

### 443 - Measuring frailty in older psychiatric patients.

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#### Introduction

Frailty is a common clinical syndrome in older adults that carries an increased risk for poor health outcomes. Early identification of frailty may help optimizing quality of care. Fried's frailty criteria are often used as the gold standard of frailty. However, it takes too much time and the availability of a hand grip strength meter to measure these criteria in daily practice. Screening instruments for frailty such as the Groningen Frailty Indicator (GFI) and the Tilburg Frailty Indicator (TFI), are available. However, it is not yet certain whether the usual cut-off values are applicable to older psychiatric patients.

#### Aim

To determine internal consistency, sensitivity, specificity and area under the curve (AUC) of the receiver operating characteristic-curve (ROC-curve) of the GFI and TFI using validated cut-off values, and to determine the optimal cut-off value in older psychiatric patients.

#### Methods

Baseline data of an ongoing prospective cohort study were used. In this study GFI, TFI and Fried-criteria were determined in hospitalized and non-hospitalized psychiatric patients over 65 years old.

#### Results

A total of 145 participants were enrolled, 90 of which were hospitalized and 55 were non-hospitalized. Median age of participants was 75.2 (SD =7) years, 108 were female. Prevalence of frailty according to Fried-criteria was 29.7%. Internal consistency (Cronbach's alpha) of the GFI was 0.76 and TFI = 0.75. Using the validated cut-off value and the Fried-criteria as reference, sensitivity of the GFI ( $\geq 4$ ) was 0.95 (95% CI 0.83 - 0.99) and specificity 0.27 (95%CI 0.19 - 0.37). Sensitivity of the TFI ( $\geq 5$ ) was 0.98 (95% CI 0.86 - 1.00) and specificity 0.31 (95% CI 0.23 - 0.41). The optimum cut-off value for both the GFI and TFI was  $\geq 8$ . The AUC of the ROC-curve of GFI and TFI were 0.82 (95% CI 0.75 - 0.90) and 0.79 (95% CI 0.72 - 0.87), respectively.

#### Conclusion

We found an acceptable internal consistency and AUC of both the GFI and the TFI in older psychiatric patients. Increasing the cut-off values of both GFI and TFI seems necessary to lower the amount of false positives in this population.