

# THE FUNCFRAIL SCORE TO DISCRIMINATE FRAILITY IN OLDER ADULTS WITH HIV

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General Abstract

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Background:

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The number of older adults with HIV is growing but data about this population are still scarce and mainly focused on comorbidity instead of on physical function and frailty. Frailty has a paramount importance because it has been related with worse clinical prognosis (morbidity, falls and death) but with a chance of success if detected. Different tools can be used to screen frailty but none of them have been developed specifically for the people with HIV. Our objective was to develop a screening tool to discriminate frailty in older adults with HIV in a simple way in the daily practice.

Methods:

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Prospective multicenter longitudinal cohort: the FUNCFRAIL Study. Patients 50 or over with HIV were included. We recorded sociodemographic data, HIV infection-related data, comorbidities, and frailty, defined according to Fried's criteria. Multivariate logistic regression model was performed for those variables found to be associated with frailty in the univariate analyses to determine which were independently associated with frailty to estimate the predictive score (FUNCFRAIL Score). Frailty was treated as a binary variable: frailty vs prefrailty/robust. Discrimination for frailty prediction was estimated using the area under the ROC curve.

Results:

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798 patients were included. 24.7% were women, mean age was 58.2 (6.3) and 14.7% were 65 or over. Mean years with known HIV infection was 20.2 (9.1) and 90.3% were virologically controlled. Frailty prevalence was 5.6%. 38,3% patients had 3 or more comorbidities with a mean number of comorbidities of 2.2 (1.7). 13.5% had

diabetes, 15.6% had at least one fall the previous year, polypharmacy prevalence was 26,2%, 78.1% patients lived alone or with partner and 24.5% were not satisfied with his/her life. Mean albumin measurement was 4.3 (0.4) g/L. The FUNCFRAIL score model included the following variables: age 65 or over [2 points]; polypharmacy (5 or more medications excluding antiretrovirals) [2 points]; diabetes [1 point]; albumin < 4 g/L [2 points]; falls [1 point]; not being satisfied with his/her life [1 point]; and not living alone or with a partner [2 points].

The FUNCFRAIL score ranged from 0 to 11 points, with higher values indicating a greater likelihood of being frail (Figure 1). The area under the ROC curve (AUROC 95% to discriminate frail patients was 0,78 (0,71-0,85).

**Conclusion:**

The FUNCFRAIL Score is a simple tool to be used in daily clinical practice for frailty screening in older adults with HIV

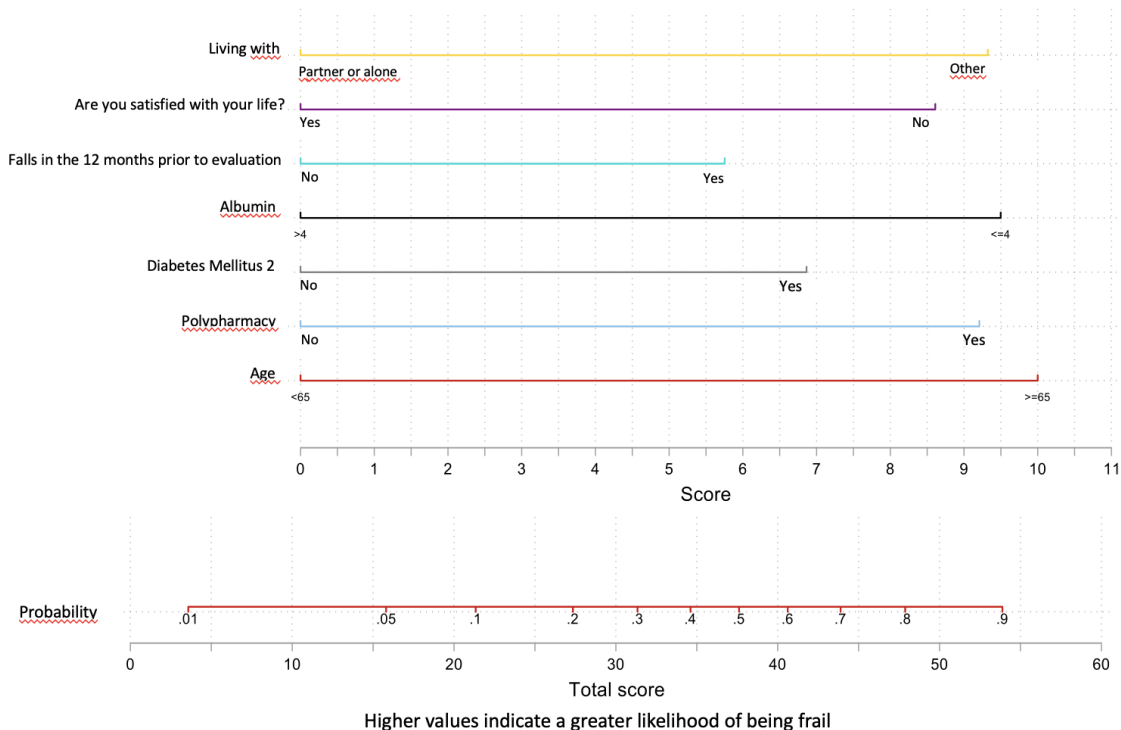
**Clinical:**

(M) Other Complications of HIV Infection and Antiretroviral Therapy in Adults

**Search Terms:**

- Comorbidity
- Frailty
- HIV
- Older
- Screening

Figure 1. The FUNCFRAIL Score



([https://files.aievolution.com/prd/cro2201/abstracts/abs\\_3057/Figure1FFScore.png](https://files.aievolution.com/prd/cro2201/abstracts/abs_3057/Figure1FFScore.png))

**Does this abstract include any aspects of research on SARS-CoV-2 or COVID-19?**

No

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No

Is this abstract a case report, meta-analysis, or systematic review?

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No