

Prevalence of Frail Elderly Syndrome and its diagnostic elements in older adults with acute coronary syndrome



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Introduction

An independent predictor of adverse events in older adults is a higher frailty level. Frailty is influenced by sociodemographic and clinical characteristics. In Brazil there are no studies on the relationship between characteristics of the older adults with acute coronary syndrome (ACS) and the level of frailty.

Study Purposes

To identify the prevalence of Frail Elderly Syndrome (FES, 00257) and its diagnosis elements in older adults with ACS.

Methods

A cross-sectional study performed in a school-hospital in São Paulo-SP, Brazil, including 44 patients aged ≥ 60 years, admitted with ACS. FES was diagnosed through a Tilburg Frailty Indicator (TFI) score ≥ 5 . The diagnostic elements were identified through correspondences with the TFI items and further interviewing.

Data were analyzed through descriptive statistics.

Results

27 patients had FES (61.4%)

Defining characteristics

- Impaired memory: 63.6%
- Social isolation: 54.5%
- Impaired walking: 43.2%

Related factors

- Sedentary lifestyle: 75.0%
- Anxiety: 70.5%
- Exhaustion: 40.9%
- Muscle weakness: 36.4%
- Impaired balance: 29.5%
- Insufficient social support: 13.6%

Associated conditions

- Previous diseases: 74.1%
- Sensory deficits: 63.7%
 - Hearing: 18.2%
 - Vision: 45.5%

At-risk populations

- Low educational level: 56.9%
- Female gender: 43.2%
- Age > 70 years: 38.6%
- Ethnicity other than Caucasian: 34.1%
- Living alone: 20.5%

Impact

FES is frequent in older adults with ACS, mainly related to sedentary lifestyle as evidenced by impaired memory. Awareness of these diagnostic elements should assist nurses in managing frailty, thereby preventing poor clinical outcomes.

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