Frailty assessment using the ID-Frailty Index Short Form in adults with Down syndrome followed in geriatric consultation

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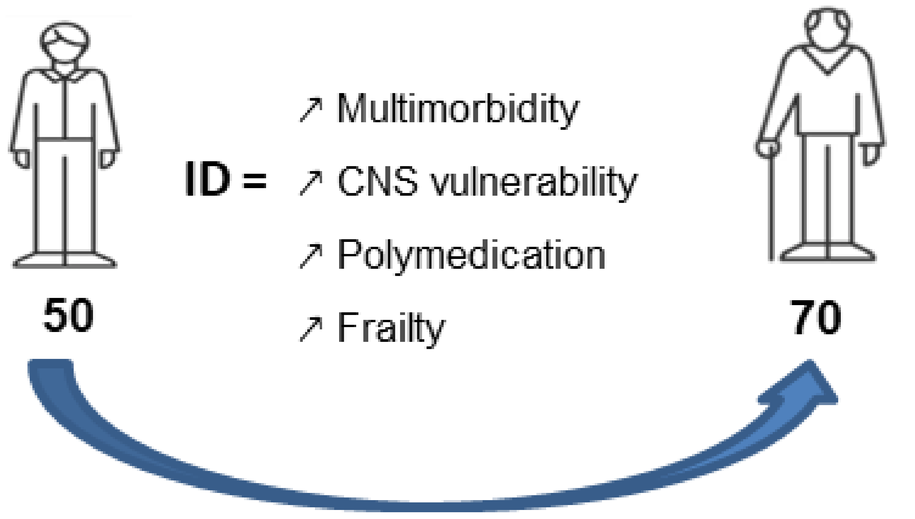
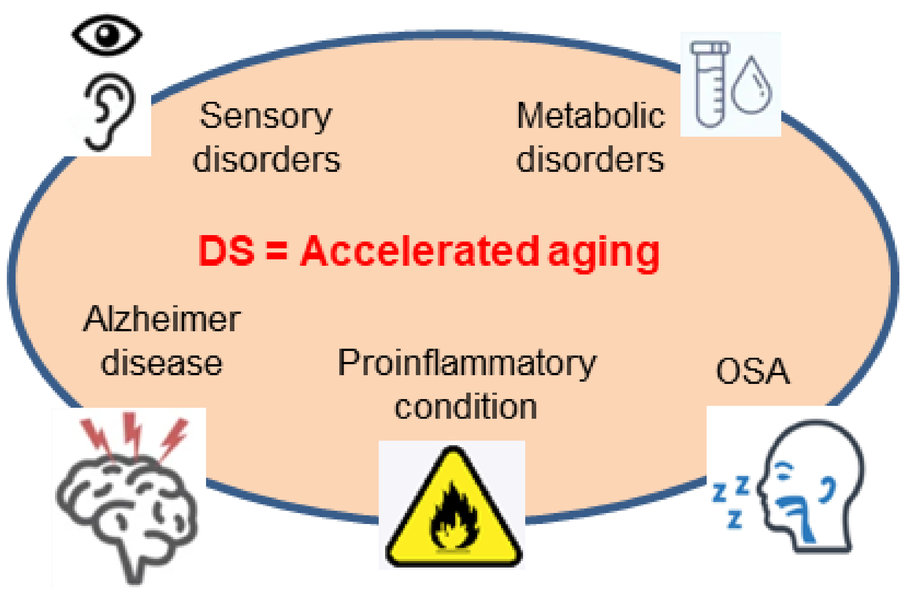
Introduction





Objective

To assess frailty using the **ID-IF Short form** *(Shoufour et al., 2022),* validated in people with ID, in a population of patients with Down syndrome aged over 35

Methods

Retrospective study

Population: adults with DS ≥ 35 years followed at the geriatric outpatient clinic of the Jerome Lejeune Institute (Paris & Nantes)

Data collected:

- ID-IF
- Socio demographic data
- ID level
- ADL
- DSQIID
- Polymedication
- Comorbidities
- Zarit Burden Interview

Results

	Total (n=187)	Non-frail (n=62)	Pre-frail (n=60)	Frail (n=65)
Age (mean± SD)	50 ± 9	47 ± 7	50 ± 9	54 ± 8
Sex (M)	96 (51%)	30 (48%)	35 (58%)	31 (48%)
Mild or moderate ID	164 (88%)	61 (98%)	50 (83%)	53 (82%)
Accomodation:				
Residential home	109(58%)	42 (68%)	36 (60%)	32 (49%)
Nursing home	30 (16%)	1 (2%)	9 (15%)	20 (31%)
With family	42 (22%)	15 (24%)	13 (22%)	13 (20%)
Independent	6 (3%)	4 (6%)	4 (6%)	0
ADL < 3	25 (13%)	0	0	25 (38%)
≥ 5 comorbidities	53 (28%)	12 (19%)	18 (30%)	23 (35%)
Alzheimer's disease	46 (25%)	0	9 (15%)	37 (57%)
Polymedication ≥ 5	41 (22%)	2 (4%)	15 (25%)	24 (37%)
DSQIID (mean ± SD)	12 ± 12	3 ± 5	12 ± 9	24 ± 12
ZARIT (mean ± SD)	24 ± 14	21 ± 11	26 ± 14	26 ± 17

Conclusion

Individuals with DS are at high risk of pathological aging. Screening for frailty with the ID-IF Short Form is a way to clinically explore biological age. It should be further integrated into clinical practice and research.

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