

Zusammenfassung des Beitrags 206

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Wissenschaftliche Abstracts

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The association between frailty and hospital service utilisation among older adults: Evidence from the Survey of Health, Ageing and Retirement in Europe (SHARE).

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Background

Frailty, a common geriatric condition characterised by decreased physiological reserves, has been shown to be associated with adverse health outcomes such as falls, fractures, disability, and mobility difficulties among older adults. These adverse outcomes often result in increased healthcare costs, highlighting the importance of understanding the relationship between frailty and hospital service utilisation. The study aims to examine whether hospital service utilisation differs across frailty categories among older adults.

Methods

The study utilised data from the Survey of Health, Ageing and Retirement in Europe (SHARE) and includes 50,512 individuals aged 65 and above across 29 European countries. Frailty was measured using the sex-specific SHARE-Frailty-Instrument (SHARE-FI), which includes weight loss, exhaustion, muscle weakness, slowness, and low physical activity. Participants were categorised into robust, prefrail, and frail groups based on their SHARE-FI result. Hospital utilisation was measured as the total number of overnight hospital stays in the last 12 months. Frailty and hospital utilisation were used from participants' first appearance in the SHARE. To assess hospital service utilisation across frailty categories, median values and interquartile ranges (IQR) are presented, and the Mann-Whitney-U test was applied.

Results

The mean age of male and female participants was 73 years. 83% of men and 55% of women were robust, 14% of men and 27% of women were pre-frail, and 3% of men and 18% of women were frail. There were significant differences in hospital service utilisation among older adults based on their frailty status, in both men and women ($p < 0.001$). Male frail participants had a median hospital usage of 10 (IQR 5-24) days per year, compared to 9 (IQR 4-20) days for pre-frail and 6 (IQR 3-12) days for robust men. Similarly, female frail participants had a median hospital usage of 10 (IQR 5-20) days per year, compared to 7 (IQR 3-14) days for pre-frail and 5 (IQR 1-10) days for robust women.

Conclusion

The results further support that there are significant differences in hospital use between frailty groups among older adults. This can guide health policy to implement targeted strategies for frailty prevention and health promotion among older adults.