**FRAILTY IS INDEPENDENTLY ASSOCIATED WITH SHORT-TERM OUTCOMES FOR ELDERLY PATIENTS WITH NON-ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION**

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Background: For the large population of elderly patients with cardiovascular disease, it is important to identify clinically relevant measures of biological age and their contribution to risk. Frailty is denoting increased vulnerability and decreased physiological reserves. We analyzed the manner in which the variable frailty predicts short-term outcomes for elderly non–ST-segment elevation myocardial infarction (NSTEMI) patients.

Methods and Results: Patients aged 75 years or older, with diagnosed NSTEMI were included at 3 centers, and clinical data including judgment of frailty were collected prospectively. Frailty was defined according to the Canadian Study of Health and Aging Clinical Frailty Scale. The impact of the comorbid conditions on risk was quantified by the coronary artery disease–specific index. Of 307 patients, 149 (48.5%) were considered frail. By multiple logistic regression, frailty was found to be independently associated with risk for the primary composite outcome (death from any cause, myocardial reinfarction, revascularization due to ischemia, hospitalization for any cause, major bleeding, stroke/transient ischemic attack, and need for dialysis up to 1 month after inclusion) (OR 2.2; 95% CI 1.3–3.7), in-hospital mortality (OR 4.6; 95% CI 1.3–16.8), and 1-month mortality (OR 4.7; 95% CI 1.7–13.0).

Conclusions: Frailty is strongly and independently associated with the primary composite outcome, in-hospital mortality, 1-month mortality and prolonged hospital care. The combined use of frailty and comorbidity may constitute an ultimate risk prediction concept in regard to cardiovascular patients with complex needs. We intend to analyze 1-year outcomes for the study patients.