

BACKGROUND

- Frailty assessment in stroke is not commonly integrated into clinical practice, despite current clinical recommendations. Pre-stroke frailty is associated with longer-term mortality, length of admission, and disability.
- Similarly, anticholinergic burden (ACB) is not routinely reviewed, even though it is associated with cognitive and physical impairment, increased hospital admissions, and higher mortality in older people.
- HIS-Frailty is a novel tool for the evaluation of frailty in older people. Our aim was to compare and correlate the HIS-Frailty tool with the Rockwood Clinical Frailty Scale (CFS) in stroke. We also evaluated the ACB score at admission and at discharge.

METHODS

DESIGN: Prospective and observational, single-center study; | **POPULATION:** > 18 year olds admitted to the Hyper-acute stroke unit (HASU) with stroke or transient ischemic attack, or referred to the stroke team workbench.

DATA COLLECTION: Two data collection periods, total N of 145 patients; direct clinical observation as patients were admitted to HASU, with a standardised clinical data sheet.

PRIMARY OUTCOMES: Frailty as measured both by CFS and HIS-Frailty; Frailty assessment correlation between these instruments; ACB mean difference between admission and discharge.

MAIN RESULTS

TABLE 1. SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF THE STUDY (N = 145)

MEAN AGE (± SD) - YEARS	69 ± 14
AGE CATEGORY – NO (%)	
< 60 YR	35 (24)
≥ 60 YR	110 (76)
MALE SEX – NO (%)	75 (52)
HISTORY OF DEMENTIA OR DELIRIUM – NO (%)	27 (19)
NEUROLOGICAL AETIOLOGY – NO (%)	
ISCHAEMIC	98 (67)
TIA	20 (14)
BLEED	10 (7)
NON-STROKE	17 (12)
CLINICAL FRAILTY SCORE – MEAN (± SD)	2.9 (2.1)
CLINICAL FRAILTY CATEGORY – NO (%)	
NO FRAILTY	97 (68)
MILD TO MODERATE	36 (24)
SEVERE TO TERMINALLY ILL	12 (8)

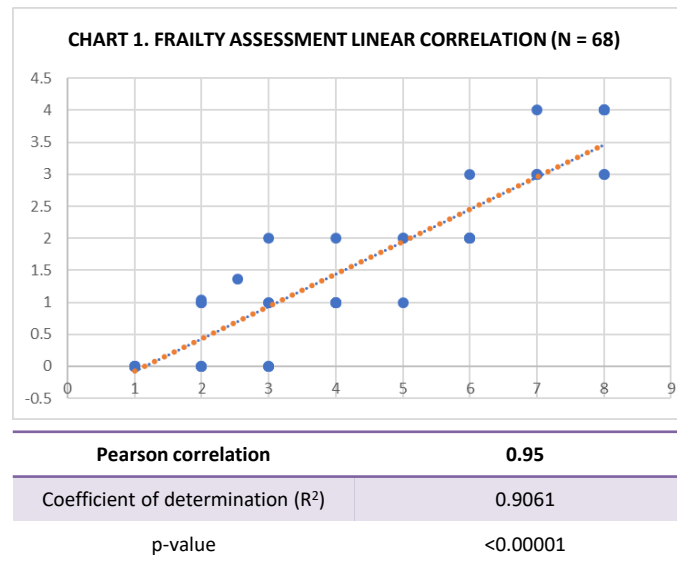


TABLE 2. ACB MEAN DIFFERENCE (N = 85)

ACB > 0	79 patients at admission 85 patients at discharge
ACB = 1	22.1% (n = 32)
ACB = 2	13.8% (n = 20)
ACB = 3	18.6% (n = 27)
MEAN ACB AT ADMISSION	2.19 ± 1.75
MEAN ACB AT DISCHARGE	2.2 ± 1.65
MEAN DIFFERENCE	0.010 ± 0.271
p-value	0.9706

CONCLUSIONS

- HIS-Frailty may prove to be a consistent and easy tool for the systematic identification of frailty in stroke patients, in accordance with best clinical practice guidelines. Measures should be standardised to reduce ACB after admission for stroke.