

<b>Paper Category:</b>	Others
<b>Paper Title:</b> (Arial Font; 14 Pt Size)	<b>Association of Intrinsic Capacity and Social Frailty in Healthy Community-Dwelling Older Adults</b>  CN Tan <sup>1</sup> , K Pek <sup>1</sup> , A Yeo <sup>1</sup> , J Chew <sup>1,2</sup> , JP Lim <sup>1,2</sup> , WS Lim <sup>1,2</sup> 1. Institute of Geriatrics and Active Ageing (IGA), Tan Tock Seng Hospital, Singapore 2. Department of Geriatric Medicine, Tan Tock Seng Hospital, Singapore
<b>Abstract Body:</b> (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> <li>• Background</li> <li>• Objectives</li> <li>• Method</li> <li>• Results</li> <li>• Discussions and Conclusions</li> </ul>
(Maximum word limit - 300 words)	
<p><b>Background:</b>  Intrinsic capacity (IC) is central to functional ability in older persons and has been proposed to be an interrelated yet distinct construct from frailty. Earlier studies examining risk factors for low IC have largely focused on demographic and biomedical factors. The relationship between social frailty and low IC has hitherto not been well understood.</p> <p><b>Objective:</b>  To study the association between social frailty and low IC, and whether this is independent of physical frailty, sarcopenia, malnutrition risk and mood.</p> <p><b>Methods:</b>  We studied 230 healthy community-dwelling older adults (age:67.2±7.4 years; FRAIL: 85.2% robust, 14.8% pre-frail) from the GeriLABS-2 cohort study. Participants were assessed using: 1) modified Integrated Care for Older Adults(ICOPE) for IC (range:0-8 points), and 2) 8-item Social Frailty Scale. Covariates include Fried Frailty Phenotype (FFP) for physical frailty; SARC-F for sarcopenia; Mini Nutrition Assessment (MNA) for malnutrition risk; and 15-item Geriatrics Depression Scale (GDS) for mood. We performed hierarchical regression analysis to examine the association between social frailty and IC, progressively adjusting for FFP, SARC-F, MNA and GDS in separate models.</p> <p><b>Results:</b>  Participants with low IC were more likely than normal IC to be socially pre-frail (SPF:39.2% vs 25.8%) and socially frail (SF:19,6% vs 3.9%). In the base model adjusted for age, gender, education level, and social drinking, SPF (OR=2.11;CI=1.00-4.44) and SF (OR=6.64;CI=2.13-20.68) were significantly associated with low IC. When adjusted in separate models for FFP, SARC-F and MNA, SF was significantly associated with low IC (FFP:OR=5.20;CI=1.62-16.67;</p>	

SARC-F:OR=5.41,CI=1.69-17.34; MNA:OR=5.94;CI=1.88-18.77) but not SPF. Both SPF and SF were not significantly associated with low IC when adjusted for GDS.

**Discussion and Conclusion:**

Social frailty is associated with low IC, independently of physical frailty, sarcopenia, and malnutrition risk but not mood. This highlights the salience of social frailty as a risk factor for low IC in healthy community-dwelling older persons, with mood a possible target for intervention.

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