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เรื่อง Practical pearls for long term care in the new normal era

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O5 : The new cut-off value of OSTA for osteoporosis screening in the Thai elderly

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Objective: To explore an association between preoperative frailty and postoperative cognitive dysfunction (POCD) following major elective surgery. The secondary aims were to identify the association between frailty and postoperative delirium, mortality, and readmission rate after the operation.

Methods: We conducted a prospective cohort study of patients aged ≥ 60 years old who underwent major elective surgery in Siriraj hospital between 2017 - 2019. Exclusion criteria were preoperative delirium and inability to communicate in the Thai language. Before surgery, the patients were categorized into frail and non-frail groups using the FRAIL scale. POCD was defined by a postoperative decrement of a neuropsychological test at least 1 SD. We assessed the patients' cognitive function before operation and on the 5^{th} - 9^{th} day after the operation using MoCA and postoperative delirium with DSM-5. Furthermore, mortality and readmissions within 3 months after discharge were collected by reviewed medical records.

Results: From 282 surgical patients, the median age was 73 years old. 38 patients (13.5%) had a preoperative frailty. 57.5% of all patients underwent cardiac surgery. POCD incidence rate was 28%. Frail patients were more likely to increase the risk of developing POCD (Adjusted OR 2.64; 95%CI 1.065-6.543) than the non-frail ones, whereas there was no significant association between preoperative frailty and postoperative delirium. Moreover, the frail group had higher mortality rate in both hospitalization and within 3 months after discharge than the other one (RR 5.42; 95%CI 1.34-30.66 and RR 3.56; 95%CI 1.26-10.07, respectively) while the readmission rate increased in the frail group compared to the non-frail (RR 2.18; 95%CI 1.26-3.76).

Conclusion: Preoperative frailty might be associated with postoperative cognitive dysfunction (POCD), increased mortality, and readmissions. Therefore, implementing frailty screening and providing proper interventions before surgery could improve caring and prevent unpreferable outcomes.