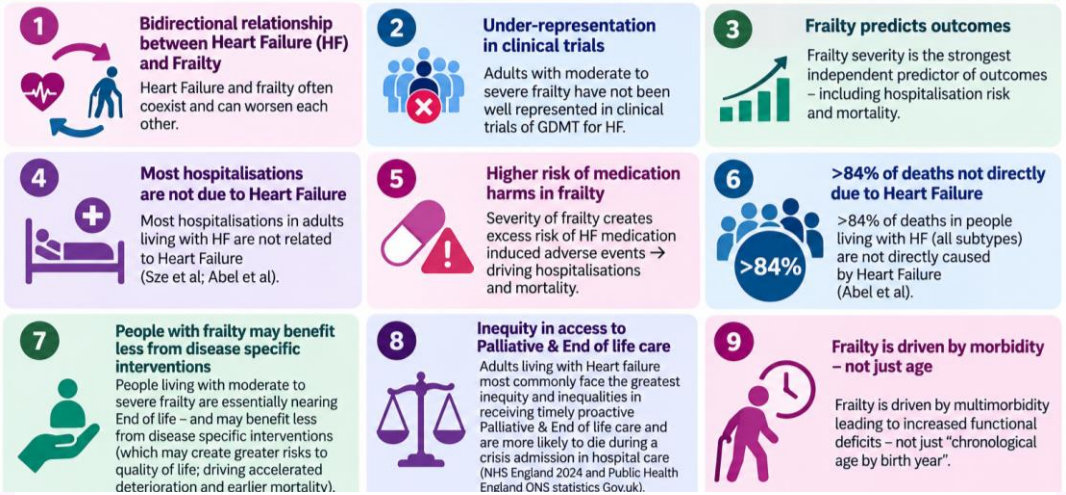
# Population Health data study of Frailty & End of life (EOL) risk prevalence in all adults with Heart Failure (HF) in a 1.1million sized population
## Findings support a case for a recommending a "Frailty First" approach to managing Heart Failure


Sarah Zaidi[1] Raj Thakkar [2]

1.Essex Partnership University Trust, NHS England East of England;

2. Bourne End & Wooburn Green Medical Centre, Primary Care Cardiovascular Society UK, Cardiff University Medical School, Cardiff


## Background:

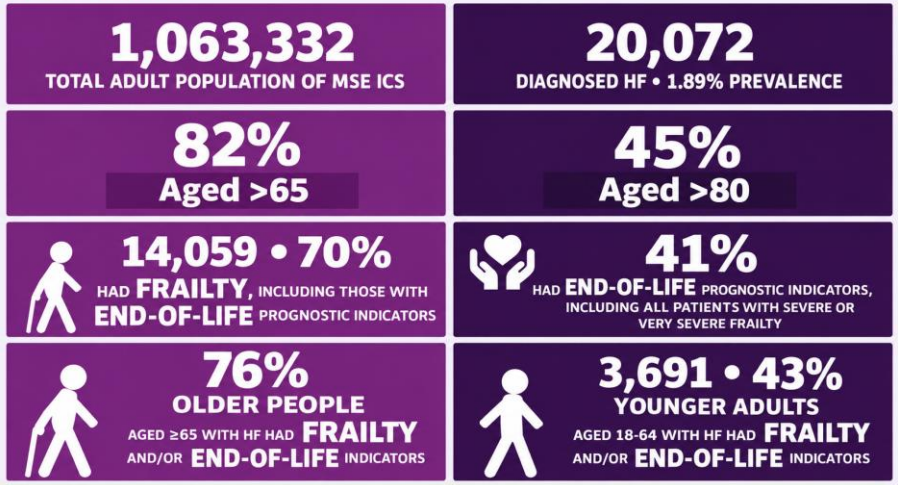


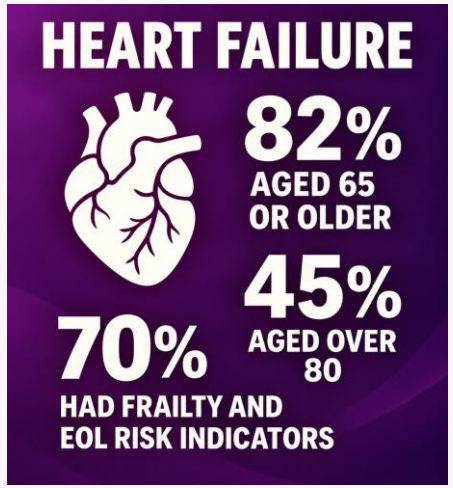

**Consequently, applying guideline-directed medical therapy, without considering Frailty severity, may paradoxically increase iatrogenic harm**, driving higher emergency hospitalisations with consequent premature all cause mortality. [1,2,3,4]

**Purpose: The prevalence frailty or End of life status in all adults with Heart Failure (HF) in Mid & South Essex ICB was investigated-**to see whether findings should support a **"Frailty First approach"** to improve Population health Management of all adults living with Heart Failure (HF)

**Methods: Linked population health data from MSE (June 2026) were analysed using the Athena Population Health Management segmentation model**. Heart failure, frailty and end-of-life prognostic indicators were identified using validated data filters.

## Results:




## Conclusion:

**❖Frailty (& End of life –EOL risk) very frequently co-exists in most adults living with Heart Failure (HF)-in both older people and significantly in younger aged adults too.**

**❖Identifying and staging Frailty first in all patients with heart failure is essential to enable more personalised holistic management, incorporating higher quality shared decision-making with patients**

**❖This can improve quality of care, reduce the risks of avoidable iatrogenic harms- including improving timely access to proactive Palliative & End of life care. To improve outcomes, plus reduce inequalities and inequity.**


**Corresponding author**: sarah.zaidi2@nhs.net



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