FRAILTY, SURPRISE QUESTION AND MORTALITY IN A HEMODIALYSIS COHORT

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Objectives:

Dialysis patients are characterized by their advanced age, multiple comorbilities and higher mortality than expected in the general population.

The "Surpise Question" -"Would you be surprised if this patient died in the next 12months?"- has been an useful tool in oncology and palliative-care fields.

"Clinical Frailty Scale" (CFS), developed by the Canadian society of Health and Aging, classifies patients based on disease activity and independence in their daily routines

Both of them have been useful, as well, in detecting patients with poor prognosis and susceptible of specific care.

Methods:

Prospective study from January 2014 to January 2015. We have recruited 49 chronic patients in our HD unit. Being on dialysis treatment at least 3 months, has been one of inclusion criteria. Medical staff classifies patients in two groups (YES or NO in response to the "Surprise"). We have analyzed their status (alive / dead) in 12months´ time. We have recruited demographic, CKD´s etiologies, time on HD, Charlson Comorbidity Index (CCI), self-rating scales (EUROCOL), Clinical Frailty scale (CFS), analytical and dialysis adequacy variables -as hemoglobine, albumin or Ktv.

Results:

20 patients (40.8%) were classified into the "NO-group". Compared with the 29 patients in "YES" group, "NO-group" was older (67.35 ± 60.72 /Vs /14.08 ± 13.05), had a higher ICC (7.8 ± 1.8 / Vs / 5.8 ± 2.3) and lower values in self-assessment scale.
At 12 months, the 18% of the patients died. The mortality in the "NO" group was 35%, whereas into the "YES-group" was just 6.89% .The risk of death in the "NO" group was 2.7 times higher than the "YES-group"
The Clinical Frailty Scale(CFS) was useful as a predictor of mortality in the unit and multivariate analysis. In the adjusted Cox survival analysis, SQ loses statistical value in favor of CFS.
The survival study shows lower mortality in the "YES-group" and in patients with lower fraility (those who had a rating <3).
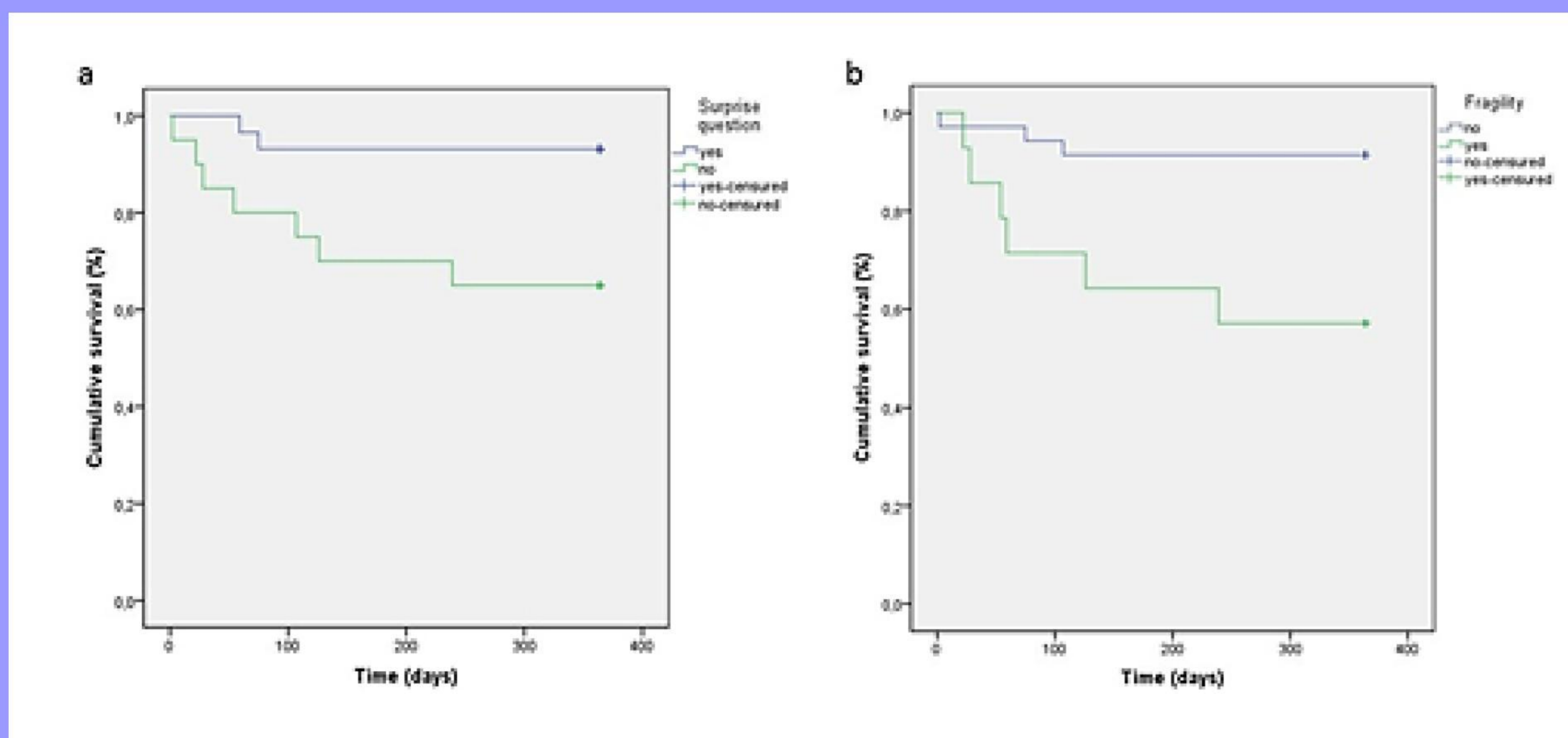
Conclusions:

The Surprise Question (SQ), and Clinical Frailty Scale (CFS) are effective in identifying patients with increased risk of mortality.When nephrologist respond to SQ they are considering frailty criteria above other analytical or dialysis adequacy variables. For this reason, we do believe that the SQ loses statistical value in favor of CFS.

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