Frailty, Physical Function Impairment, Comorbidity Burden, and Falls are Predictive of Mortality Among Middle-Aged Adults with HIV
Regan Pelloquin1; Mona Abdo, MPH1; Samantha Mawhinney, ScD1; Catherine Jankowski, PhD1; Kristine Erlandson, MD, MS1
1. University of Colorado School of Medicine; 2. University of Colorado School of Public Health; 3. University of Colorado College of Nursing; 4. University of Colorado Dept of Medicine

RESULTS

- 23 (7%) were frail and 164 (47%) were pre-frail
- 103 (29%) had a ≥1 fall in the prior year
- 74 (21%) had an SPBB score of ≤10
- 33 (9%) had weak grip
- The mean time to complete 5 chair stands was 10.5 (4.5) seconds and 284 (78) seconds.

Figures 1 and 2: Clinical Measures Comparison

Forest plots describing hazard ratios at the 95% confidence interval. Chair rise pace, 400m pace, SPBB, falls in prior year, and frailty were all significant. BMI and grip strength were not individually significant.

RESULTS CONTINUED

• Among middle-aged PWH on effective ART, we found that frailty, physical function, falls, and comorbidity burden (VACS Index) were associated with mortality after up to 8 years.
• Furthermore, frailty was associated with lower survival than age with the lowest survival among those with both frailty and age 50 or greater.
• These results provide support that simple clinical measures are may be useful tools to guide clinical decisions by identifying those with higher mortality risk over the subsequent 5-10 years.
• The choice of test can be based on provider.

Figure 3: Survival in Non-Frail vs. Pre-Frail/Frail Participants

Kaplan Meier curve illustrating divergence of study groups based on frailty.

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WORKS CITED