

KSN 2017 Abstract

Elderly patients may have an increased risk for acute kidney injury (AKI). We determined the effect of frailty as a predictor of AKI.

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We evaluated that 533 elderly patients (aged ≥ 65 years) conducted a comprehensive geriatric assessment (CGA) within 1 year before the index hospitalization. We examined five variables (activity of daily living [ADL] and instrumental ADL dependence, dementia, nutrition, and polypharmacy) from CGA. We categorized the patients into 3 groups according to the tertile of aggregate frailty scores: Group 1, score 1–2; Group 2, score 3–4; Group 3, score 5–8).

The frailest group (Group 3) showed an increased risk of AKI as compared to Group 1 during admission. The frailest group also demonstrated an increased risk of discharge to nursing facilities, and 90-day and 1-year mortality as compared to Group 1, independent of AKI severity.

Frailty may independently predict the development of AKI and adverse outcomes in geriatric inpatients.