

Prevalence of Frailty and Cognitive Impairment in Middle-Aged Patients with Alcohol Use Disorder: A Cross-sectional Study

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Introduction: This study explored the relationship between cognition and frailty in patients aged 50 – 65 years with Alcohol Use Disorder (AUD). We also sought to identify the prevalence of cognitive impairment and frailty based on anecdotal concerns about the escalating trajectory of needs within the patient cohort.

Method: Inpatient Drug and Alcohol Service patients were invited to participate in the cross-sectional study. Participants completed the Montreal Cognitive Assessment (MOCA) and the Frail Scale. Demographic data (e.g., age, sex, living arrangement, country of birth, income status) were extracted from electronic medical records.

Results: Seventy-five participants completed the study. In total, 93.3% of participants scored below the MOCA cut-off indicating cognitive impairment (≤ 25) and 77.3% scored within the 'frail' and 'pre-frail' categories on the Frail Scale. Total MOCA and Frail Scale scores were significantly negatively correlated. Demographic factors did not significantly predict total MOCA scores. However, an increase in cognitive impairment (indicated by MOCA score) predicted more frailty indicated on the Frail Scale. Additionally, participants living arrangement classified as other were observed to be less frail (e.g., living with children, family, friends).

Discussion: We documented a higher prevalence of cognitive impairment and frailty compared to previous research. Health services play a key role in providing care to patients with AUD who have cognitive impairment and/or frailty. Our research findings justify the need for investment in health services that can accommodate modifications to treatment that can improve the health outcomes of this patient group.

Implications for Practice or Policy: Health services play a key role in providing care to patients with AUD who have cognitive impairment and/or frailty. The research findings inform the justification of need for investment into health services that can accommodate modifications to treatment that may be necessitated to enable health outcomes of this patient group.

Disclosure of Interest: None to declare.