

9<sup>th</sup> International Conference on

# Geriatrics, Gerontology & Elderly Care

September 03-04, 2019 | Berlin, Germany

## Development and Validation of a Prognostic Index for 6- and 12-Month Mortality in Hospitalized Older Adults

Eva Gallego, MD, PhD, F Javier Ortiz, M Teresa Vidán, Selene Soria, Verónica García, John Omonete, Pedro Abizanda, M Isabel Valadés, Silvia Oreja and J Antonio Serra.

Geriatrics Department.

Gregorio Marañón University Hospital, Madrid, Spain

**Background/aim:** Estimation of mortality in elderly patients is difficult yet very important when planning care. Previous tools are complicated or do not take into account some major determinants of mortality (i.e., frailty). We designed a simple, accurate, and non-disease-specific tool to predict individual mortality risk after hospital discharge in older adults.

**Methods:** Patients admitted to the Acute Geriatric Unit were assessed at admission and at discharge and contacted 6 and 12 months later. Determinants of mortality were obtained. Using multivariable analysis, beta coefficients were calculated to build 2 scores able to predict mortality at 6 and 12 months after discharge. The scores were tested on a sample comprising 75 % of the patients, who were randomly selected; they were validated using the remaining 25 %. Discrimination was assessed using ROC curves. Scores were calculated for each patient and divided into tertiles. Survival analysis was performed.

**Results:** Determinants of mortality at 6 months were dependent ambulation at baseline, full dependence at discharge, length of stay, pluripatology, pressure ulcers, low grip strength, malignancy, and male gender. At 12 months the determinants were: dependent ambulation at baseline, full dependence at discharge, pluripatology, low BMI, low grip strength, heart failure, malignancy, and male gender. Discrimination and calibration were excellent. Survival analysis demonstrated different survival trajectories ( $p < 0.001$ ) for each tertile in both scores.

**Conclusions:** Our indices provide accurate prognostic information in elderly patients after discharge. They can be calculated easily, quickly and do not require technical or laboratory support, thus endorsing their value in daily clinical practice.

### Notes: