

Review: Frailty status may predict outcome after cardiac surgery

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(HealthDay)—Frailty status may be able to predict outcome in older

adults undergoing cardiac surgical procedures, although the quality of evidence is variable, according to a review published online Aug. 23 in the *Annals of Internal Medicine*.

Dae Hyun Kim, M.D., M.P.H., Sc.D., from Harvard Medical School in Boston, and colleagues examined the [evidence](#) for frailty instruments used to predict outcome in [older adults](#) undergoing cardiac surgical procedures.

The researchers found that nine frailty instruments were evaluated in 18,388 patients undergoing major procedures from eight studies. Moderate-quality evidence was used to assess mobility or disability, and very low- to low-quality evidence was used to predict mortality or major adverse cardiovascular and cerebrovascular events (MACCEs). None of the studies assessed functional status. Thirteen frailty instruments were assessed in 5,177 patients undergoing minimally invasive procedures in 17 studies. Moderate- to high-quality evidence was observed for assessing mobility to predict mortality or functional status. Mortality, functional status, or MACCEs were predicted in several multicomponent instruments, although the quality of evidence was low to moderate. Multicomponent instruments that assessed different domains outperformed single-component instruments.

"Frailty status, assessed by mobility, disability, and nutritional status, may predict mortality at six months or later after major cardiac surgical procedures and functional decline after minimally invasive cardiac surgery," the authors write.

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