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Summary

FRAILTY IS DYNAMIC OVER TIME AND ASSOCIATED WITH ALL-CAUSE AND ACUTE HOSPITALIZATIONS DURING 18 MONTHS FOLLOW-UP IN OLDER PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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In older IBD patients, frailty level changed in 58.5% over 18 months and baseline frailty independently predicted all-cause and acute hospitalizations.

KEY POINTS

- Among 405 IBD patients aged 65 years or older followed for 18 months, frailty level was dynamic in 58.5%, with 32.5% showing increased and 26.0% showing decreased impairment in geriatric assessment domains.
- Baseline frailty was independently associated with all-cause hospitalizations (aHR 1.28, 95% CI 1.05-1.56, p=0.016) and acute hospitalizations (aHR 1.30, 95% CI 1.04-1.61, p=0.020) but not IBD-related hospitalizations.
- Use of systemic corticosteroids at or within three years prior to baseline associated with increased frailty (aOR 3.00, 95% CI 1.11-8.08), while initiation of biological therapy associated with decreased frailty (aOR 4.92, 95% CI 1.41-17.15).
- Over 18 months, 96 patients (23.7%) experienced 136 all-cause hospitalizations, of which 103 (75.7%) were acute and 41 (30.1%) were IBD-related.
- This prospective multicenter cohort study assessed five geriatric domains at baseline and 18-month follow-up and may inform clinicians caring for older IBD patients regarding frailty assessment and hospitalization risk.

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