* Risk factors or causes of frailty among CKD patients.

		Effect (descriptions)	Risk Difference	Frailty Assessment	Sample Size	CKD Severity	Reference
Biological							
	Cardiovascular	Hypertension*	RR 1.6 (1.26-2.04)	Fried Phenotypes	205	CKD stage 5D (hemodialysis)	[1]*
		Peripheral vascular disease*	RR 1.58 (1.34-1.8)	Fried Phenotypes	205	CKD stage 5D (hemodialysis)	[1]*
		Left ventricular dysfunction*	RR 1.18 (1.03-1.36)	Fried Phenotypes	205	CKD stage 5D (hemodialysis)	[1]*
		Endothelial dysfunction	r= -0.367 (p= 0.004)	Fried Phenotypes	61	CKD stages 3-5	[2]
			OR 3.86 (1.00-14.88)				
	Cerebrovascular	Cerebrovascular Accident	RR 1.34 (1.19-1.5)	Fried Phenotypes	205	CKD stage 5D (hemodialysis)	[1]*
	Pulmonary	COPD	OR 1.68 (1.16-2.45)	Fried Phenotypes	10256	CKD stages 1-5	[3]
	Immunological	Inflammatory					
		IL-6*	Worse frailty	Fried Phenotypes	762	CKD stage 5D (hemodialysis)	[4]*
		CRP	After	Fried	5888	Chronic kidney	[5]

		Fibrinogen	adjustment, OR 1.76 (1.28-2.41) to 1.50 (1.07-2.09)	Phenotypes		insufficiency, serum creatinine ≥1.3mg/dL	
	Endocrinologic/ Metabolic	Diabetes	Frailty scores +0.7 points per year	Fried Phenotypes	762	CKD stage 5D (hemodialysis)	[4]*
			OR 1.68 (1.16-2.45)	Fried Phenotypes	10256	CKD stages 1-5	[3]
		Obesity (IMC ≥ 30 kg/m^2)	OR 6.63 (1.16-36.77)	Fried Phenotypes	61	CKD stages 3-5	[2]
		Higher parathyroid hormones (PTH)	r= 0.30 (p= 0.01)	Fried Phenotypes	61	CKD stages 3-5	[2]
	Body Composition	Higher fat mass	r= 0.25 (p= 0.04)	Fried Phenotypes	61	CKD stages 3-5	[2]
	Cancer	Cancer	OR 1.89 (1.19-2.99)	Fried Phenotypes	10256	CKD stages 1-5	[3]
	Arthritis	Arthritis	OR 3.34 (2.08-5.38)	Fried Phenotypes	10256	CKD stages 1-5	[3]
	Laboratory Data	eGFR (mL/min/1.72m^2)					

		eGFRcys <30	Frailty prevalence 2.8	Fried Phenotypes	336	CKD stages 1-4	[6]*
		eGFRcys 30-44	Frailty prevalence 2.1				
		eGFRcys >60	Referent				
		Serum Albumin Concentrations (g/dL)	Frailty scores -1.1 points per g/dL	Fried Phenotypes	762	CKD stage 5D (hemodialysis)	[4]*
		Serum Creatinine <4 mg/dL*	RR 1.46 (1.22-1.71)	Fried Phenotypes	205	CKD stage 5D (hemodialysis)	[1]*
		Testosterone, per 50% lower free testosterone*		Fried Phenotypes	440	CKD stage 5D (hemodialysis), men	[7]*
		being frail	OR 1.40 (1.05-1.53)				
		becoming frail over 12 months	OR 1.40 (1.07-1.73)				
		Hemoglobin	Adjusted, OR 1.76 (1.28-2.41) to 1.50 (1.07-2.09)	Fried Phenotypes	5888	Chronic kidney insufficiency, serum creatinine ≥1.3mg/dL	[5]
		LDL, HDL					
Lifestyle		Smoking*	RR 1.18 (1.04-	Fried	205	CKD stage 5D	[1]*

		1.34)	Phenotypes		(hemodialysis)	
Ethnicity	Hispanic*	Frailty scores +0.6 points per year	Fried Phenotypes	762	CKD stage 5D (hemodialysis)	[4]*

Bibliography

1. YadlaM, JohnJ, MummadiM. A study of clinical assessment of frailty in patients on maintenance hemodialysis supported by cashless government scheme. *Saudi J Kidney Dis Transplant*. 2017. doi:10.4103/1319-2442.198102
2. MansurHN. Fragilidade na doença renal crônica: prevalência e fatores associados. 2012.
3. Wilhelm-LeenER, HallYN, MKT, ChertowGM. Frailty and chronic kidney disease: the Third National Health and Nutrition Evaluation Survey. *Am J Med*. 2009;122(7):664-71 e2. doi:10.1016/j.amjmed.2009.01.026
4. JohansenKL, DalrympleLS, DelgadoC, et al. Factors Associated with Frailty and Its Trajectory among Patients on Hemodialysis. *Clin J Am Soc Nephrol*. 2017;12(7):1100-1108. doi:10.2215/CJN.12131116
5. ShlipakMG, Stehman-BreenC, FriedLF, et al. The Presence of Frailty in Elderly Persons with Chronic Renal Insufficiency. *Am J Kidney Dis*. 2004;43(5):861-867. doi:10.1053/j.ajkd.2003.12.049
6. RoshanravanB, KhatriM, Robinson-CohenC, et al. A prospective study of frailty in nephrology-referred patients with CKD. *Am J Kidney Dis*. 2012;60(6):912-921. doi:10.1053/j.ajkd.2012.05.017
7. ChiangJM, KaysenGA, SegalM, ChertowGM, DelgadoC, JohansenKL. Low testosterone is associated with frailty, muscle wasting and physical dysfunction among men receiving hemodialysis: a longitudinal analysis. *Nephrol Dial Transplant*. 2018. doi:10.1093/ndt/gfy252

* Risk factors or causes of frailty among CKD patients.

		Effect (descriptions)		Prevalence	CKD Severity	Frailty Assessment	Sample Size	Reference
Biological								
	Cardiovascular	Heart Failure		30% vs 12%	CKD stages 1-4	Fried Phenotypes	336	[3]
		Angina		34% vs. 22%	CKD stages 1-4	Fried Phenotypes	336	[3]
	Cerebrovascular	Cerebrovascular Disease Prevalence (%)		26.4 vs. 12.0	ESRD	Fried Phenotypes	324	[5]
	Neurological	Brain Wave		F vs. NF	ESRD, under chronic dialysis	Simple FRAIL scale (SFS)	46	[6]
			Global DAR	283 ± 679 vs. 2971 ± 4859				
			DARs (left frontal)	135 ± 250 vs. 3073 ± 4702				
			DAR (left TO)	197 ± 318 vs. 3708 ± 6398				
			DAR (central)	55 ± 96 vs. 1773 ± 3262				
			DAR (right TO)	187 ± 261 vs. 4400 ± 7763				
			Global DTABR	191 ± 469 vs. 1781 ± 2793				
			DTABR (left frontal)	86 ± 158 vs. 1680 ± 2388				
			DTABR (left TO)	130 ± 210 vs. 1884 ± 2828				
			DTABR (central)	39 ± 65 vs. 1132 ± 1957				
			DTABR (right TO)	126 ± 178 vs. 2960 ± 5271				
	Cognitive	Mini-Mental State Examination			Elderly, ≥65y/o	Edmonton	137	[7]

		(MMSE)			Frail Scale (EFS)		
		Spearman's correlation coefficient of EFS scores with gross MMSE scores	-0.607 ($p<0.01$)				
		Executive Function	F vs. NF at cohort entry				
		Trail Making Tests A (TMTA) scores	+12.08	ESRD	Fried Phenotypes	324	[5]
		Trail Making Tests B (TMTB) scores	+33.15	ESRD	Fried Phenotypes	324	[5]
	Microbiota	Gut Microbiota Composition		Stage 3b-4, eGFR 15-45ml/min	Fried Phenotype score	64 (and 15 control subjects)	[10]
		Malnutrition-Inflammation-Score (MIS)	7.6 vs. 3.9				
		Abundance of unclassified Mogibacteriaceae and Oscillospira	Directly proportional to MIS				
		Abundance of Akkermansia, Ruminococcus, and Eubacterium	Inversely proportional to MIS				
		Bacterial Abundance of some genera (Mogibacteriacee,	↑				

			Coriobacteriacee, Eggerthella, Erwinia, Coprobacillus, Anaerotruncus, etc)					
	Immunological	Mycophenolate mofetil (MMF) dose reduction (MDR)		F vs. NF	CKD stage 5T	Fried Phenotypes	525	[9]
			1 year since KT (%)	44 vs 40				
			2 years since KT (%)	54 vs. 45				
			3 years since KT (%)	67 vs. 51				
		Viral infection		F vs. NF				
			HCV (n=37)	36 vs. 1	CKD stage 5D (hemodialysis)	Fried Phenotypes	205	[1]
	Functional Status	Disability		F vs. NF	CKD stages 1-4	Fried Phenotypes	336	[3]
			At least one disability in activities of daily Living (ADLs)	15% vs. 5%				
			At least one disability in instrumental activities of daily living (IADLs)	60% vs. 28%				
			At least one disability in mobility tasks	40% vs. 18%				
	Endocrinologic/	Diabetes		F vs. NF				

	Metabolic		Prevalence	64% vs. 49%	CKD stages 1-4	Fried Phenotypes	336	[3]
		Obesity		F vs. NF				
			Prevalence	64% vs. 50%	CKD stages 1-4	Fried Phenotypes	336	[3]
			Prevalence	51.8% vs. 23.9%	ESRD	Fried Phenotypes	324	[5]
			BMI based on dry weight	31.5 vs. 27.6				
	Body Composition	Appendicular skeletal muscle mass index (ASMI)		6.8 vs. 7.7	CKD stage 1-5	Edmonton Frail Scale (EFS)	41	[11]
		Low lean body mass (i.e. sarcopenia) (in frail vs. nonfrail)		57.1% vs .14.7%				
	Laboratory Data	eGFR (mL/min/1.72m^2)		18 vs. 50	CKD stage 1-5	Edmonton Frail Scale (EFS)	41	[11]
			eGFRcys <30	Frailty prevalence 2.8	CKD stages 1-4	Fried Phenotypes	336	[3]*
			eGFRcys 30-44	Frailty prevalence 2.1				
			eGFRcys >60	Referent				
		Albumin (g/L)		38 vs. 41	CKD stage 1-5	Edmonton	41	[11]

		Calcium (mmol/L)	2.24 vs. 2.36		Frail Scale (EFS)		
		Creatinine (umol/L)	299 vs. 115				
	Miscellaneous	Dialysis clearance rate	↑	ESRD, under chronic dialysis	Simple FRAIL scale (SFS)	46	[6]
Psychological							
	Mood	Mood Change	Negative change	CKD stage 5D (hemodialysis)	Edmonton Frail Scale (EFS)	N/A	[13]
	Mental Health						
		Anxiety	Hospital Anxiety and Depression Scale (HADS)	Women: ↑ in global, psychological, social frailty Men: ↑ in Physical frailty	ESRD, under online-haemodiafiltration (OL-HDF)	N/A	97	[14]
		Depression	Hospital Anxiety and Depression Scale (HADS)	Men ↑ in global, psychological, physical frailty	ESRD, under online-haemodiafiltration (OL-HDF)	N/A	97	[14]
			Incidence (%) (Self-reported Major Depression Inventory)	83 vs. 6	CKD stage 1-5	Edmonton Frail Scale (EFS)	41	[11]
	Mental Function	Post-KT delirium	9.0% vs. 3.9%	CKD stage 5T	Fried	893	[15]

					Phenotypes		
Sociological							
Isolation							
Interaction	Interaction with family		Good				[16]
Quality of Life	HRQoL						
	SF-36						
		Scores in physical functioning, blood pressure, role physical, and physical component summary domains	↓	CKD stage 1-5	Edmonton Frail Scale (EFS)	41	[11]
	Falls (times)		115 vs. 12	CKD stage 5D (hemodialysis)	Fried Frailty Phenotypes	205	[1]
Independence	Functional Independence Measure (FIM)			Elderly, ≥65y/o	Edmonton Frail Scale (EFS)	137	[7]
	Spearman's correlation coefficient	Frailty diagnosis with global FIM	-0.703 ($p<0.001$)				
		Frailty diagnosis with motor FIM	-0.714 ($p<0.001$)				
		Frailty diagnosis with cognitive FIM	-0.575 ($p<0.001$)				

		EFS scores with gross FIM	-0.53 ($p<0.01$)				
Health-care utilization	Hospitalization						
		Cumulative number of inpatient health-care visits	↑	CKD stage 1-5	Edmonton Frail Scale (EFS)	41	[11]
		Cumulative number of emergency health-care visits					
		Cumulative number of total health-care visits					
		>3 times (n=141)	127 vs. 14	CKD stage 5D (hemodialysis)	Fried Frailty Phenotypes	205	[1]
		1-2 times (n=64)	40 vs. 24				

Bibliography

1. YadlaM, JohnJ, MummadiM. A study of clinical assessment of frailty in patients on maintenance hemodialysis supported by cashless government scheme. *Saudi J Kidney Dis Transplant*. 2017. doi:10.4103/1319-2442.198102
2. MuradK, KitzmanDW. Frailty and multiple comorbidities in the elderly patient with heart failure: implications for management. *Heart Fail Rev*. 2012;17(4-5):581-588. doi:10.1007/s10741-011-9258-y
3. RoshanravanB, KhatriM, Robinson-CohenC, et al. A prospective study of frailty in nephrology-referred patients with CKD. *Am J Kidney Dis*. 2012;60(6):912-921. doi:10.1053/j.ajkd.2012.05.017
4. JohansenKL, ChertowGM, JinC, KutnerNG. Significance of frailty among dialysis patients. *J Am Soc Nephrol*. 2007;18(11):2960-2967. doi:10.1681/ASN.2007020221
5. McAdams-DemarcoMA, TanJ, SalterML, et al. Frailty and cognitive function in incident hemodialysis patients. *Clin J Am Soc Nephrol*. 2015;10(12):2181-2189. doi:10.2215/CJN.01960215
6. ChaoC-T, LaiH-J, TsaiH-B, YangS-Y, HuangJ-W. Frail phenotype is associated with distinct quantitative electroencephalographic findings among end-stage renal disease patients: an observational study. *BMC Geriatr*. 2017;17(1):277. doi:10.1186/s12877-017-0673-3
7. Fabrício-WehbeSCC, SchiavetoFV, VendrusculoTRP, HaasVJ, DantasRAS, RodriguesRAP. Cross-cultural adaptation and validity of the "Edmonton Frail Scale - EFS" in a Brazilian elderly sample. *Rev Lat Am Enfermagem*. 2009;17(6):1043-1049. doi:10.1590/S0104-11692009000600018
8. JohansenKL, DalrympleLS, DelgadoC, et al. Factors Associated with Frailty and Its Trajectory among Patients on Hemodialysis. *Clin J Am Soc Nephrol*. 2017;12(7):1100-1108. doi:10.2215/CJN.12131116
9. McAdams-DemarcoMA, LawA, TanJ, et al. Frailty, mycophenolate reduction, and graft loss in kidney transplant recipients. *Transplantation*. 2015;99(4):805-810. doi:10.1097/TP.0000000000000444
10. MargiottaE, CaldiroliL, VettorettiS, et al. SuO004GUT MICROBIOTA COMPOSITION AND FRAILTY IN ELDERLY PATIENTS WITH CHRONIC KIDNEY DISEASE. *Nephrol Dial Transplant*. 2018;33(suppl_1):i618-i618. doi:10.1093/ndt/gfy104.SuO004
11. Adame PerezSI, SeniorPA, FieldCJ, JindalK, MagerDR. Frailty, Health-Related Quality of Life, Cognition, Depression, Vitamin D and Health-

Care Utilization in an Ambulatory Adult Population with Type 1 or Type 2 Diabetes Mellitus and Chronic Kidney Disease: A Cross-Sectional Analysis. *Can J Diabetes*. June2018. doi:10.1016/j.jcjd.2018.06.001

12. ChiangJM, KaysenGA, SegalM, ChertowGM, DelgadoC, JohansenKL. Low testosterone is associated with frailty, muscle wasting and physical dysfunction among men receiving hemodialysis: a longitudinal analysis. *Nephrol Dial Transplant*. 2018. doi:10.1093/ndt/gfy252
13. DeSouza OrlandiF, GesualdoGD. Assessment of the frailty level of elderly people with chronic kidney disease undergoing hemodialysis. *ACTA Paul Enferm*. 2014;27(1):29-34. doi:10.1590/1982-0194201400007
14. SalesC, TavaresR, AmadoL, et al. SP651ANXIETY AND DEPRESSION IN END STAGE RENAL DISEASE PATIENTS AND ITS ASSOCIATION WITH CLINICAL AND LABORATORIAL DATA. *Nephrol Dial Transplant*. 2017;32(suppl_3):iii355-iii355. doi:10.1093/ndt/gfx154.SP651
15. HaugenCE, MountfordA, WarsameF, et al. Incidence, Risk Factors, and Sequelae of Post-kidney Transplant Delirium. *J Am Soc Nephrol*. 2018;29(6):1752-1759. doi:10.1681/ASN.2018010064
16. MoffattH, MoorhouseP, MalleryL, LandryD, TennankoreK. Using the Frailty Assessment for Care Planning Tool (FACT) to screen elderly chronic kidney disease patients for frailty: the nurse experience. *Clin Interv Aging*. 2018;13:843.
17. LeeSJ, SonH, ShinSK. Influence of frailty on health-related quality of life in pre-dialysis patients with chronic kidney disease in Korea: a cross-sectional study. *Heal Qual Life Outcomes*. 2015;13:70. doi:10.1186/s12955-015-0270-0
18. McAdams-DeMarcoMA, OlorundareIO, YingH, et al. Frailty and Postkidney Transplant Health-Related Quality of Life. *Transplantation*. 2018;102(2):291-299. doi:10.1097/TP.0000000000001943

* Risk factors or causes of frailty among CKD patients.

		Effect (descriptions)	Risk Difference	Frailty Assessment	Sample Size	CKD Severity	Reference
Biological							
	Cardiovascular	Cerebrovascular Accident	OR 1.55 (1.05-2.99)	Fried Phenotypes	2275	CKD stage 5D (hemodialysis)	[4]
		Permanent Vascular Access (fistula or graft)	HR 0.71 (0.51-0.98)	Fried Phenotypes	2275	CKD stage 5D (hemodialysis)	[4]
	Renal Function Decline	Risk for death or dialysis therapy	2.5 (1.4-4.4)-fold greater	Fried Phenotypes	336	CKD stages 1-4	[3]
	Immunological	Mycophenolate mofetil (MMF) dose reduction (MDR)	HR 1.29 (1.01-1.66)	Fried Phenotypes	525	CKD stage 5T	[9]
	Cognitive	Modified Mini-Mental State (3MS)	-2.37 to -2.80 (1 year)	Fried Phenotypes	324	ESRD	[5]
	Diabetes	Diabetes	OR 1.35 (1.10-1.65)	Fried Phenotypes	2275	CKD stage 5D	[4]
	Laboratory data	Serum Albumin Concentrations (g/dL)		Fried Phenotypes	2275	CKD stage 5D	[4]
		<3.2 vs. ≥3.9	OR 1.89 (1.30-2.59)				
Psychological							
	Delirium	Post-KT delirium	OR 2.05 (1.02-	Fried	893	CKD stage 5T	[15]

		4.13)	Phenotypes			
Quality of Life	HRQoL					
	SF-36					
	Hierarchical regression R^2 change (effects of frailty on HRQoL) in Physical Component Summary (PCS)	29% (p<0.001)	Fried Phenotypes	168	CKD stage 2-4	[17]
	Hierarchical regression R^2 change (effects of frailty on HRQoL) in Mental Component Summary (MCS)	21.3% (p<0.001)				
	KDQOL-SF scores in physical and kidney disease-specific HRQoL		Fried Phenotypes	443	CKD stage 5T	[18]
	At KT	↓				
	Post-KT	Greater increase				
	Falls	HR 2.1 (1.21-3.92)	Fried Phenotypes	205	CKD stage 5D (hemodialysis)	[1]
Health-care utilization	Hospitalization/Death	HR 1.56 (1.36-1.79)	Fried Phenotypes	2275	CKD stage 5D	[4]
	Hospitalization	HR 2.06 (1.18-3.58)	Fried Phenotypes	205	CKD stage 5D (hemodialysis)	[1]

Bibliography

1. YadlaM, JohnJ, MummadiM. A study of clinical assessment of frailty in patients on maintenance hemodialysis supported by cashless government scheme. *Saudi J Kidney Dis Transplant*. 2017. doi:10.4103/1319-2442.198102
2. MuradK, KitzmanDW. Frailty and multiple comorbidities in the elderly patient with heart failure: implications for management. *Heart Fail Rev*. 2012;17(4-5):581-588. doi:10.1007/s10741-011-9258-y
3. RoshanravanB, KhatriM, Robinson-CohenC, et al. A prospective study of frailty in nephrology-referred patients with CKD. *Am J Kidney Dis*. 2012;60(6):912-921. doi:10.1053/j.ajkd.2012.05.017
4. JohansenKL, ChertowGM, JinC, KutnerNG. Significance of frailty among dialysis patients. *J Am Soc Nephrol*. 2007;18(11):2960-2967. doi:10.1681/ASN.2007020221
5. McAdams-DemarcoMA, TanJ, SalterML, et al. Frailty and cognitive function in incident hemodialysis patients. *Clin J Am Soc Nephrol*. 2015;10(12):2181-2189. doi:10.2215/CJN.01960215
6. ChaoC-T, LaiH-J, TsaiH-B, YangS-Y, HuangJ-W. Frail phenotype is associated with distinct quantitative electroencephalographic findings among end-stage renal disease patients: an observational study. *BMC Geriatr*. 2017;17(1):277. doi:10.1186/s12877-017-0673-3
7. Fabrício-WehbeSCC, SchiavetoFV, VendrusculoTRP, HaasVJ, DantasRAS, RodriguesRAP. Cross-cultural adaptation and validity of the "Edmonton Frail Scale - EFS" in a Brazilian elderly sample. *Rev Lat Am Enfermagem*. 2009;17(6):1043-1049. doi:10.1590/S0104-11692009000600018
8. JohansenKL, DalrympleLS, DelgadoC, et al. Factors Associated with Frailty and Its Trajectory among Patients on Hemodialysis. *Clin J Am Soc Nephrol*. 2017;12(7):1100-1108. doi:10.2215/CJN.12131116
9. McAdams-DemarcoMA, LawA, TanJ, et al. Frailty, mycophenolate reduction, and graft loss in kidney transplant recipients. *Transplantation*. 2015;99(4):805-810. doi:10.1097/TP.0000000000000444
10. MargiottaE, CaldiroliL, VettorettiS, et al. SuO004GUT MICROBIOTA COMPOSITION AND FRAILTY IN ELDERLY PATIENTS WITH CHRONIC KIDNEY DISEASE. *Nephrol Dial Transplant*. 2018;33(suppl_1):i618-i618. doi:10.1093/ndt/gfy104.SuO004
11. Adame PerezSI, SeniorPA, FieldCJ, JindalK, MagerDR. Frailty, Health-Related Quality of Life, Cognition, Depression, Vitamin D and Health-

Care Utilization in an Ambulatory Adult Population with Type 1 or Type 2 Diabetes Mellitus and Chronic Kidney Disease: A Cross-Sectional Analysis. *Can J Diabetes*. June2018. doi:10.1016/j.jcjd.2018.06.001

12. ChiangJM, KaysenGA, SegalM, ChertowGM, DelgadoC, JohansenKL. Low testosterone is associated with frailty, muscle wasting and physical dysfunction among men receiving hemodialysis: a longitudinal analysis. *Nephrol Dial Transplant*. 2018. doi:10.1093/ndt/gfy252
13. DeSouza OrlandiF, GesualdoGD. Assessment of the frailty level of elderly people with chronic kidney disease undergoing hemodialysis. *ACTA Paul Enferm*. 2014;27(1):29-34. doi:10.1590/1982-0194201400007
14. SalesC, TavaresR, AmadoL, et al. SP651ANXIETY AND DEPRESSION IN END STAGE RENAL DISEASE PATIENTS AND ITS ASSOCIATION WITH CLINICAL AND LABORATORIAL DATA. *Nephrol Dial Transplant*. 2017;32(suppl_3):iii355-iii355. doi:10.1093/ndt/gfx154.SP651
15. HaugenCE, MountfordA, WarsameF, et al. Incidence, Risk Factors, and Sequelae of Post-kidney Transplant Delirium. *J Am Soc Nephrol*. 2018;29(6):1752-1759. doi:10.1681/ASN.2018010064
16. MoffattH, MoorhouseP, MalleryL, LandryD, TennankoreK. Using the Frailty Assessment for Care Planning Tool (FACT) to screen elderly chronic kidney disease patients for frailty: the nurse experience. *Clin Interv Aging*. 2018;13:843.
17. LeeSJ, SonH, ShinSK. Influence of frailty on health-related quality of life in pre-dialysis patients with chronic kidney disease in Korea: a cross-sectional study. *Heal Qual Life Outcomes*. 2015;13:70. doi:10.1186/s12955-015-0270-0
18. McAdams-DeMarcoMA, OlorundareIO, YingH, et al. Frailty and Postkidney Transplant Health-Related Quality of Life. *Transplantation*. 2018;102(2):291-299. doi:10.1097/TP.0000000000001943