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FRAILTY, COMORBIDITY INDEXES AND THE ANNUAL FREQUENCY OF VISITS TO HOSPITAL EMERGENCY SERVICE IN PATIENTS ON HEMODIALYSIS

Cesar Garcia-Canton^{2,3}, Ana Rodenas-Galvez², Celia Lopez-Aperador³, Yaiza Rivero², Tania Monzon¹, Gloria Anton¹, Fatima Batista², Ingrid Auyanet², German Perez², Noemi Esparza²

¹Hemodialysis, Avericum, Las Palmas de Gran Canaria, Spain, ²Nephrology, Hospital Universitario Insular de Gran Canaria, Las Palmas de Gran Canaria, Spain and

³Nephrology, Universidad de Las Palmas de Gran Canaria, Las Palmas de Gran Canaria, Spain

INTRODUCTION AND AIMS: Frailty has been defined as a syndrome or a state of increased vulnerability resulting from a decline in biological functional reserves, such that the ability to cope with stressors is compromised, and leading to higher risk of poor health outcomes, disability, hospitalization and death. Our objective was to relate frailty, as measured by the Fried Phenotype Frail Index (FPFI) and the Edmonton Frail Scale (EFS), and the Charlson comorbidity index (CCI) with the annual frequency of visits to hospital emergency service in a cohort of hemodialysis patients.

METHODS: To that end, frailty, according to the FPFI and EFS and CCI were measured and the number of visits to the hospital emergency service for any cause was recorded for the hemodialysis prevalent patients managed in our sanitary area. The study included 375 hemodialysis patients, 61.5% of them were men, 57.5% suffered from diabetes mellitus, their median age was 65 years and the mean time in hemodialysis was 50.4 (3-318) months. The mean follow-up time was 10.84 months; 215 patients completed the 12-month follow-up; 42 patients died before completing it, 16 received kidney transplantation and 2 were transferred.

RESULTS: The proportion of frail patients was 41.1% as measured with the FPFI and 29.5% as measured with the EFS; 65% of patients presented CCI higher than 5, which is high or very high. During the follow-up period, 507 visits to the emergency services were recorded. According to the FPFI, the annual rate of visits to the emergency services was 1.61 ± 2.7 for non-frail patients and 3.28 ± 4.2 for frail ones ($P < 0.001$). Also according to the FPFI, 45.6% of non-frail and 22.1% of frail patients did not visit the emergency services during a year. According to the EFS, the annual rate of visits to the emergency services was 1.70 ± 2.8 for non-frail patients and 3.72 ± 4.5 for frail ones ($P < 0.001$). Also according to the FPFI, 45.3% of non-frail and 13.5% of frail patients did not visit the emergency services during a year. The annual rate of visits to the emergency services was 1.87 ± 3.3 for patients with CCI equal to or lower than 5 and 2.53 ± 3.6 for those with CCI higher than 5 ($P < 0.05$); 44.7% of patients with $CCI \leq 5$ and 31.4% of those with $CCI > 5$ did not visit the emergency services during a year (n.s.).

CONCLUSIONS: In conclusion, the frequency of visits to the hospital emergency services was significantly higher for hemodialysis patients classified as frail by both indexes. Frailty indexes seemed to be better predictors of higher frequency of visits to the emergency services than the Charlson comorbidity index.