**PREVALENCE AND ASSOCIATED HEALTH STATUS AMONG OLDER ADULTS IN LONG-TERM CARE FACILITIES**

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Background: To determine the prevalence of frailty, quality of life (QOL), and comorbidity among residents of long-term care [nursing homes (NH) and assisted living (AL)] facilities.

Methods: Residents older than 65 years in NH and AL facilities at La Crosse, Wisconsin, were assessed for frailty (gait speed, unintended weight loss, and grip strength), comorbidity (Charlson index), and QOL [Short Form (SF)36].

Results: Among 137 participants, (51 AL, 87 NH), 116 (84%) were frail. As compared to those without frailty, frail residents were older and had higher prevalence of diabetes, hypertension, CHF and chronic kidney disease. Residents of either AL or NH, have similar prevalence of comorbidity, QOL, and frailty by gait speed criterion of <1m/s (84% and 85%). Frail residents had higher comorbidity and poor QOL (lower SF-PCS summary score [32.3 versus 47.8] than residents not determined to be frail. Even after reducing the gait speed to 0.6 m/s, the prevalence of frailty was high (52% in AL, 74% in NH). The QOL was not affected by age or gender. The Physical Component Score (PCS) of SF-36 was significantly and inversely related to the resident’s frailty status (Figure) and was 15 points lower (-14.7, IQR: -19.3, -10.1, P<0.001). No association of Mental Component Score (MCS) SF-36 was found with frailty.

Conclusions: This study demonstrated high prevalence of frailty among residents of long-term care facilities. Residents of both NH and AL had similar prevalence of frailty and comorbid conditions. Frail residents had higher prevalence of comorbid conditions and poor QOL.