
CONFERENCE ABSTRACT**Examining The Association Between Domains Of Frailty And 6-Month
Changes In Health-Related Quality Of Life, Living Status, And Treatment
Decisional Regret Among Older Patients Referred For Cardiac Surgery**

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Introduction

Both age and frailty function as key preoperative risk factors for cardiac surgery. Age (chronological measurement) alone is usually a poor marker for predicting older patients' health status, most likely due to failure to reflect functional status in the measurement. Frailty status, which takes function into account, may be a better measure for older patients' health status, although multiple operational definitions of this construct exist. A small number of studies have demonstrated that frailty is a risk factor for various adverse outcomes after cardiac surgery, in older patients.

Aims Objectives Theory or Methods

The overall goal of this research was to determine the impact of varying degrees of frailty on the functional recovery of patients who undergo cardiac surgery. Specific objectives were as follows: (1) Determine the association between domains of frailty and change in HRQoL at baseline and 6 months post-surgery, (2) dependent living status at 6 months post-surgery (3) and treatment decisional regret at 6 months post-surgery. A prospective cohort pre-post design was used to evaluate the exposure (frailty) and resulting outcomes (change in HRQoL; dependent living status; treatment decisional regret).

Highlights or Results or Key Findings

Worse ADL function was positively associated with higher levels of impairment in mobility and usual function HRQoL from baseline to 6 months. As well, worse ADL function was negatively associated with greater HRQoL improvement in men as measured by index scores and across all procedure types as measured by EQ-VAS. Worse mobility function was negatively associated with higher levels of improvement in HRQoL in isolated AVR patients. Lastly, those with worse ADL function had higher odds of experiencing a dependent living status 6 months after surgery (aOR = 2.06 (1.42, 3.00)), and worse ADL (aOR = 1.89 (1.35, 2.65) and cognitive (aOR = 1.77 (1.26, 2.47) function had higher odds of regretting their decision to have surgery.

Conclusions

The current study showed domain-specific frailty, particularly poor pre-operative ADL function, is negatively associated with an individual's capacity to return to optimal HRQoL post-operatively, independent living status and positively associated with experience of decisional regret.

Implications for applicability/transferability sustainability and limitations

The evidence-based data has the potential to better inform patients who are at risk for loss of HRQoL and independence with cardiac surgery, allowing them to make decisions in line with values and preferences. Educating patients on the risks of frailty is an important aspect of patient-centered care and individualized