**FRAILTY AND CLINICAL OUTCOMES OF TRANSCATHETER AORTIC VALVE REPLACEMENT**

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Aortic stenosis (AS) is the most common valvular heart disease among Western populations and severe AS has an estimated prevalence of 3-4% among people older than 75 years of age. Surgical aortic valve replacement (SAVR) is associated with a significant risk of morbidity and mortality and transcatheter aortic valve replacement (TAVR) has emerged as the preferred treatment option for patients who are at moderate to high risk of complications with SAVR. Most patients undergoing TAVR are elderly with an average age above 80 years as observed across published trails and national registries. In addition to clinical comorbidities, many patients undergoing TAVR demonstrate clinical signs of frailty. While procedural outcomes of TAVR have markedly improved over the last decade, frail patients remain at increased risk for poor functional recovery, low quality of life, repeat hospitalization and death from cardiac or non-cardiac causes post TAVR. Although, difficult to quantify, clinical frailty reflects age associated decrease in the ability to cope with every day stressors and acute illness. Among various frailty criteria being used in geriatric patients, recent studies have identified poor muscle mass, low muscle strength and low serum albumin to be useful predictors of worse one year outcomes post TAVR. These data suggest that objective frailty assessment not only carry implications for determining patient eligibility for TAVR but also underscores its role in predicting post TAVR outcomes. However, it remains unclear if treating frailty phenotype translates into clinical benefit. Several current and upcoming studies are designed to investigate specific approaches to reduce clinical frailty with the objective of improving TAVR outcomes. The results of these studies will define the role of pre procedural nutritional and exercise interventions and post procedural rehabilitation in elderly patients undergoing TAVR.