# Adverse Health Effects of Frailty in CKD Patients

Cause	4
Lifestyle	4
Ethnicity	4
Biological	4
Cardiovascular	4
Vascular access	4
Cerebrovascular	4
Pulmonary	4
Inflammatory	4
Endocrinologic/ Metabolic	5
Body Composition	5
Cancer	5
Arthritis	5
Laboratory Data	5
Non-adjusted differences in comorbidity and system-based influences	8
Biological	
Cardiovascular	8
Cerebrovascular	8
Vascular Access	
Endocrinologic/ Metabolic	
Cognitive	

Immunological	9
Body Composition	9
Laboratory Data	9
Miscellaneous	10
Composite	11
Functional Status	11
Microbiota	12
Gut microbiota	12
Neurological	12
EEG	13
Psychological	13
Mood	13
Mental Health	14
Mental Function	14
Sociological	14
Interaction	14
Physical activity	14
Nutritional Status	15
Quality of Life	15
Independence	16
Health-care utilization	16
Complications	18
Biological	18
Cardiovascular	18
Renal Function Decline	18
2	

Immunological	
Cognitive	18
Functional status	19
Diabetes	19
Body composition	
Laboratory data	23
Psychological	24
Delirium	24
Distress	24
Quality of Life	24
Graft Loss	28
Health-care utilization	28
Mortality	30
Composite	33
Bibliography	

#### Cause

	Effect (descriptions)	Risk Difference	CKD severity	Frailty	Sample	Reference
				Assessment	Size	
ifestyle	Smoking	RR 1.18 (1.04-1.34)	CKD stage 5D	Fried	205	1
			(hemodialysis)	Phenotypes		
Ethnicity	Hispanic	Frailty scores +0.6	CKD stage 5D	Fried	762	2
		points per year	(hemodialysis)	Phenotypes		
Biological						
Cardiovascular	Hypertension	RR 1.6 (1.26-2.04)	CKD stage 5D	Fried	205	1
			(hemodialysis)	Phenotypes		
	Peripheral vascular disease	RR 1.58 (1.34-1.8)	CKD stage 5D	Fried	205	1
			(hemodialysis)	Phenotypes		
	Left ventricular dysfunction	RR 1.18 (1.03-1.36)	CKD stage 5D	Fried	205	1
			(hemodialysis)	Phenotypes		
	Endothelial dysfunction	r = -0.367 (p= 0.004)	CKD stages 3-5	Fried	61	3
		OR 3.86 (1.00-14.88)	_	Phenotypes		
Vascular access	Use of a permanent vascular	HR 0.71 (0.51-0.98)	CKD stage 5D	Fried	2275	4
	access (fistula or graft)		(hemodialysis)	Phenotypes		
Cerebrovascular	Cerebrovascular Accident	RR 1.34 (1.19-1.5)	CKD stage 5D	Fried	205	1
			(hemodialysis)	Phenotypes		
Pulmonary	COPD	OR 1.68 (1.16-2.45)	CKD stages 1-5	Fried	10256	5
				Phenotypes		
Inflammatory	IL-6	Worse frailty	CKD stage 5D	Fried	762	2

			(hemodialysis)	Phenotypes		
	CRP	After adjustment, OR	Chronic kidney	Fried	5888	6
	Fibrinogen	1.76 (1.28-2.41) to	insufficiency, serum	Phenotypes		
		1.50 (1.07-2.09)	creatinine ≥ 1.3 mg/dL			
Endocrinologic/	Diabetes	Frailty scores +0.7	CKD stage 5D	Fried	762	2
Metabolic		points per year	(hemodialysis)	Phenotypes		
		OR 1.68 (1.16-2.45)	CKD stages 1-5	Fried	10256	5
				Phenotypes		
	Obesity (IMC ≥ 30 kg/m²)	OR 6.63 (1.16-36.77)	CKD stages 3-5	Fried	61	3
				Phenotypes		
	Higher parathyroid	r= 0.30 (p= 0.01)	CKD stages 3-5	Fried	61	3
	hormones (PTH)			Phenotypes		
Body Composition	Higher fat mass	r= 0.25 (p= 0.04)	CKD stages 3-5	Fried	61	3
				Phenotypes		
Cancer	Cancer	OR 1.89 (1.19-2.99)	CKD stages 1-5	Fried	10256	5
				Phenotypes		
Arthritis	Arthritis	OR 3.34 (2.08-5.38)	CKD stages 1-5	Fried	10256	5
				Phenotypes		
Laboratory Data	eGFR (mL/min/1.72m^2)					
	reference: > 60					
	eGFRcys < 30	Frailty prevalence 2.8	CKD stages 1-4	Fried	336	7
			_	Phenotypes		
	eGFRcys 30-44	Frailty prevalence 2.1				

Serum Albumin	Frailty scores	CKD stage 5D	Fried	762	2
Concentrations (g/dL)	-1.1 points per g/dL	(hemodialysis)	Phenotypes		
Serum Creatinine <4	RR 1.46 (1.22-1.71)	CKD stage 5D	Fried	205	1
mg/dL*		(hemodialysis)	Phenotypes		
Testosterone, every 50%		CKD stage 5D	Fried	440	8
lower free form		(hemodialysis), men	Phenotypes		
being frail	OR 1.40 (1.05-1.53)	-			
becoming frail over 12 months	OR 1.40 (1.07-1.73)	-			
25-hydroxy vitamin D	Pearson correlation	CKD stage 5D	Fried	74	9
(ng/mL)	coefficient r = -0.363	(hemodialysis)	Phenotypes		
	(p = 0.002)				
	11.58 vs. 17.09 (p =	-			
	0.005)				
Hemoglobin	Pearson correlation	CKD stage 5D	Fried	74	9
	coefficient r = -0.336	(hemodialysis)	Phenotypes		
	(p = 0.004)	_			
	6.49 g/dL vs. 8.07 g/dL				
	(p = 0.037)				
	Adjusted, OR 1.76	Chronic kidney	Fried	5888	6
	(1.28-2.41) to 1.50	insufficiency, serum	Phenotypes		
	(1.07-2.09)	creatinine ≥1.3mg/dL			
LDL, HDL	Adjusted, OR 1.76	Chronic kidney	Fried	5888	6
	(1.28-2.41) to 1.50	insufficiency, serum	Phenotypes		

(1.07-2.09)

creatinine ≥1.3mg/dL

## Non-adjusted differences in comorbidity and system-based influences

	Effect (descriptions)	Prevalence	CKD Severity	Frailty	Sample	Reference
				Assessment	Size	
Biological						
Cardiovascular	Heart Failure (%)	30% vs 12%	CKD stages 1-4	Fried	336	7
				Phenotypes		
	Angina (%)	34% vs. 22%	CKD stages 1-4	Fried	336	7
				Phenotypes		
Cerebrovascular	Cerebrovascular Disease (%)	26.4 vs. 12.0	CKD stage 5D	Fried	324	10
			(hemodialysis)	Phenotypes		
Vascular Access	Catheter vs. Native/Prosthetic FAVI (%)	61.6% vs.	CKD stage 5D	Fried	320	11
		27.78/11.11%	(hemodialysis)	Phenotypes		
Endocrinologic/	Diabetes (%)	F vs. NF				
Metabolic		64% vs. 49%	CKD stages 1-4	Fried	336	7
				Phenotypes		
	Obesity (%)	F vs. NF				
		64% vs. 50%	CKD stages 1-4	Fried	336	7
				Phenotypes		
		51.8% vs.	CKD stage 5D	Fried	324	10
		23.9%	(hemodialysis)	Phenotypes		
	BMI based on dry weight	31.5 vs. 27.6	CKD stage 5D	Fried	324	10
			(hemodialysis)	Phenotypes		
	вмі	22.53 vs. 26.16	CKD stage 5D	Fried	320	11

				(hemodialysis)	Phenotypes		
Cognitive	Executive Fu	nction	F vs. NF				
		Trail Making Tests A	+12.08	CKD stage 5D	Fried	324	10
		(TMTA) scores		(hemodialysis)	Phenotypes		
		Trail Making Tests B	+33.15	CKD stage 5D	Fried	324	10
		(TMTB) scores		(hemodialysis)	Phenotypes		
Immunological	Inflammator	у					
		CRP (In CRP) (mg/dL)	1.12 vs 0.28	CKD stage 5D	Clinical Frailty	119	12
		IL6 (In IL6) (mg/dL)	2.45 vs. 1.58	(peritoneal	Scale (CFS)		
				dialysis)			
	Mycophenolate mofetil (MMF) dose		F vs. NF	CKD stage 5T Fried	525	13	
	reduction (M	IDR)			Phenotypes		
		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) (capitals)	36 vs. 1	CKD stage 5D	Fried	205	1
				(hemodialysis)	Phenotypes		
Body Composition	Lower lean m	nass					
		Lean body mass (in frail	57.1%	CKD stage 1-5	Edmonton	41	14
		vs. nonfrail) (%)	vs .14.7%		Frail Scale		
					(EFS)		
Laboratory Data	Prealbumin (	PRAB) (mg/dL)	28.9 vs. 38.3	CKD stage 1-5	Edmonton	41	12
					Frail Scale		

					(EFS)		
	Serum album	in (mg/L)	Pearson	CKD stage 5D	Fried	74	9
			correlation	(hemodialysis)	Phenotypes		
			coefficient r = -				
			0.263 (p =				
			0.025)				
			38 vs. 41	CKD stage 1-5	Edmonton	41	14
					Frail Scale		
					(EFS)		
			29.2 vs. 34.8	CKD stage 5D	Clinical Frailty	119	12
				(peritoneal	Scale (CFS)		
				dialysis)			
			36.1 vs. 38.5	CKD stage 5D	Fried	320	11
				(hemodialysis)	Phenotypes		
		Frail with depression vs.	32.9 vs. 34.9	CKD stage 5D	In-house	178	15
		Frail without depression	vs. 35.8	(peritoneal	Chinese		
		vs. Nonfrail	(p=0.025)	dialysis)	questionnaire		
	Calcium (mm	ol/L)	2.24 vs. 2.36	CKD stage 1-5	Edmonton	41	14
					Frail Scale		
					(EFS)		
	Hemoglobin (	g/dL)	10.35 vs. 10.97	CKD stage 5D	Fried	320	11
				(hemodialysis)	Phenotypes		
Miscellaneous	Dialysis cleara	ance rate (Kt/V and urea	$\uparrow$	CKD stage 5D	FRAIL scale	46	16

	reduction ratio)		(chronic dialysis)			
Composite	Number of complications (complication	Spearman's	Elderly (≥ 60 yo),	Edmonton	35	17
	identified at data collection: high	correlation	with diagnosis of	Frail Scale		
	pressure cramping, anemia, weight loss	0.666 (p =	CKD	(EFS)		
	pain, weakness, weight gain	0.000 in table)				
	constipation, heart arrhythmia,	(p < 0.05 in				
	headache, itch, recurrent infections,	text)				
	arterial hypertension)					
	Higher number of comorbid conditions	6 vs. 4 (p =	CKD stage 1-5	Edmonton	41	14
		0.03)		Frail Scale		
				(EFS)		
	Charlson's comorbidity score	Spearman's	CKD stage 5D	Chinese	193	18
		rank	(peritoneal	questionnaire		
		correlation	dialysis)			
		coefficient r =				
		0.40 (p <				
		0.0001)				
unctional Status	Disability	F vs. NF				
	≥1 disability in	15% vs. 5%	CKD stages 1-4	Fried	336	7
	activities of daily Livin	g		Phenotypes		
	(ADLs)					
	≥1 disability in	60% vs. 28%				
	instrumental activities					
	of daily living (IADLs)					

			≥1 disability in mobility tasks	40% vs. 18%				
			Less ADL-independent	55% vs. 91%	≥ 65 yo, predialysis, eGFR < 20 mL/min	Groningen frailty indicator (GFI)	65	19
		Ability to perform	n basic activities of daily	33.33% vs	CKD stage 5D	Fried	320	11
		living		76.4%	(hemodialysis)	Phenotypes		
		Ability to perform	n transfers	38.8% vs.				
				84.7%				
Mi	crobiota							
	Gut microbiota	Malnutrition-Infl	ammation-Score (MIS)	7.6 vs. 3.9	Stage 3b-4, eGFR	Fried	64 (and	20
			Abundance of	Directly	15-45ml/min	Phenotype	15	
			unclassified	proportional to		score	control	
			Mogibacteriaceae and Oscillospira	MIS			subjects)	
			Abundance of	Inversely				
			Akkermansia,	proportional to				
			Ruminococcus, and	MIS				
			Eubacterium					
		Bacterial Abunda	nnce of some genera	<b>↑</b>				
		(Mogibacteriace	e, Coriobacteriacee,					
		Eggerthella, Erwi	nia, Coprobacillus,					
		Anaerotruncus, e	etc)					
Ne	eurological							

EEG	Brain Wa	ve	F vs. NF	ESRD, under	FRAIL scale	46	16
		Global DAR	283 ± 679 vs.	chronic dialysis			
			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				
Psychological							
Mood	Mood Ch	Mood Change		CKD stage 5D	Edmonton	N/A	21
			change	(hemodialysis)	Frail Scale		

				(EFS)		
Mental Health						
Anxiety	Hospital Anxiety and Depression Scale	<u>Women</u> :个in	ESRD, under	N/A	97	22
	(HADS)	global,	online-			
		psychological,	haemodiafiltration			
		social frailty	(OL-HDF)			
		<u>Men</u> :个in				
		Physical frailty				
Depression	Hospital Anxiety and Depression Scale	<u>Men</u> ↑in	ESRD, under	N/A	97	22
	(HADS)	global,	online-			
		psychological,	haemodiafiltration			
		physical frailty	(OL-HDF)			
	Incidence (%) (Self-reported Major	83 vs. 6	CKD stage 1-5	Edmonton	41	14
	Depression Inventory)			Frail Scale		
				(EFS)		
Mental Function	Post-KT delirium	9.0% vs. 3.9%	CKD stage 5T	Fried	893	23
				Phenotypes		
ciological						
Interaction	Interaction with family	Good				24
ysical activity	Minnesota Leisure Time Activity (LTA)	95 vs. 735	CKD stage 5D	Fried	68	25
		(p<0.001)	(hemodialysis)	Phenotypes		
	Low Physical Activity Questionnaire	280 vs. 798				
	(LoPAQ)	(p=0.003)				
	Sitting (hours/day)	6.5 vs. 5				

			(p=0.04)				
<b>Nutritional Status</b>	Overall subjective	ve global assessment	5.04 vs. 5.41	CKD stage 5D	In-house	178	15
	(SGA) (weight lo	ss, anorexia,	vs. 5.75 (p <	(peritoneal	Chinese		
	subcutaneous fa	at, muscle mass) (Frail	0.0001)	dialysis)	questionnaire		
	with depression	vs. Frail without	Spearman's	CKD stage 5D	Chinese	193	18
	depression vs. N	Ionfrail)	rank	(peritoneal	questionnaire		
			correlation	dialysis)			
			coefficient r = -				
			0.44, p <				
			0.0001				
	Malnutrition inf	lammation score (MIS)	9.48 vs. 7.13	CKD stage 5D	In-house	178	15
	(frail with depre	ssion vs. frail without	vs. 5.12 (p <	(peritoneal	Chinese		
	depression vs. n	onfrail)	0.0001)	dialysis)	questionnaire		
			Spearman's	CKD stage 5D	Chinese	193	18
			rank	(peritoneal	questionnaire		
			correlation	dialysis)			
			coefficient r =				
			0.40, p <				
			0.0001				
Quality of Life	HRQoL						
	S	SF-36					
		Scores in physical	<b>\</b>	CKD stage 1-5	Edmonton	41	14
		functioning, blood			Frail Scale		
		pressure, role physical,			(EFS)		

	Kidney Diseas	and physical component summary domains se Quality of Life (KDQoL)	F vs. NF	ECDD CVD 11 - ED		454	26
		Physical health  Kidney disease effects	33.7 vs. 40.7 51.6 vs. 66.8	ESRD CKD stage 5D (conventional hemodialysis)	Fried Phenotypes	151	20
Independence	Functional Ind Spearman's correlation coefficient	dependence Measure (FIM)  Frailty diagnosis with global FIM  Frailty diagnosis with motor FIM  Frailty diagnosis with cognitive FIM  EFS scores with gross FIM	-0.703 (p<0.001) -0.714 (p<0.001) -0.575 (p<0.001) -0.53 (p<0.01)	Elderly, ≥65y/o	Edmonton Frail Scale (EFS)	137	27
Health-care utilization	Hospitalizatio	Cumulative number of	90% vs. 53% (p = 0.04)	≥ 65 yo, predialysis, eGFR < 20 mL/min CKD stage 1-5	Groningen frailty indicator (GFI) Edmonton	65 41	19
		inpatient health-care visits  Cumulative number of emergency health-care visits			Frail Scale (EFS)		

	Cumulative number of					
	total health-care visits					
	Admissions/year	0.77727 vs.	CKD stage 5D	Fried	320	11
		0.2838	(hemodialysis)	Phenotypes		

## Complications

	Effect (descriptions)	Risk Difference	CKD Severity	Frailty Assessment	Sample Size	Reference
iological						
Cardiovascular	Cerebrovascular Accident	OR 1.55 (1.05- 2.99)	CKD stage 5D (hemodialysis)	Fried Phenotypes	2275	4
	QRS duration	β coefficient = $-0.29$ , t = $-2.03$ (p = $0.048$ )	CKD stage 5D (chronic hemodialysis)	Edmonton frailty scale (EFS)	41	28
		β coefficient = $-0.27$ , t = $-1.84$ (p = 0.05)	-	FRAIL scale	_	
	Vascular Access failure	HR 2.63 (1.03-6.71)	ESRD (CKD stage 5D)	Self-reported FRAIL scale	51	29
Renal Function Decline	Risk for <mark>death</mark> or dialysis therapy	2.5 (1.4-4.4)-fold greater	CKD stages 1-4	Fried Phenotypes	336	7
Immunological	Mycophenolate mofetil (MMF) dose reduction (MDR)	HR 1.29 (1.01- 1.66)	CKD stage 5T	Fried Phenotypes	525	13
Cognitive	Modified Mini-Mental State (3MS)	-2.37 to -2.80 (1 year) (p=0.03)	ESRD	Fried Phenotypes	324	10
	Declined, 1-4 years post-KT (points/week)	Slope = -0.04 vs. 0.005	CKD stage 5T	Fried physical frailty phenotypes (PFP)	665	30
	At 4 year post-KT (points)	-5.5 (87.4 vs.				

Functional	Disability	F vs. Prefrail vs.				
status		NF				
	Need for activities of daily	OR 11.32 (5.49-	CKD stage 5D	Fried Phenotypes	742	31
	livings (ADL) assistance	23.32) vs. 1.93	(hemodialysis)			
		(1.01-3.68) vs.				
		1.00				
Diabetes	Diabetes	OR 1.35 (1.10-	CKD stage 5D	Fried Phenotypes	2275	4
		1.65)				
Body	Lower lean mass	F/PF vs. NF				
composition						
	Whole body (kg)	34.7 vs. 43.1	CKD stage 5D	Self- report instrument	44	32
			(hemodialysis)	evaluating five		
	Cephalic/trunk (g)	3059 vs. 3288		dimensions of frailty		
		(cephalic); 17.4		(fatigue, resistance,		
		vs. 22.1 (trunk)	_	ambulation, illnesses, and		
	Right/Left upper limb (g)	1831 vs. 2493		weight loss)		
		(right); 1869 vs.				
		2515 (left)	_			
	Right/Left lower limb (g)	4920 vs. 6114				
		(right); 4650 vs.				
		6349 (left)				

Bone Mineral Density	One year follow-	ESRD	FRAIL Scale	43	33
(BMD)	up, with frailty	CKD stage 5D			
L1	$\beta = -0.4$ , t	(chronic			
	=-2.18, p=0.04	hemodialysis)			
L4	ß =-0.39, t				
	=-2.1, p=0.046				
Femur Neck (FN)	ß =-0.5, t=	_			
	-2.96,				
	p<0.01				
	$\beta = -4$ , t = -3.17,				
	p = 0.004				
Total	ß = −0.53, t =	ESRD	FRAIL Scale	43	33
	−3.27, p < 0.01	CKD stage 5D			
		(chronic			
		hemodialysis)			
Areas	One year follow-	ESRD	FRAIL Scale	43	33
	up, with frailty	CKD stage 5D			
Average L-spine areas	$\beta = -0.48$ , t	(chronic			
	=-2.84, p < 0.01	hemodialysis)			
Changes of average L-	ß = −0.5, t	_			
spine areas	=-3.02, p<0.01	_			
Z-score	One year follow-	_			
	up, with frailty				

Percentage change of L1	$\beta = -0.45$ , t				
Z-score	=-2.11, p=0.049				
Vertebral Compression	OR 1.8 (p = 0.01)	ESRD	FRAIL Scale	43	34
Fracture (VCF)		CKD stage 5D			
		(chronic			
		hemodialysis)			
Quantitative ultrasound					
(QUS) parameters of					
calcaneus					
Speed of sound (SOS)	Standardized β	CKD stage 5D	Fried Phenotypes	214	35
	(range, p value)	(maintenance			
Female	Negative (-0.253	hemodialysis)			
(Five frailty criteria)	to -0.439, p ≤				
	0.034)				
Male	Negative (-0.277	-			
(All criteria significant	to -0.402, p ≤				
except weight loss)	0.003)				
Broadband ultrasound	Standardized $\beta$	-			
attenuation (BUA)	(range, p value)				
Female	Negative (-0.209	-			
(All criteria significant	to -0.354, p ≤				
except weakness and	0.045)				
weight loss)					

Male	Negative (-0.171				
(All criteria significant	to -0.371, p ≤				
except weight loss)	0.045)				
Stiffness index	Standardized β	-			
	(range, p value)				
Female	Negative (-0.271	-			
(All criteria significant	to -0.461, p≤				
except weight loss)	0.018)				
Male	Negative (-0.183	-			
(Five frailty criteria)	to -0.461, p≤				
	0.048)				
1uscles					
Quadriceps muscle area	Multivariable	CKD stage 5D	Performance-based frailty	80	36
(magnitude of association	coefficient -30.3	(hemodialysis)	(PbF)		
with PbF vs. 10 years of	$cm^2 (p = 0.02) vs.$				
age)	$-6.6 \text{ cm}^2 \text{ (p = }$				
	0.0001)				
Appendicular skeletal	Unadjusted 6.8	CKD stage 1-5	Edmonton Frail Scale	41	14
Appendiculai skeletai					
muscle mass index (ASMI)	vs. 7.7; adjusted		(EFS)		

	Appendicular fat	FRAIL scale				
	percentage					
	Left/Right lower	t = 2.32; p = 0.03	CKD stage 5D	FRAIL scale	44	32
	extremity	(left); t = 2.05; p	(hemodialysis)			
		= 0.048 (right)				
	Left/Right upper	t = 2.66; p = 0.01	-			
	extremity	(left); t = 3.09; p				
		= <0.01 (right)				
	Appendicular fat	Frail/Prefrail vs.				
	percentage	Nonfrail				
	Left/Right lower	t = 2.31; p = 0.03	CKD stage 5D	Self- report instrument	44	32
	extremity	(left); t = 2.28; p	(hemodialysis)	evaluating five		
		= 0.03 (right)		dimensions of frailty		
	Right upper extremity	t = 2.35; p = 0.03	_	(fatigue, resistance,		
				ambulation, illnesses, and		
				weight loss)		
	Sarcopenia	aOR 12.2 (2.27-	CKD stage 5D	Clinical Frailty Scale (CFS)	11912	12
		65.5)	(peritoneal dialysis)			
Laboratory	Serum Albumin					
data	Concentrations (g/dL)					
	<3.2 vs. ≥3.9	OR 1.89 (1.30-	CKD stage 5D	Fried Phenotypes	2275	4
		2.59)				
	Hypoalbuminemia	Negative	CKD stage 5D	Frail Scale	46	37

		0.01)	hemodialysis)			
			(ESRD)			
Psychological						
Delirium	Post-KT delirium	OR 2.05 (1.02-	CKD stage 5T	Fried Phenotypes	893	23
		4.13)				
Distress	Distress Thermometer	$\beta$ = 0.35, $t$ = 3.0	CKD stage 5D	Canadian frailty score	382	38
		(95% CL = 0.12-	(hemodialysis)			
		0.58) (p = 0.003)				
Quality of Life	HRQoL					
	Fair/Poor HRQOL at follow-	aOR 2.79 (1.32-	ESRD	Fried Phenotypes	233	39
	up (median 9.4 mo)	5.90)	CKD stage 5T			
	Worsening HRQOL at	aRR 2.91 (1.08-				
	follow-up (median 9.4 mo)	7.80)				
	SF-36					
	Hierarchical regression	29% (p<0.001)	CKD stage 2-4	Fried Phenotypes	168	40
	R^2 change (effects of					
	frailty on HRQoL) in					
	Physical Component					
	Summary (PCS)		_			
	Hierarchical regression	21.3% (p<0.001)				
	R^2 change (effects of					
	frailty on HRQoL) in					
	Mental Component					
	Summary (MCS)					

Physical components	Simple linear	CKD stages 3-5	Fried Phenotypes	61	41
	regression	(predialysis			
	coefficient = -	treatment)			
	1.12 (-1.47 to -				
	0.76) (p < 0.001)				
Mental components	Simple linear	-			
	regression				
	coefficient = -				
	0.75 (-1.40 to				
	016)				
SF-12					
MCS	Effect estimate	CKD stage 5D	The Canadian Study of	251	42
	0.94 (0.91-0.97)	(peritoneal dialysis,	Health and Aging Clinical		
	(p<0.01)	n=129;	Frailty Scale (CFS)		
PCS	Effect estimate	hemodialysis,			
	0.88 (0.84-0.91)	n=122)			
	(p<0.01)				
KDQOL-SF scores within 3	F vs. NF				
months post-KT					
At KT	$\downarrow$	CKD stage 5T	Fried Phenotypes	443	43
Physical HRQoL	-6.31 points	-			
	(95% CI -8.16 to -				
	4.46)	_			
Kidney disease-	-6.53 points	-			

specific HRQoL	(95% CI -9.17 to -
	3.89)
Post-KT	Greater
	improvement
Physical HRQoL	1.35
	points/month
	(0.65 to 2.05) vs.
	0.34
	points/month (-
	0.17 to 0.85)
Kidney disease-	3.75
specific HRQoL	points/month
	(2.89 to 4.60) vs.
	2.41
	points/month
	(1.78 to 3.04)
Constituent domains	Greater
	improvement
General health	4.93
	points/month
	(3.51 to 6.35) vs.
	2.87
	points/month
	(1.82 to 3.92)

Effects of ESRD on	7.10				
daily living	points/month				
	(5.68 to 8.51) vs.				
	4.01				
	points/month				
	(2.99 to 5.03)				
Cognitive function	2.88				
	points/month				
	(1.80 to 3.96) vs.				
	1.28				
	points/month				
	(0.50 to 2.07)				
Social interaction	1.18				
	points/month (-				
	0.06 to 2.43) vs				
	0.57				
	points/month (-				
	1.47 to 0.33)				
Illness Intrusiveness Rating	Effect estimate	CKD stage 5D	The Canadian Study of	251	42
Scale	1.14 (1.09-1.20)	(peritoneal dialysis,	Health and Aging Clinical		
Barthel Index	Effect estimate	n=129;	Frailty Scale (CFS)		
	0.89 (0.86093)	hemodialysis,			
Symptom score	Effect estimate	n=122)			
	1.23 (1.13-1.34)				

	Hospital Anxiety and	Effect estimate				
	Depression Scale	1.21 (1.11-1.31)				
	Falls	HR 2.1 (1.21-	CKD stage 5D	Fried Phenotypes	205	1
		3.92)	(hemodialysis)			
		OR 2.39 (1.22-	CKD stage 5D	Fried frailty index	762	44
		4.71)	(maintenance			
			hemodialysis)			
	Higher numbers of falls	HR 3.09 (1.38-	CKD stage 5D		95	45
		6.90)	(hemodialysis)			
	Time to first fall or fracture	HR 1.60 (1.16-	CKD stage 5D	Modified Fried	1646	47
	requiring medical attention	2.20)	(maintenance	Phenotypes by Bao Y 46.		
			hemodialysis)			
Graft Loss	Death-censored graft loss					
	F vs. NF (in patients with	aHR 6.20 (1.67,	CKD stage 5T	Fried Phenotypes	773	48
	depressive symptoms)	22.95) vs. 3.16				
		(0.90, 11.04)				
Health-care	Hospitalization/Death	HR 1.56 (1.36-	CKD stage 5D	Fried Phenotypes	2275	4
utilization		1.79)				
	Hospitalization	HR 2.06 (1.18-	CKD stage 5D	Fried Phenotypes	205	1
		3.58)	(hemodialysis)			
		aHR 1.80 (1.4-	CKD stage 5D	Adopted	1658	49
		2.3)	(maintenance			
			hemodialysis &			

		peritoneal dialysis)			
	Relative risk =	CKD stage 5D	Fried Phenotypes	146	50
	1.43 (1.00-2.03)	(hemodialysis)			
Number of hospitalizations	beta = 0.29 (p <	CKD stage 5D	Chinese questionnaire	193	18
for all causes	0.0001)	(peritoneal dialysis)			
Number of hospitalizations	beta = 0.37 (p <	_			
related to cardiovascular	0.0001)				
events					
Non-vascular access-	aHR 1.98 (1.41-	CKD stage 5D	Fried Phenotypes	2275	4
related hospitalizations	1.87) (內文應該				
	寫錯,無勘誤)				
Time to first hospitalization	HR 1.26 (1.09-	CKD stage 5D	Earlier modification of	1576	46
	1.45)	(maintenance	Fried Phenotypes by		
		dialysis)	Johansen et al <sup>4</sup> , but		
			without weight loss.		
Early Hospital Readmission	aRR 1.61 (1.81-	CKD stage 5T	Fried Phenotypes	383	51
(EHR)	2.19) (p=0.002)				
Duration of hospitalization					
Hospital stay (days per year	26.62 (IQR	CKD stage 5D	In-house Chinese	178	15
of follow up) (frail with	10.65-61.18) vs.	(peritoneal dialysis)	questionnaire		
depression vs. frail without	14.05 (IQR 3.57-				
depression vs. nonfrail)	37.27) vs. 8.04				
	(IQR 0.91-19.42)				
	(p<0.0001)				

	Total length of hospital stay	beta = 0.34 (p < 0.0001)	CKD stage 5D (peritoneal dialysis)	Chinese questionnaire	193	18
	Longer Length of Stay (LOS)					
	with delayed graft function	Relative Risk	CKD stage 5T	Fried Phenotypes	589	52
	(DGF), LOS	1.15 (1.03-1.29)				
	With DGF, LOS ≥2 weeks	OR 1.57 (1.06- 2.33)	_			
	≥2 weeks		CKD stage 5 to 5T	Fried Phenotypes	569	53
	Change in 3 categories	OR 2.02 (1.20-	_			
	(more frail)	3.40)				
	Change in frailty scores	OR 1.92 (1.13-	_			
	(more frail)	3.25)				
	With depressive symptoms	aRR 1.88 (1.70-	CKD stage 5T	Fried Phenotypes	773	48
	(aRR difference between F	2.08) vs. 1.38				
	and NF)	(1.27-1.52)	_			
	CES-D score (10-point	aRR 1.23 (1.16-				
	increase) (aRR increase	1.31) vs. 1.17				
	between F and NF)	(1.08-1.27)				
Mortality	Mortality	2.17 fold	CKD stage 5T	Fried Phenotypes	537	54
		HR 1.57 (1.25-	CKD stage 5D	Earlier modification of	1576	46
		1.97)	(maintenance	Fried Phenotypes by		
			dialysis)	Johansen et al <sup>4</sup> , but		
				without weight loss.		
		HR 2.24 (1.60-	CKD stage 5D	Fried Phenotypes	2275	4

	3.15)				
	HR 1.22 (1.04-	CKD stage 5D	CFS	390	55
	1.43)	(incident chronic			
		dialysis)			
	HR 4.28 (1.22-	Predialysis (eGFR ≤	PRISMA questionnaire &	104	56
	14.98)	25 mL)	Timed up and Go test		
	aHR 9.83 (1.80-	CKD stage 5D	CFS	119	12
	53.7)	(peritoneal dialysis)			
	HR 2.60 (1.04-	CKD stage 5D	Fried Phenotypes	146	50
	6.49)	(hemodialysis)			
	HR 2.37 (1.11-	CKD stage 5D	Adopted	1658	49
	5.02)	(maintenance			
		hemodialysis &			
		peritoneal dialysis)			
	20.45% vs.	CKD stage 5D	Fried Phenotypes	320	11
	12.36%	(hemodialysis)			
	(p<0.005)				
Performance-based frailty	HR 2.16 (1.41-	CKD stage 5D	Fried Phenotypes & a	771	57
	3.29)	(hemodialysis)	definition that substitutes		
Self-reported function-	HR 1.93 (1.24-		self-reported measures		
based frailty	3.00)	_	available on the Medical		
Patients who met both	HR 2.46 (1.51-		Outcomes Study 36-Item		
performance- and self-	4.01)		Short Form (SF-36) for the		
reported function-based			physical performance and		

frailty			exhaustion criteria.		
F vs. NF (in patients with	aHR 2.62 (1.03,	CKD stage 5T	Fried Phenotypes	773	48
depressive symptoms)	6.70) vs. 1.92				
	(0.68, 5.38)				
At 24-month follow up, frail	62.5% vs. 71.4%	CKD stage 5D	In-house Chinese	178	15
with depression vs. frail	vs 86.6%	(peritoneal dialysis)	questionnaire		
without depression vs.	(p=0.001)				
nonfrail					
Prediction ability of	HR 0.75 (0.44-	CKD stage 5T (KT	Fried Phenotypes	2086	58
comorbidities in F vs. NF	1.29) vs. 1.66	candidates, on			
	(1.17-2.35)	waitlist)			
Out of 10 deceased within	30% vs. 9%	≥ 65 yo, predialysis,	Groningen frailty	65	19
1 year of initiation		eGFR < 20 mL/min	indicator (GFI)		
(percentage of F vs. NF)					
Risk for <mark>death</mark> or dialysis	2.5 (1.4-4.4)-fold	CKD stages 1-4	Fried Phenotypes	336	7
therapy	greater				
All-cause mortality					
Adjusted	HR 1.66 (1.03-	CKD stage 5D	Fried Phenotypes	370	59
	2.67)	(incident chronic			
Among BMI ≥30 kg/m²	HR 3.77 (1.10-	dialysis)			
	12.92)				
Above median Waist-Hip	HR 2.38 (1.17-	-			
Ratio (WHR)	4.82)				
Anti-neutrophil cytoplasmic	HR 2.43 (1.48-	CKD stage 5D to 5T	Inability to walk without	425	60

	antibody (ANCA)-associated	3.99)	(RRT [hemodialysis,	help		
	vasculitides (AAV) patients'		peritoneal dialysis,			
	mortality		transplantation])			
	Mortality of patients with	HR, 1.93 (1.58-	CKD stage 5D to 5T	Inability to walk without	1462	61
	monoclonal gammopathy and	2.36)	(RRT [hemodialysis,	help		
	ESRD caused by myeloma cast		peritoneal dialysis,			
	nephropathy (MCN),		transplantation])			
	immunoglobulin light chain					
	amyloidosis (ALA), or light-					
	chain deposition disease					
	(LCDD)					
	Post-KT mortality					
	Change in 3 categories	HR 2.27 (1.11-	CKD stage 5 to 5T	Fried Phenotypes	569	53
	(more frail)	4.65)				
	Change in frailty scores	HR 2.36 (1.12-				
	(more frail)	4.99)				
Composite	Composite outcomes of all-	HR 23.58 (1.61-	CKD stage 5D	Multidimensional frailty	46	62
	cause death or cardiovascular	346.03)	(hemodialysis)	score based on		
	hospitalization			comprehensive geriatric		
				assessment (CGA)		
				protocol		
	30-day postoperative (KT)	β=13.31, 95% CI	CKD stage 5T	Groningen Frailty	150	63
	complications according to	5.72-20.89 (p =		Indicator		
	Comprehensive Complication	0.0007)				

Index (CCI)

#### **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. 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
- 3. MansurHN. Fragilidade na doença renal crônica: prevalência e fatores associados. 2012.
- 4. JohansenKL, ChertowGM, JinC, KutnerNG. Significance of frailty among dialysis patients. *J Am Soc Nephrol*. 2007;18(11):2960-2967.
- 5. 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
- 6. 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
- 7. 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
- 8. 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
- 9. DemirciogluD. The Association of Vitamin D Levels and the Frailty Phenotype Among Non-geriatric Dialysis Patients: A Cross-sectional Study. *Clinics*. 2018. doi:10.6061/clinics/2018/e116
- 10. 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
- 11. Bancul, GraterolF, BonalJ, et al. Frail Patient in Hemodialysis: A New Challenge in Nephrology-Incidence in Our Area, Barcelones Nord and Maresme. *J Aging Res.* 2017;2017;7624139. doi:10.1155/2017/7624139
- 12. KamijoY, KandaE, IshibashiY, YoshidaM. Sarcopenia and Frailty in PD: Impact on Mortality, Malnutrition, and Inflammation. Perit

- Dial Int. 2018;38(6):447-454. doi:10.3747/pdi.2017.00271
- 13. 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.000000000000444
- 14. 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
- 15. SzetoC-C, ChanGC-K, NgJK-C, et al. Depression and Physical Frailty Have Additive Effect on the Nutritional Status and Clinical Outcome of Chinese Peritoneal Dialysis. *Kidney Blood Press Res.* 2018;43(3):914-923. doi:10.1159/000490470
- 16. 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
- 17. deSousa MeiraA, Aparecido BatistaM, dePina PereiraRM, Partezani RodriguesRA, Silva FhonJR, KusumotaL. Frailty in elderly patients with chronic kidney disease under conservative treatment. *Rev da Rede Enferm do Nord*. 2016;17(3):386-392. doi:10.15253/2175-6783.2016000300012
- 18. NgJK-C, KwanBC-H, ChowK-M, et al. Frailty in Chinese Peritoneal Dialysis Patients: Prevalence and Prognostic Significance. *Kidney Blood Press Res.* 2016;41(6):736-745. doi:10.1159/000450563
- 19. MeulendijksFG, HamakerME, BoereboomFTJ, KalfA, VögtlanderNPJ, vanMunsterBC. Groningen frailty indicator in older patients with end-stage renal disease. *Ren Fail*. 2015;37(9):1419-1424.
- 20. 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
- 21. 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
- 22. 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

- 23. 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
- 24. 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.
- 25. JohansenKL, PainterP, DelgadoC, DoyleJ. Characterization of physical activity and sitting time among patients on hemodialysis using a new physical activity instrument. *J Ren Nutr.* 2015;25(1):25-30. doi:10.1053/j.jrn.2014.06.012
- 26. NooriN, Sharma ParpiaA, LakhaniR, JanesS, GoldsteinMB. Frailty and the Quality of Life in Hemodialysis Patients: The Importance of Waist Circumference. *J Ren Nutr*. 2018;28(2):101-109. doi:10.1053/j.jrn.2017.07.007
- 27. 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
- 28. ChaoC-T, HuangJ-W. Frailty severity is significantly associated with electrocardiographic QRS duration in chronic dialysis patients. *PeerJ*. 2015;3:e1354. doi:10.7717/peerj.1354
- 29. ChaoC-T, ChiangC-K, HuangJ-W, HungK-Y. Self-reported frailty among end-stage renal disease patients: A potential predictor of dialysis access outcomes. *Nephrology (Carlton)*. 2017;22(4):333-334. doi:10.1111/nep.12961
- 30. ChuNM, GrossAL, ShafferAA, et al. Frailty and Changes in Cognitive Function after Kidney Transplantation. *J Am Soc Nephrol*. 2019;30(2):336-345. doi:10.1681/ASN.2018070726
- 31. KutnerNG, ZhangR, AllmanRM, BowlingCB. Correlates of ADL difficulty in a large hemodialysis cohort. *Hemodial Int*. 2014;18(1):70-77. doi:10.1111/hdi.12098
- 32. ChaoC-T, ChanD-C, HuangJ-W. Frail Phenotype Might Be Associated With Higher Appendicular but Not Truncal Fat Among End-Stage Renal Disease Patients. *J Pain Symptom Manage*. 2017;53(4):e1-e4. doi:10.1016/j.jpainsymman.2017.01.004
- 33. ChaoC-T, HuangJ-W, ChanD-C. Frail phenotype might herald bone health worsening among end-stage renal disease patients. *PeerJ*. 2017;5:e3542. doi:10.7717/peerj.3542
- 34. ChaoC-T, ChiangC-K, HuangJ-W, ChanD-C. Effect of Frail Phenotype on Bone Mass and Vertebral Compression Fracture in Individuals Undergoing Dialysis. *J Am Geriatr Soc.* 2016;64(9):e19-21. doi:10.1111/jgs.14296

- 35. YonekiK, KitagawaJ, HoshiK, et al. Association between frailty and bone loss in patients undergoing maintenance hemodialysis. *J Bone Miner Metab*. January2018. doi:10.1007/s00774-017-0898-4
- 36. DelgadoC, DoyleJW, JohansenKL. Association of frailty with body composition among patients on hemodialysis. *J Ren Nutr*. 2013;23(5):356-362. doi:10.1053/j.jrn.2013.02.010
- 37. ChaoC-T, HsuY-H, ChangP-Y, et al. Simple self-report FRAIL scale might be more closely associated with dialysis complications than other frailty screening instruments in rural chronic dialysis patients. *Nephrology (Carlton)*. 2015;20(5):321-328. doi:10.1111/nep.12401
- 38. CamilleriS, ChongS, TangvoraphonkchaiK, YoowannakulS, DavenportA. Effect of Self-Reported Distress Thermometer Score on the Maximal Handgrip and Pinch Strength Measurements in Hemodialysis Patients. *Nutr Clin Pract*. 2017;32(5):682-686. doi:10.1177/0884533617697936
- 39. McAdams-DeMarcoMA, YingH, OlorundareI, et al. Frailty and Health-Related Quality of Life in End Stage Renal Disease Patients of All Ages. *J frailty aging*. 2016;5(3):174-179.
- 40. 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. *Health Qual Life Outcomes*. 2015;13(1):70.
- 41. MansurHN, ColugnatiFA, GrincenkovFR, BastosMG. Frailty and quality of life: a cross-sectional study of Brazilian patients with pre-dialysis chronic kidney disease. *Heal Qual Life Outcomes*. 2014;12:27. doi:10.1186/1477-7525-12-27
- 42. IyasereOU, BrownEA, JohanssonL, et al. Quality of Life and Physical Function in Older Patients on Dialysis: A Comparison of Assisted Peritoneal Dialysis with Hemodialysis. *Clin J Am Soc Nephrol*. 2016;11(3):423-430. doi:10.2215/CJN.01050115
- 43. McAdams-DeMarcoMA, OlorundarelO, YingH, et al. Frailty and Postkidney Transplant Health-Related Quality of Life. *Transplantation*. 2018;102(2):291-299. doi:10.1097/TP.000000000001943
- 44. KutnerNG, ZhangR, HuangY, WasseH. Falls among hemodialysis patients: potential opportunities for prevention? 2014. doi:10.1093/ckj/sfu034
- 45. McAdams-DeMarcoMA, SureshS, LawA, et al. Frailty and falls among adult patients undergoing chronic hemodialysis: a prospective cohort study. *BMC Nephrol*. 2013;14:224. doi:10.1186/1471-2369-14-224
- 46. BaoY, DalrympleL, ChertowGM, KaysenGA, JohansenKL. Frailty, dialysis initiation, and mortality in end-stage renal disease. Arch

- Intern Med. 2012;172(14):1071-1077. doi:10.1001/archinternmed.2012.3020
- 47. DelgadoC, ShiehS, GrimesB, et al. Association of Self-Reported Frailty with Falls and Fractures among Patients New to Dialysis. Am J Nephrol. 2015;42(2):134-140. doi:10.1159/000439000
- 48. KonelJM, WarsameF, YingH, et al. Depressive symptoms, frailty, and adverse outcomes among kidney transplant recipients. *Clin Transplant*. 2018;32(10):e13391. doi:10.1111/ctr.13391
- 49. LeeS-Y, YangDH, HwangE, et al. The prevalence, association, and clinical outcomes of frailty in maintenance dialysis patients. *J Ren Nutr.* 2017;27(2):106-112.
- 50. McAdams-DeMarcoMA, LawA, SalterML, et al. Frailty as a novel predictor of mortality and hospitalization in individuals of all ages undergoing hemodialysis. *J Am Geriatr Soc.* 2013;61(6):896-901. doi:10.1111/jgs.12266
- 51. McAdams-DeMarcoMA, LawA, SalterML, et al. Frailty and Early Hospital Readmission After Kidney Transplantation. *Am J Transplant*. 2013;13(8):2091-2095. doi:10.1111/ajt.12300
- 52. McAdams-DeMarcoMA, KingEA, LuoX, et al. Frailty, Length of Stay, and Mortality in Kidney Transplant Recipients: A National Registry and Prospective Cohort Study. *Ann Surg*. 2017;266(6):1084-1090. doi:10.1097/SLA.0000000000002025
- 53. ChuNM, DengA, YingH, et al. Dynamic Frailty Before Kidney Transplantation-Time of Measurement Matters. *Transplantation*. February2019. doi:10.1097/TP.0000000000002563
- 54. McAdams-DeMarcoMA, LawA, KingE, et al. Frailty and mortality in kidney transplant recipients. *Am J Transplant*. 2015;15(1):149-154. doi:10.1111/ajt.12992
- 55. AlfaadhelTA, SorokaSD, KiberdBA, LandryD, MoorhouseP, TennankoreKK. Frailty and mortality in dialysis: evaluation of a clinical frailty scale. *Clin J Am Soc Nephrol*. 2015;10(5):832-840. doi:10.2215/CJN.07760814
- 56. AliH, AbdelazizT, AbdelaalF, BaharaniJ. Assessment of prevalence and clinical outcome of frailty in an elderly predialysis cohort using simple tools. *Saudi J Kidney Dis Transpl*. 2018;29(1):63-70. doi:10.4103/1319-2442.225175
- 57. JohansenKL, DalrympleLS, GliddenD, et al. Association of Performance-Based and Self-Reported Function-Based Definitions of Frailty with Mortality among Patients Receiving Hemodialysis. *Clin J Am Soc Nephrol*. 2016;11(4):626-632. doi:10.2215/CJN.03710415
- 58. Pérez FernándezM, Martínez MiguelP, YingH, et al. Comorbidity, Frailty, and Waitlist Mortality among Kidney Transplant

- Candidates of All Ages. Am J Nephrol. 2019;49(2):103-110. doi:10.1159/000496061
- 59. FitzpatrickJ, SozioSM, JaarBG, et al. Frailty, body composition and the risk of mortality in incident hemodialysis patients: the Predictors of Arrhythmic and Cardiovascular Risk in End Stage Renal Disease study. *Nephrol Dial Transplant*. 2019;34(2):346-354. doi:10.1093/ndt/gfy124
- 60. RomeuM, CouchoudC, DelaroziereJ-C, et al. Survival of patients with ANCA-associated vasculitis on chronic dialysis: data from the French REIN registry from 2002 to 2011. *QJM*. 2014;107(7):545-555. doi:10.1093/qjmed/hcu043
- 61. DecourtA, GondouinB, DelaroziereJC, et al. Trends in Survival and Renal Recovery in Patients with Multiple Myeloma or Light-Chain Amyloidosis on Chronic Dialysis. *Clin J Am Soc Nephrol*. 2016;11(3):431-441. doi:10.2215/CJN.06290615
- 62. LeeSW, LeeA, YuMY, et al. Is Frailty a Modifiable Risk Factor of Future Adverse Outcomes in Elderly Patients with Incident End-Stage Renal Disease? *J Korean Med Sci.* 2017;32(11):1800-1806. doi:10.3346/jkms.2017.32.11.1800
- 63. SchopmeyerL, ElMoumniM, Nieuwenhuijs-MoekeGJ, BergerSP, BakkerSJL, PolRA. Frailty has a significant influence on postoperative complications after kidney transplantation-a prospective study on short-term outcomes. *Transpl Int*. 2019;32(1):66-74. doi:10.1111/tri.13330