

FRAILITY INDEX AND COMORBIDITIES PREDICT ADVERSE EVENTS FOLLOWING COLONOSCOPY IN THE ELDERLY: A SINGLE-CENTER EXPERIENCE

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Poster

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A retrospective study of 8154 elderly patients found that both the laboratory-based frailty index (FI-lab) and Charlson's comorbidity index (CCI) were strongly associated with adverse events following screening colonoscopy.

KEY POINTS

- Among 8154 patients aged 60 or older who underwent screening colonoscopy, 115 (1.4%) experienced adverse events within 30 days, including 27 gastrointestinal events such as perforation or bleeding, 48 major adverse events, 67 minor events, and 9 deaths.
- Patients with adverse events had significantly higher mean FI-lab (0.261 vs 0.167, $p < 0.001$) and higher mean CCI (4.9 vs 3.29, $p < 0.001$) compared to those without adverse events.
- Higher FI-lab categories were strongly associated with adverse events: 15.6% of patients with high FI-lab (> 0.4) experienced adverse events compared to 46.1% of those with low FI-lab (< 0.25) among adverse event cases.
- Patients experiencing adverse events were older (mean 71.8 vs 67.9 years, $p < 0.001$) and more likely to be male (67.0% vs 53.2%, $p = 0.003$).
- The authors conclude that FI-lab and CCI may serve as predictive scoring systems to inform careful decision-making for colonoscopy in elderly patients with elevated scores.

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