**CARDIOVASCULAR DISEASE IS ASSOCIATED WITH AN INCREASED RISK OF FRAILTY IN ELDERLY RESIDENTS OF A LONG-TERM CARE FACILITY**

**C.J. Hsieh1**, N.F. Miao2

1. National Taipei University of Nursing and Health Sciences, Taipei, Taiwan

2. Taipei Medical University, Taipei, Taiwan

*Background*: Due to the aging and increasingly complex nature of our patients, frailty has become a high-priority theme in cardiovascular medicine. The risk of frailty in older residents with cardiovascular disease (CVD) are unknown.

*Objective*: To investigate the association of different risk of frailty in elderly residents with CVD in the long-term care facility.

*Methods*: With a retrospective cohort design, Residents aged 65 years and older were selected. Physical functions, nutritional status, cognitive function and depressive mood were assessed using standardized evaluations. Frailty was defined using the Fried phenotype, including weight loss, grip strength, exhaustion, slowness and low physical activity. Multivariate logistic regression models were applied to assess the association of each outcome variables or scores with frailty.

*Results*: 164 elderly residents (median age 84.0, IQR 75.0-89.5years), of whom 74 with CVD. 81 (49.4%) were frail. Of the frail elders, 62.2% had coexisting CVD compared with 38.9% of the non-frail. Frailty was associated with physical functions (r=-.733; p<0.001), nutritional status(r=-.692; p<0.001), cognitive function (r=-.591; p<0.001) and depressive mood (r=.668; p<0.001). Compared with non-frail, those with frailty had a lower odd of cognitive function, low IADL, and CVD (OR 5.099, 95% CI 1.208 to 21.522). *Conclusions*: CVD is an independent frailty risk factor among elderly residents. As we are faced with an increased number of elderly residents with CVD and frailty, frailty assessment can help in risk stratification and decision-making, thereby improving outcomes, and preventing unnecessary harm in the most frail.