

# Frailty in level 1 patients in Northumbria Healthcare NHS Foundation Trust

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## Introduction

There is a research gap with regards to supporting the use of the clinical frailty score (CFS) in the acute management of COVID-19 patients. The COPE study assessed the effect of frailty on outcomes in people of all ages with COVID-19 and showed that frailty increases risk of mortality, after accounting for age and comorbidities.<sup>1</sup>

## Method

We performed a retrospective analysis of all patients with COVID-19 patients who did not require respiratory support (continuous positive airway pressure (CPAP) / bilevel positive airway pressure (BiPAP)), so called 'level 1' patients. Basic demographics, comorbidities, outcomes and CFS were collected. All electronic notes reviewed by a care of the elderly consultant to independently verify the CFS. Descriptive statistical methodology was applied.

## Results

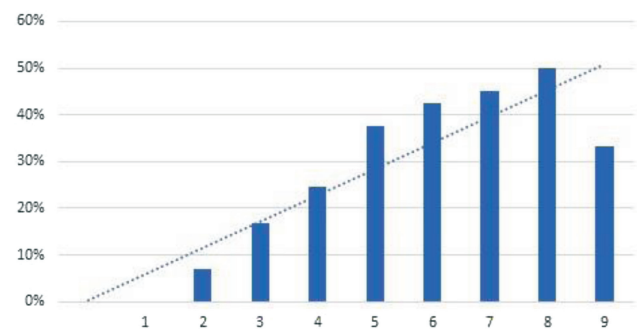
Four-hundred and two patients were identified. Median age was 78.5 years (range 19–100; interquartile range 16). The prevalence of frailty, defined as CFS 5–8 was 48% (n=193). Overall mortality was 27%, and mortality rate in that group was 42% (n=81). CFS had a linear relationship with CFS (Fig 1).

## Conclusions

Our mortality rates are in line with other studies and our data supports the use of CFS in the decision-making process and assessment of COVID-19 patients. Our data are limited by non-inclusion of the level 2/3 patients and correction of other variables. ■

## Conflicts of interest

None declared.



**Fig 1.** Northumbria Healthcare NHS Foundation Trust mortality rate per clinical frailty score.

## Reference

- 1 Hewitt J, Carter B, Vilches-Moraga A *et al*. The effect of frailty on survival in patients with COVID-19 (COPE): a multicentre, European, observational cohort study. *Lancet Public Health* 2020;5:e444–51.

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