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FRAILTY AMONG SUBURBAN COMMUNITY-DWELLING ELDERLY POPULATION AFTER ONE-YEAR COVID-19 PANDEMIC IN CIREBON REGENCY, INDONESIA

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INTRODUCTION

The pandemic of COVID-19 has affected significant impact worldwide, especially among older adults. Frailty is a determinant of susceptibility to morbidity and mortality due to COVID-19 infection in elderly.

AIM

The study aimed to determine the frailty status and to identify risk factors associated among suburban elderly population in Cirebon Regency, Indonesia, after one-year COVID-19 pandemic.

RESULTS

There were 383 participants recruited in this study with median age 68.3 ± 5.9 years. The baseline characteristics of participants were shown at **Table 1**.

Of total participants, as many as 27.4% participants had difficulty in assessing healthcare.

The prevalence of frailty in this study was 10.2%. Multivariate analysis (**Table 2**) revealed that age (OR 2.72; 95% CI 1.21 – 6.12), multimorbidity (OR 7.86; 95% CI 3.00 – 20.57) and financial dependence (OR 13.39; 95% CI 5.66 – 31.73) were significantly associated with frailty.

Table 1. Characteristics of participants

Characteristics	n	%
Gender		
- Male	193	50.4
- Female	190	49.6
Age (years)		
- 60-69	225	58.7
- 70-79	142	37.1
- ≥80	16	4.2
Occupational status		
- on retirement	192	50.1
- still working	191	49.9
Financial dependence		
- dependent	33	8.6
- independent	350	91.4
Difficulty in healthcare access		
- Yes	105	27.4
- Not	278	6.8
Number of comorbidity(ies)		
<2	357	93.2
≥2	26	6.8
Comorbidities		
- Diabetes mellitus	59	15.4
- Hypertension	87	22.7
- Cancer	2	0.5
- COPD	0	0
- CAD	19	5
- Dyslipidemia	6	1.6
- Stroke	4	1.0

FRAILTY STATUS

■ Frail ■ Not Frail

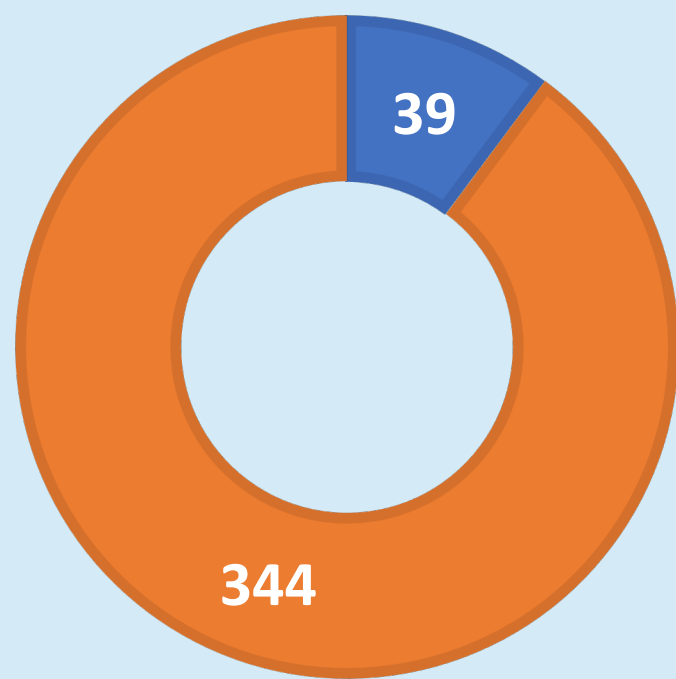


Table 2. Multivariate analysis

Variables	Standard error	p	OR	95% CI
Age	0.413	0.015	2.72	1.21 - 6.12
Financial dependence	0.44	0.000	13.39	5.66 – 1.73
Number of comorbidities	0.491	0.000	7.86	3.00 - 20.57

METHOD

A cross-sectional study of community-dwelling aged 60 years and older was conducted in Klagenan, Cirebon Regency, Indonesia from March until June 2021.

A questionnaire was used in this study for determining baseline characteristics of the participants, healthcare access, comorbidity and frailty status. The Ina-FRAIL scale was used to determine frailty status (frail/not frail). Chi-square test and logistic regression analysis were used to determine association between independent variables and frailty.

This study has obtained ethical clearance for medical research ethics.

CONCLUSIONS

Approximately one in ten suburban older adults living in community setting in Cirebon Regency is frail after one-year COVID-19 pandemic. Age, multimorbidity and financial dependence are associated with frailty in this study.

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