Modified frailty index

Modified frailty index

The modified frailty index (mFI) can be used to evaluate the risk of both morbidity and mortality in patients.

The Charlson comorbidity index demonstrated superior predictive capacity compared to Modified frailty index and ASA scores and may be valuable as a preoperative risk assessment tool for patients undergoing spinal tumor surgery. The validation of assessment scores is important for preoperative risk stratification and improving outcomes in this high-risk group [1)].

A total of 240 patients with 248 spontaneous intracerebral hemorrhages were included in a analysis. In this study, mFI was not predictive of overall mortality ($p = 0.12$). To further investigate this issue, patients with ICH scores of 2 or 3 were separately analyzed to assess the impact of mFI on moderate ICH cases. However, mFI was also not associated with increased hospital mortality in moderate ICH cases ($p = 0.812$). In bivariate Spearman analysis, mFI significantly correlated with several outcome measures including the modified Rankin Scale (MRS) at discharge ($p = 0.01$), but ICH score also correlated with these outcomes ($p < 0.001$). Although ICH & mFI scores were both predictive of MRS with linear regression, multivariate demonstrated that the ICH score was the only independent risk factor for MRS ($p = 0.698$, $p < 0.001$ respectively).

Frailty, as measured by the mFI, was not an independent risk factor for increased mortality or worse outcomes in SICH patients. This study does not support incorporating the mFI score for SICH patients for prognostication [2)].

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