

OBJECTIVES

Frailty is a complex geriatric syndrome resulting in decreased physiological reserves in older people. It is very prevalent in nursing homes, as well as it is underprescription of recommended medications in this population. However, little is known about the relationship or interaction between these two entities.

The aim of this study is to examine the prevalence of underprescription in a nursing home population according to their frailty status.

METHODS

This is a cross-sectional analysis of baseline data of a concurrent cohort study
 Subjects older than 65 years, randomly selected from two nursing homes.

Three Frailty measures were used:

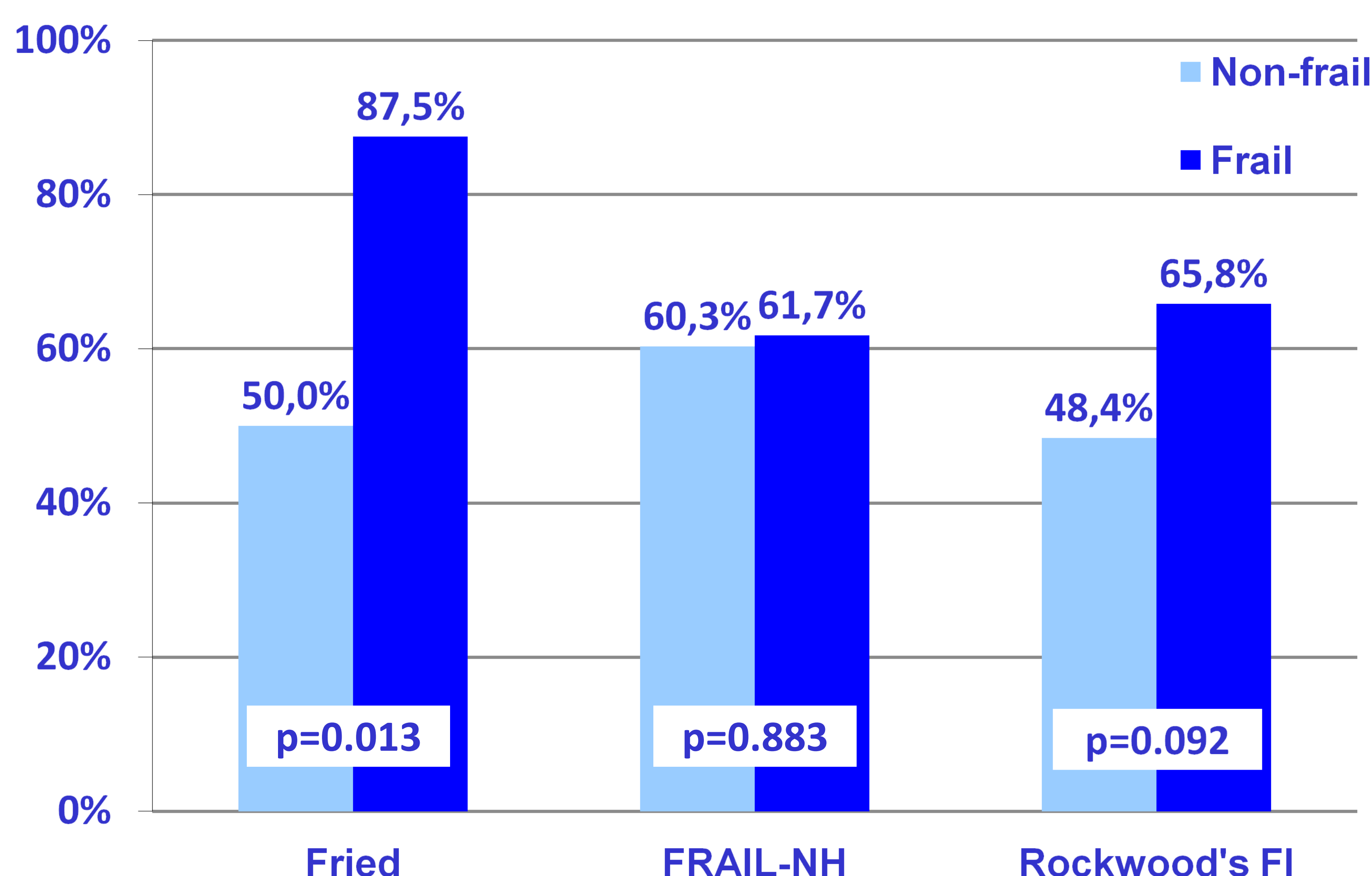
- The Fried frailty criteria
- Frailty Index (FI) of Rockwood
- FRAIL-NH.

Underprescription was assessed with the Screening Tool to Alert to Right Treatments (START) criteria.

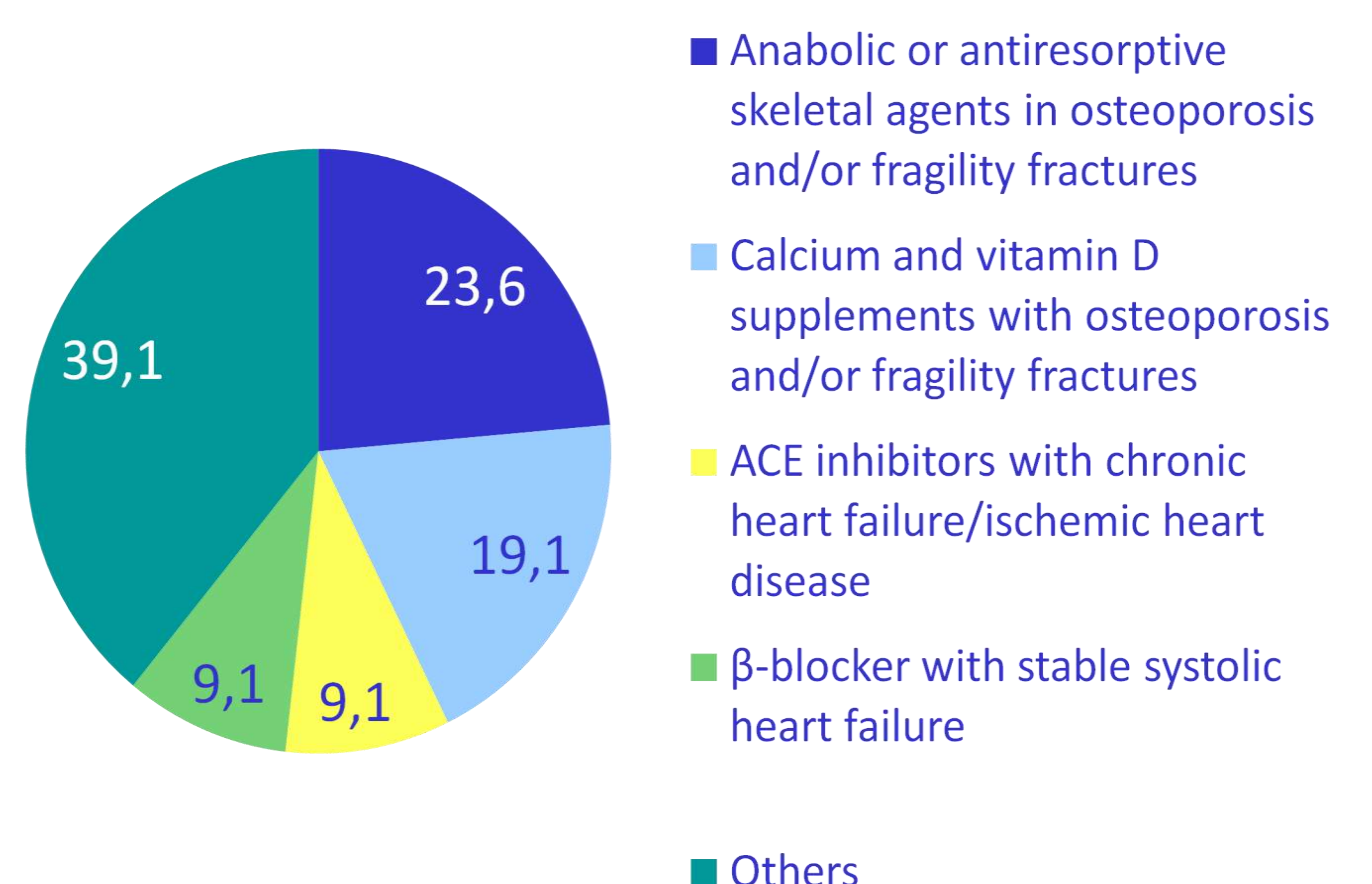
RESULTS

110 Participants Mean age: 86.3 ± 7.3 years 71.8% women	Prevalence of frailty: Fried: 36.4% FRAIL-NH: 42.7% Rockwood FI: 71.8%
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Prevalence of underprescription



Most prevalent START criteria



CONCLUSIONS

There is a significant heterogeneity in the prevalence of underprescription in frail and robust older adults in nursing homes depending on the definition of frailty used, and a statistically significant difference have only been observed with Fried criteria, with higher rates of underprescription in frail participants. The underlying concepts of the different definitions of frailty could have implications for the assessment of underprescription in frail older adults, and for what should be considered inappropriate prescription and prescribing omissions in this population.