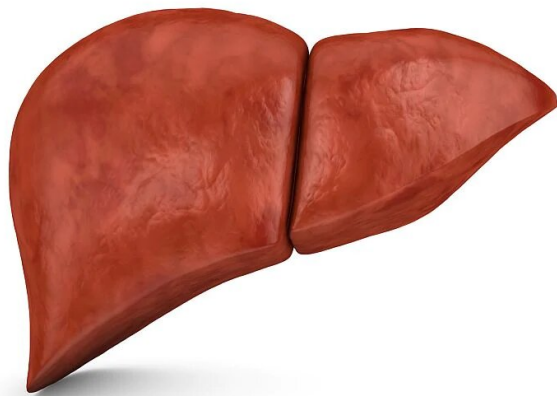


Frailty assessment may aid liver transplant evaluation

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mortality among frail nonobese candidates and frail candidates with class 1 obesity versus their nonfrail counterparts (nonobese candidates: adjusted subhazard ratio [sHR], 1.54; 95 percent confidence interval [CI], 1.02 to 2.33; $P = 0.04$; candidates with class 1 obesity: adjusted sHR, 1.72; 95 percent CI, 0.99 to 2.99; $P = 0.06$; $P = 0.75$ for interaction). There was a 3.19-fold higher adjusted risk for wait-list mortality among frail candidates with at least class 2 obesity versus nonfrail candidates with at least class 2 [obesity](#) (95 percent CI, 1.75 to 5.82; P

"Frailty assessments may help to identify vulnerable patients, particularly those with a BMI of 35.0 or more, in whom a clinician's visual evaluation may be less reliable to assess [muscle mass](#) and [nutritional status](#)," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—A frailty assessment as part of liver transplant evaluation may help identify transplant candidates at higher risk for death, according to a study published online Sept. 11 in *JAMA Surgery*.

Christine E. Haugen, M.D., Ph.D., from Johns Hopkins University School of Medicine in Baltimore, and colleagues used data from 1,108 liver [transplant candidates](#) at nine U.S. transplant centers (March 1, 2012, to May 1, 2018; mean age, 55 years) to evaluate differences in the association between liver transplant wait-list mortality and frailty by body mass index (BMI). The Liver Frailty Index score was calculated based on [grip strength](#), chair stands, and balance, with [frailty](#) defined as a Liver Frailty Index score of ≥ 4.5 .

The researchers found that 26.2 percent of the candidates were frail, including 25.4 percent of the 670 nonobese candidates, 26 percent of 246 candidates with class 1 obesity, and 29.2 percent of the 192 candidates with at least class 2 obesity ($P = 0.57$). There was a higher risk for wait-list

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