3.18 Prevalence of sarcopenia and frailty in patients admitted to a respiratory inpatient rehabilitation unit

[1]Elaine Cribbin, [1]Kudos Anyakudo, [1]Jacqueline Boyle, [1]Liji Joseph, [1]Ciara Walsh, [1,2]Minesh Kooblall

[1]Peamount Healthcare, Newcastle, Co. Dublin; [2]Tallaght University Hospital, Dublin 24

Background: Sarcopenia is recognised as a clinical syndrome with a variety of contributing factors, including physical inactivity, malnutrition and chronic disease. Frailty is a broader term used encompassing several domains including physical, social, cognitive and psychological. In older adults, both have been used to predict outcomes, determining appropriate intervention to prevent further decline and adverse events. The prevalence of sarcopenia in stable COPD patients is 15% [1], but to the authors knowledge the prevalence in a respiratory disease population in a subacute rehabilitation setting is not yet known.

Methods: Patients admitted from the acute setting to the inpatient respiratory unit over a 6 month period were screened on admission using Sarc-F, MUST and Clinical Frailty Score (CSF). Data was inputted and analysed using Microsoft excel.

Results: Data on 23 participants is reported with average age 67 (range 43-82). The mean Sarc-F score was 4 (range 0-10), indicating probable sarcopenia in 52% (n=12) of patients screened. Frailty measured by the CFS was 4.3 (range 2-7). Malnutrition risk using the MUST score was 0.3 (range 0-4), (low risk n=18, moderate risk n=2, and high risk n=3). 100% of patients (n=23) were referred to physiotherapy, with 52% (n=12) referred for dietician review. The average LOS was 14.4 days (range 5-57).

Conclusions: This initial study reports on the probability of sarcopenia in this inpatient population at 52%, with frailty ranging from 2 to 4. Further confirmation of the prevalence of sarcopenia is needed however through use of assessment tools to assess muscle strength and gait speed. This will allow us to determine associated risk factors, predict patient outcomes, and develop pathways to ensure optimal intervention is provided.

Keywords: Sarcopenia; frailty; respiratory disease; inpatient; subacute; rehabilitation

Disclosure: There is no conflict of interest for the authors to declare.

References Jones SE, et al. Thorax 2015;70:213–218. doi:10.1136/thoraxjnl-2014-206440