**Introduction**

Frailty is a syndrome related to aging resulting in the loss of physiological reserve and ability to maintain homeostasis. It is present in up to 60% of dialysis patients.1 Frailty is associated with poorer clinical outcomes so its recognition is vital to allow us to address risk factors for progression, ensure that physical, psychological and social support is provided and allow us to have realistic conversations with our patients. Currently frailty is poorly recognised in dialysis patients, made more challenging by a lack of consensus on how best to identify it. We describe the testing of a screening tool in our haemodialysis patients to identify those in need of a more detailed assessment.

**Methods**

All hospital haemodialysis patients at the Royal Infirmary of Edinburgh on 1st May 2017 were invited to complete a 5 question self-reported frailty screening tool. This comprised if they required assistance with activities of daily living (ADLs), were aware of cognitive decline, had an unplanned admission within the last 3 months, required a walking aid or fallen in the last 3 months or took 8 or more medications per day (excluding dialysis drugs). This correlated to a score of 0 (least frail) to 5 (most frail). The number of inpatient stays, clinics and scans/procedures between 1st January and 31st December 2017 were correlated to frailty score and analysed using the Kruskal-Wallis test.

**Results**

A total of 108 patients were screened, of whom55 had a frailty score of 3 or more. The most common areas patients scored in were polypharmacy (59%), assistance with ADLs (49%) and mobility assistance/falls (49%). Age and dialysis vintage was similar between groups. Patients with higher frailty scores spent significantly more days in hospital with unplanned admissions (p<0.001) (Table 1). There was no significant difference in the number of planned admissions, clinic appointments and scan/procedures between groups.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Frailty score | No. patients | Age (median; yrs) | Dialysis vintage (median; yrs) | Unplanned admission (median;days) | Planned admission (median; days) | Clinics (median) | Scan/ procedure(median) |
| 0 | 1 | 49 | 2.2 | 0 | 0 | 4 | 1 |
| 1 | 23 | 63 | 2.5 | 1 | 0 | 5 | 1 |
| 2 | 29 | 63 | 2.2 | 1 | 0 | 4 | 2 |
| 3 | 25 | 62 | 3.9 | 5 | 0 | 4 | 2 |
| 4 | 25 | 60 | 3.2 | 16 | 0 | 5 | 1 |
| 5 | 5 | 51 | 2 | 36 | 1 | 10 | 2 |
| p-value |  | 0.40 | 0.75 | <0.001 | 0.84 | 0.55 | 0.60 |

Table 1. Hospital contact over 1 year with screening frailty score.

**Discussion**

Frailty is common in the haemodialysis population. A 5 question frailty screening tool is quick and easy to complete, and identifies patients at risk of prolonged unplanned hospital stays. We plan to perform more detailed assessment using the Edmonton Frailty Score in this cohort to validate the screening tool and guide our ongoing MDT management of these patients. We believe increased awareness and identification of frailty within this population is vital to help us identify areas we can intervene in to optimise patients’ quality of life.

**Reference**

1.Nixon AC, Bampouras TM et al. Frailty and chronic kidney disease: current evidence and continuing uncertainties. Clinical Kidney Journal, 2017, 1–10.