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PREVALENCE AND DETERMINANTS OF FRAILITY IN END STAGE RENAL DISEASE UNDER ONLINE HEMODIAFILTRATION

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INTRODUCTION AND AIMS: There is increasing proportion of elderly people with marked physiological decline. Among end-stage renal disease (ESRD) patients under dialysis, Frailty is a common condition in these patients, and is considered a strong risk factor for morbidity and mortality. As ESRD is a growing health public problem with an increasing prevalence worldwide, and considering the lack of information about frailty in ESRD patients under online-hemodiafiltration (OL-HDF), this work aimed to evaluate the prevalence of frailty, and its association with sociodemographic, clinical and biochemical markers.

METHODS: We performed a cross-sectional study with 97 ESRD patients (39.2% males; 69.86 ± 14.03 years old) on regular dialysis. The classification of the ESRD patients on frailty was performed using the Tilburg Frailty Indicator. Data about socio-demographic variables and comorbidities, duration of dialysis, as well as hematological, iron status, dialysis adequacy, nutritional and inflammatory markers were evaluated as possible associated variables.

RESULTS: Our results showed a prevalence of frailty of 62.8% in our group of ESRD patients, being more prevalent in female patients (male - 45.5%, female - 72.0%, $p = .021$). A significant correlation between age and physical frailty score was found ($r = .271$; $p = .009$); however, no association was found between age and cognitive or social frailty scores. Patients with two or more chronic diseases showed higher prevalence of frailty (72.2% vs. 46.9%; $p = .023$). Moreover, we also found that ESRD patients living with a partner (41.0% vs. 80.9%; $p < .001$) as well as those eligible for renal transplant (70.4% vs. 44.8%; $p = .033$) showed lower prevalence of frailty. Multiple regression analysis identified civil status ($\beta = .260$; $p = .013$), two or more chronic disease ($\beta = -0.302$; $p = 0.004$) and not being eligible for renal transplant ($\beta = -0.209$, $p = .040$) as independent variables significantly associated with global frailty score ($R^2 = .247$).

CONCLUSIONS: In conclusion, our results confirm that frailty is a highly prevalent condition in ESRD patients under dialysis, and suggests its association with psychosocial and family determinants. As mortality is greater in frail ESRD patients, the identification of frail patients will be very important in order to enhance clinical outcomes.