

Utilising Digital Questionnaires to Identify Frailty in Older Patients on the Elective General Surgery Waiting Lists

Introduction

Frailty is associated with an increased risk of perioperative complications and functional decline after surgery (1). Despite the potential advantages of early detection (2), frailty screening of surgical patients is not standard practice across the UK. Current guidelines recommend that patients with frailty (CFS \geq 5) undergo a Comprehensive Geriatric Assessment before surgery (2). Digital questionnaires may offer an effective tool for screening large groups of surgical patients; however, there is concern that this is biased when used in frail or older patients. If proven effective, this approach could help identify frailer patients who require pre-operative optimisation.

Aim

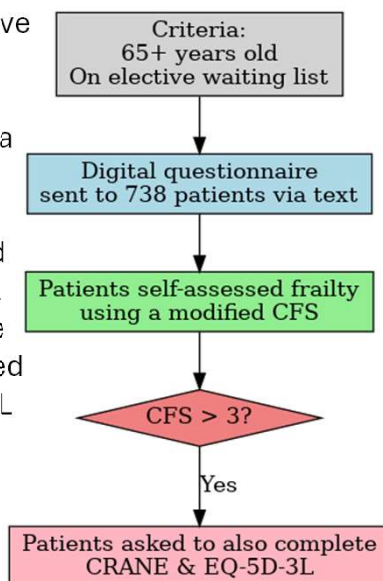
- Evaluate the use of digital screening in patients aged 65 and over who are awaiting elective general surgery.

Methodology

Digital questionnaires were sent via text to 738 elective general surgery patients aged 65+, with a 7-day completion window and a reminder at 5 weeks.

Frailty was self-assessed using a modified Clinical Frailty Scale (CFS); those scoring >3 also completed the CRANE and EQ-5D-3L questionnaires.

Analysis focused on response rate, age, and frailty.



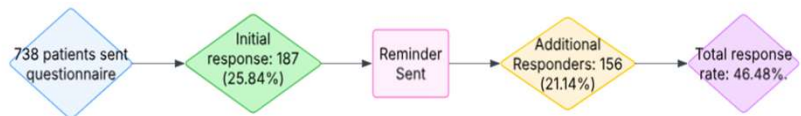
Results

Demographics:

- Average age: 72
- M:F split: 61.81% (n=212)/38.19% (n=131)

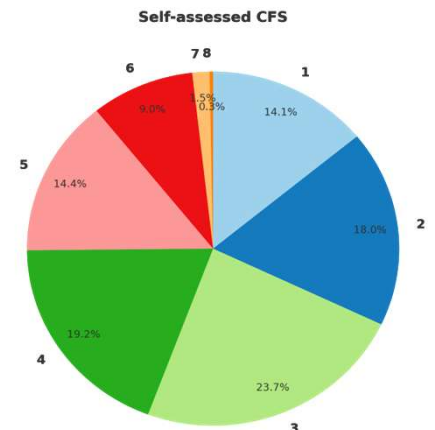
Response rates:

- Initial response rate: 187 (25.34%)
- Response rate following reminder: 156 (21.14%)
- Overall response rate: 46.48%.



Frailty data:

- Average CFS score: 3.34 (\pm 1.58)
- 24.77% (83) reported a CFS score of \geq 5



Conclusion

Early screening can help identify frail patients who would benefit from peri-operative planning and geriatric review. Our findings suggest that digital questionnaires are an effective tool for screening older adults, with frailer patients able to participate. This may be possibly due to caregiver support.

References

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- Johannessen, A., Bakke, P. S., & Gulsvik, A. (2003). Nonresponse in a community cohort study: Predictors and consequences for exposure-disease associations. *Journal of Clinical Epidemiology*, 56(10), 881-887.