

FRAILTY INDEX: A PARAMETER TO CONSIDER IN PHARMACEUTICAL VALIDATION?

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BACKGROUND AND IMPORTANCE

Evaluate the role of the Frailty Index (FI) in pharmaceutical validation, improving care for frail elderly patients.

AIM AND OBJECTIVES

The aim of this study was to evaluate the utility of the FI in pharmaceutical validation within Comprehensive Care Plans (CCP) at a Social-Health Center (SHC).

MATERIALS AND METHODS

Retrospective observational descriptive study was conducted from January to December 2023 at a SHC.

FI-SHC:

- non-frail (<0.2)
- mild (0.2-0.35)
- **moderate (0.36-0.55)**
- **advanced (>0.55)**



Analysis of **pharmaceutical interventions** related to frailty:

- Level I: no significant health changes
- Level II: avoids likely patient harm
- Level III: avoids risks of hospitalization and/or life-threatening situations

Patient follow-up was conducted by reviewing clinical histories using Resiplus[®] and intervention records through the electronic application Farmatools[®].

Variables collected:



- Demographic: age and sex
- Clinical: frailty index

The utility of the FI-SHC was assessed by comparing the number of interventions related and unrelated to frailty, as well as their acceptance and clinical relevance.

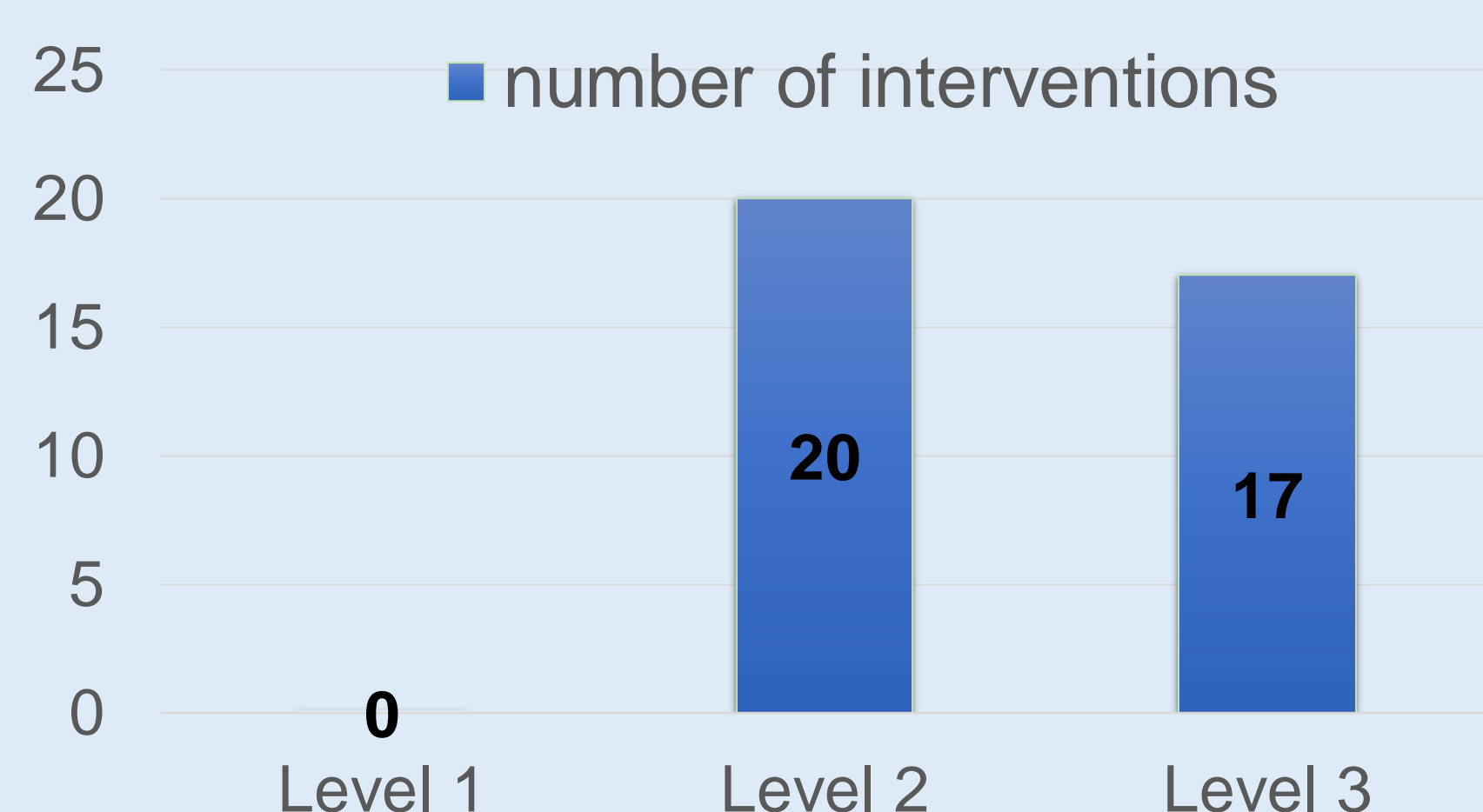
RESULTS

83 elderly residents } - 23: moderate FI-SHC
- 11: advanced FI-SHC

34 (41%) FI >0.35

27 women + 7 men

median age of 89 years
[65-101]



111 interventions → 37 (33%) related to the FI:

- 26 (70%) accepted
- 11 (30%) not accepted

CONCLUSION AND RELEVANCE

The prevalence of moderate and advanced frailty among elderly residents at the SHC is significant. One in three pharmaceutical interventions was related to the FI, with most having a high clinical impact and strong acceptance from physicians. These findings underscore the importance of the FI in pharmaceutical validation in this setting, suggesting its calculation should be considered essential for all elderly residents whenever feasible.

