

Association between Frailty and Pain in Older People at High Risk of Future Hospitalization



Huan-Ji Dong¹, Joakim Yang¹, Maria M Johansson², Anneli Peolsson³, Magnus Nord⁴

¹Dept. of Health, Medicine and Caring Sciences, and Pain and Rehabilitation clinic; ²Dept. of Activity and Health in Linköping, Dept of Health, Medicine and Caring Sciences, and Dept. of Acute Internal Medicine and Geriatrics; ³Dept. of Health Medicine and Caring Sciences, Unit of Physiotherapy, and Occupational and Environmental Medicine Centre, Dept. of Health Medicine and Caring Sciences, Unit of Clinical Medicine; ⁴ Dept. of Health, Medicine and Caring Sciences, and Primary Health Care Center Valla; **Linköping University, Sweden**

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Contact: Huan-Ji Dong, huanji.dong@liu.se

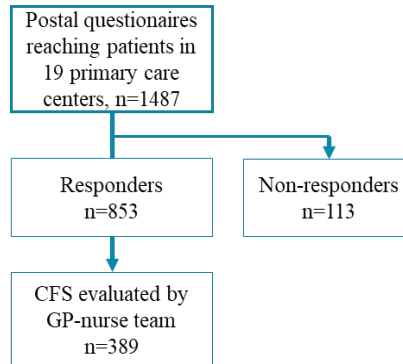
Conclusion Physical and ADL functioning had a stronger association with the severity of frailty compared to pain and anxiety/ depression. Among the pain characteristics, only pain frequency was positively associated with frailty.

Aim: to investigate the association between frailty and pain characteristics among older people (75+) with a high risk of hospitalization.

Frailty is characterized by increased vulnerability to external stressors due to decline in homeostatic functions.

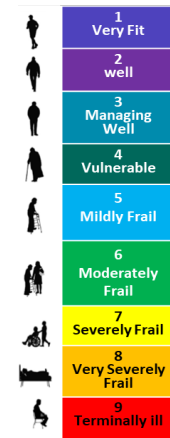
Methods

- ✓ **Where and when:** South-Eastern Sweden in 2017-2018;
- ✓ **Individuals with high risk:** case-finding algorithm (32 diagnostic codes) related to hospital admissions;
- ✓ **Measurements:** questionnaires and team assessed Chronic Frailty Scale (CFS).



What is found in this study?
Frailty is better predicted by ADL-staircase score than by pain characteristics.

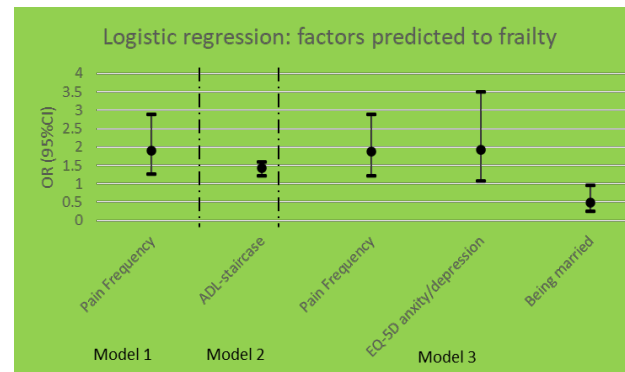
Results



Non-frailty
n= 256 (66%)

Frailty
n= 133 (34%)

Linear regression: factors associated with CFS severity	Model 1	Model 2	Model 3
Constant	0.23	0.69	0.33
Pain Frequency	Excluded	Excluded	Excluded
Pain Intensity	0.12 (0.04)*	Excluded	0.009 (0.004)**
Pain Extent	Excluded	Excluded	Excluded
ADL		0.18 (0.02)*	
Physical activity		-0.383 (0.93)*	
EQ-5D anxiety/depression			0.56 (0.17)*
R ²	0.04	0.43	0.09
n	209	143	207



- **Variables** selected in Model 1: pain characteristics; Model 2: physical functioning; Model 3: psychological factors.
- **Linear regression:** ADL-staircase score and physical activity accounted for 43% variance in **Model 2**, higher than pain intensity (4% in **Model 1**) and pain intensity and anxiety/ depression (9%, in **Model 3**).
- **Logistic regression:** **Model 2** with ADL-staircase score had a higher explanatory power (Nagelkerke R²: 0.37) than **Model 1** (R²: 0.07) or **Model 3** (R²: 0.14).