



Clinical Burden of Hospitalised Older People In A Tertiary Hospital in Sabah, Malaysia: A Pilot Study

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Background

- Delirium and acute functional decline are common in hospitalized older people (HOP), yet data remain scarce.
- Shortage of geriatricians and geriatric-trained doctors in our healthcare system contribute to poor clinical outcomes, including increased readmissions, morbidity, and mortality.
- This pilot study aims to assess the clinical burden of HOP including rates of readmission, delirium, and acute functional decline, before implementing frailty care bundles in general medical wards.

Methodology

- This prospective cross-sectional study recruited HOP (>65 years) admitted to general medical wards from 1-31 March 2024.
- Data collected included demographics, prior-year admissions, ADL and mobility status (1 month pre-admission vs discharge), presence of delirium (via symptoms or Confusion Assessment Method).
- Acute functional decline was defined as deterioration in at least one ADL or mobility domain.
- Patients transferred to other specialties or district hospitals were excluded.

Results

- Of 107 HOP (33.7% of total admissions), 103 were analysed.
- Median age was 73; 80.6% were 65-80 years; 59.2% were male.
- At baseline, 76.7% were CFS 5 or less, while 23.3% were moderately/severely frail (CFS 6-7).
- Prior to admission, 48.5% walked unaided, while 51.5% required assistance.
- Readmission history was noted in 46.6% of HOP.
- Mean length of stay was 6.5 days.
- Acute mobility decline occurred in 37.9%.
- Acute functional decline occurred in 35%,
- Delirium occurred in 17.5%.

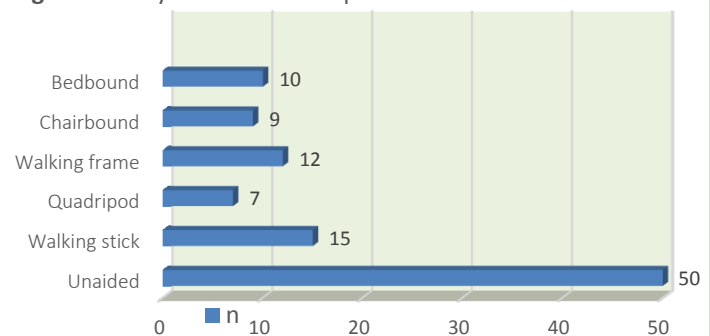
Demographics (n=103)

Demographics (n=103)	n (%)
Age 65-80	83 (80.6)
Gender Male	61 (59.2)
CFS 5 or less	79 (76.7)
CFS 6-7	24 (23.3)
KATZ Score at baseline	
6	79 (76.7)
4-5	4 (3.9)
<4	20 (19.4)
Prior year readmission	48 (46.6)

Clinical burden

Clinical burden	N (%)
Acute mobility decline	39 (37.9)
Acute functional decline	36 (35.0)
1 domain	13
2-3 domains	10
>3 domains	13
Delirium	18 (17.5)

Fig.1. Mobility status 1 month prior to admission



Discussion & Conclusion

- This study highlights a substantial clinical burden among hospitalized HOP.
- A standardized frailty care bundle has been developed to aid non-geriatric-trained healthcare personnel in early detection and management of frailty-related issues, aiming to improve patient outcomes.
- Post implementation audit is required

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