher Drug Burden Index and lower quality of life according to the EuroQol Five Dimensions Questionnaire [β (standard error): − 0.034 (0.012), $p = 0.006$] after adjustment for potential confounding factors. Increasing numbers of potentially inappropriate medications were also associated with lower EuroQol Five Dimensions Questionnaire scores [− 0.030 (0.010), $p = 0.003$] and Dementia Quality of Life Questionnaire-Self-Report-Utility scores [− 0.020 (0.009), $p = 0.029$]. Exposure to both Drug Burden Index-associated medications and potentially inappropriate medications was associated with lower Dementia Quality of Life Questionnaire-Self-Report-Utility scores [− 0.034 (0.017), $p = 0.049$].

Conclusion

Exposure to anticholinergic and sedative medications and potentially inappropriate medications occurred in over three-quarters of a population of older adults in residential care and was associated with a lower quality of life.

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