Frailty and Outcomes Record in Clinical Environments: probable Sarcopenia, geriatric Evaluation and Events

Why are we doing this study?

- As we get older, we begin to lose our in-built reserves and become more vulnerable. Seemingly small events, like an infection or constipation, can cause some people to become very unwell quickly, and take longer to recover. **Frailty** is a term that can describe this vulnerability. **Sarcopenia** is a related condition defined by low muscle strength and size.
- Many people who are living with frailty may need to be brought into hospital as an emergency. They may need to stay in hospital for a longer time, and sometimes need to be brought back into hospital shortly after being discharged, which is often very distressing.
- Unfortunately, people with frailty often lose further reserves when they spend time in hospital, in part due to being less active while they are unwell. They are also at an increased risk of falling during the hospital stay.
- In light of this, many hospitals have developed specialist teams to ensure the best care is delivered to those who are at risk of these problems, by focusing on maintaining their day-to-day functioning and getting people home quickly and safely.
- Although there are simple tests for frailty, such as measuring your hand grip strength or using short questionnaires, the best way of predicting who will develop problems in hospital is not known.

This study aims to: Determine whether simple methods of identifying frailty can predict the risk of poor outcomes in older hospital inpatients, such as being **re-admitted to hospital within 30 days of discharge**.

How will this study be conducted?

- The Geriatric Medicine Research Collaborative is a trainee-led research collaborative, which has conducted a number of large-scale projects to date, which have been published in high impact journals.
- We want to increase research opportunities that are open to doctors before they reach consultant level, so that we can upskill the future workforce in research methodology.
- **Data collection for this study will be trainee-led, and all collaborators will be acknowledged on outputs arising from this study.**

What will this study involve?

- We will visit patients in hospital **twice** to perform the following:
    - We will measure their **hand-grip strength** and test their **balance**, **walking speed** and ability to **rise from a chair** (if they are able to – their ability to do these is important to the study, so don't worry if they can't do these).

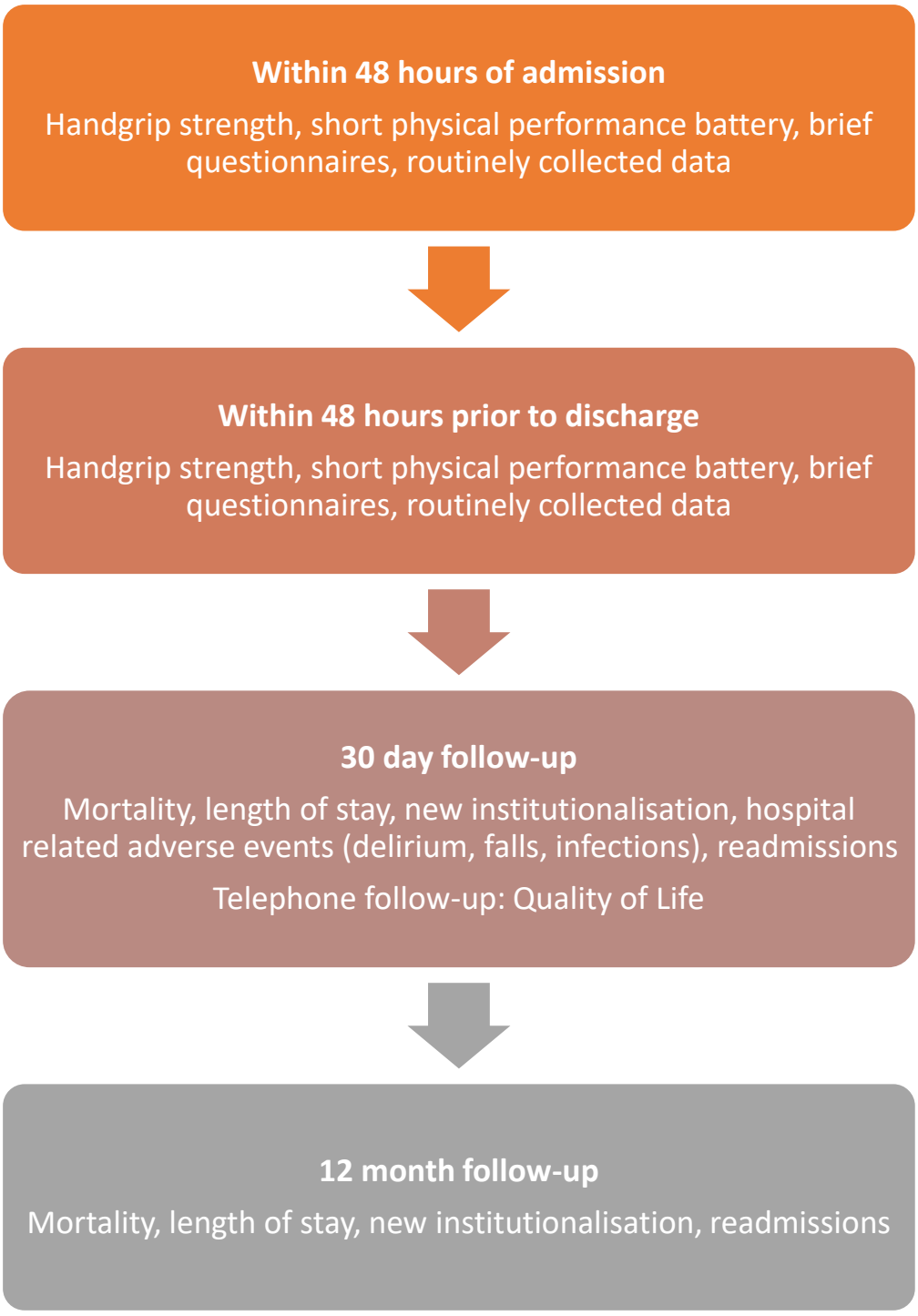
Hand-grip strength

Walking speed

    - We will measure their **lower leg and upper arm sizes** on their dominant side using a tape measure.
    - We will ask them some **questions** about their general health and physical function. We will also ask them some brief questions about their memory and any confusion in hospital (this can happen commonly with illness).
    - These assessments will take up to 15 minutes. If needed, these assessments could be done a little at a time, and we will always make sure these tests and questionnaires do not interfere with the patient's healthcare or comfort while they are in hospital.
- We will **contact them via telephone** once, around one month after they have left hospital to ask **questions** about their quality of life. This telephone questionnaire will take about 15 minutes and can be held at a time that is convenient for them.
- We will also collect data from their medical records at the times we visit them in hospital, and up to 12 months after they have left hospital.

What training will sites receive?

- All staff involved in this study will be required to undertake Good Clinical Practice training. This training can be completed for free online, with CPD accreditation. We will provide links and guidance as to how to register for and complete this.
- Additional guidance on the maintenance of site files will be provided as a written document, and short video.
- All study related documents and guidance on obtaining local Research and Development approval will be forwarded once approval has been obtained from a National Research Ethics Committee and the Health Research Authority.
- All sites and interested collaborators will be invited to a webinar to discuss the processes involved in the study and site set-up, and an FAQs document will be continuously updated.
- Videos and Standard Operating Procedures of how to conduct the study assessments will be made available to all sites.


Within 48 hours of admission
Handgrip strength, short physical performance battery, brief questionnaires, routinely collected data
Within 48 hours prior to discharge
Handgrip strength, short physical performance battery, brief questionnaires, routinely collected data
30 day follow-up
Mortality, length of stay, new institutionalisation, hospital related adverse events (delirium, falls, infections), readmissions
Telephone follow-up: Quality of Life
12 month follow-up
Mortality, length of stay, new institutionalisation, readmissions