

Re: Frailty assessment in very old intensive care patients: the HFRS answers another question

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Letter

Dear Editor,

We thank Bruno et al. [1] for their interest in our manuscript. As the authors highlight, our retrospective analysis shows a clear relationship between the Hospital Frailty Risk Score (HFRS) and the odds of admission to the intensive care unit (ICU). Our study was observational, and we make no suggestion that the HFRS be used as a tool to triage critically unwell patients.

We agree that the HFRS is limited by its dependence on the accuracy of diagnostic coding in the electronic patient record. Moreover, the HFRS models frailty as an accumulation of deficits in contrast to the Clinical Frailty Scale (CFS) which focuses on patients' dependence on others for activities of daily living [2]. These limitations are indeed acknowledged by the original authors of the HFRS [3].

While the CFS might provide a more complete measure of frailty, it remains an imperfect tool. A recent prospective study of ICU patients conducted by Pugh et al. suggests that even with relatively good inter-rater reliability ($\kappa = 0.78$), the CFS can be influenced by the profession of the assessor and degree of acute illness [4]. As others have suggested, these sources of variation should ideally be addressed, or at least acknowledged, if the CFS is to form part of clinical decision making [5]. Our study shows that the HFRS appears to capture some aspects of frailty/comorbidity relevant to the decision to admit critically ill patients to the ICU. As the HFRS can easily be calculated from routinely-collected data, it could add value to prognostic studies of hospitalised patients. It remains to be seen whether the HFRS has a future role in screening patients for more comprehensive assessment (e.g. using the CFS or Comprehensive Geriatric Assessment) as part of the triage process [2].

Funding

This publication presents independent research supported by the Health Innovation Challenge Fund (HICF-R9-524 and WT-103703/Z/14/Z), a parallel funding partnership between the Department of Health and Wellcome Trust. PW is supported by the National Institute for Health Research (NIHR) Oxford Biomedical Research Centre (BRC). SG is supported by a NIHR Doctoral Fellowship (DRF-2016-09-073). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR, the Department of Health or the Wellcome Trust.

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