

Frailty, dementia raise mortality risk for older Americans after surgery

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In the first study of its kind, Yale researchers found striking differences in the mortality rate of older Americans within a year of having major surgery. These differences were particularly pronounced for geriatric-



specific conditions such as frailty or dementia.

The findings, published Oct. 19 in the journal *JAMA Surgery*, have major implications for the way U.S. health care providers and policymakers think about <u>major surgery</u> in certain subgroups of older persons and how providers manage pre-operative and post-operative care for people who are age 65 and older.

"Our findings define the scope and scale of mortality after major geriatric <u>surgery</u> in the U.S.," said Dr. Thomas M. Gill, the Humana Foundation Professor of Geriatric Medicine at Yale and lead author of the study. "They suggest a mixed landscape of surgical quality and safety among older persons."

Overall, according to the study, nearly 1 in 7 older Americans not living in a nursing home died in the year after major surgery, including more than 1 in 4 who were frail and nearly 1 in 3 who had probable <u>dementia</u>. By comparison, the expected 1-year mortality rate for the study population was less than 1 in 20 had they not undergone major surgery.

"These numbers highlight the prognostic importance of geriatric conditions such as frailty and dementia, two key determinants of health and well-being in older persons," Gill said.

The researchers say the findings also point to the critical need to take such conditions into consideration prior to major surgery.

"With improved preoperative optimization and recognition as well as enhanced perioperative management strategies, it is possible that mortality after major surgery could be reduced among <u>older persons</u>, especially those in high-risk subgroups," said Dr. Robert D. Becher, assistant professor of surgery at Yale and senior author of the study.



The study looked at 1,193 major surgeries identified from 992 fee-for-service Medicare beneficiaries, from the National Health and Aging Trends Study (NHATS), from 2011 to 2018. Information on frailty and dementia came via annual NHATS assessments. Information about surgeries and mortality came via data from the Centers for Medicare & Medicaid Services.

More information: Thomas M. Gill et al, Population-Based Estimates of 1-Year Mortality After Major Surgery Among Community-Living Older US Adults, *JAMA Surgery* (2022). DOI: 10.1001/jamasurg.2022.5155

Provided by Yale University

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