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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Frailty May Refine Exacerbation Risk Assessment in Older Adults With COPD

Ryan Quigley:
You're listening to *AudioAbstracts* on ReachMD. I'm Ryan Quigley, and today, I'll be reviewing a 2026 study examining frailty and exacerbation risk in older adults with chronic obstructive pulmonary disease, or COPD.

For clinicians managing COPD, breathlessness and previous exacerbations are central to assessing risk. But these measures don't capture the full picture, particularly in older patients whose physical reserves may be declining. So could frailty offer another way to identify patients at risk?

Investigators from Central South University in China explored that question in a study published in the *Journal of Cachexia, Sarcopenia and Muscle*. They examined whether frailty could predict subsequent exacerbations and add value to established clinical indicators.

This prospective, single-center study enrolled 466 adults aged 65 and older between June 2023 and March 2024. The average age was 71, and nearly nine in ten participants were men. Researchers followed patients for one year, recording moderate or severe COPD exacerbations, hospitalizations, and deaths.

To evaluate frailty, the team used the Fried [freed] frailty phenotype. It measures unintentional weight loss, exhaustion, low physical activity, slow walking speed, and weak grip strength. Patients meeting no criteria were classified as robust, those meeting one or two as pre-frail, and those meeting three or more as frail.

One finding stands out immediately: frailty-related vulnerability was widespread. About 55 percent of patients were pre-frail, and another 28 percent were frail. Just 17 percent were classified as robust.

Frail patients also had a more challenging clinical profile. They tended to be older, with lower body mass index, poorer lung function, and greater breathlessness. Nearly 94 percent of frail patients had higher dyspnea scores, compared with 32 percent of robust patients.

Now, what happened over the following year? Frequent exacerbations, defined as at least two moderate or severe episodes, occurred in about 39 percent of frail patients. The corresponding rates were 27 percent among pre-frail patients and 14 percent among robust patients.

After adjusting for demographic and clinical factors, frail patients had about 3.4 times the odds of frequent exacerbations compared with robust patients. Even pre-frail patients had roughly twice the adjusted odds. This suggests that functional vulnerability may provide prognostic information before full frailty develops.

There's an important distinction, though. After adjustment, frailty wasn't significantly associated with experiencing any exacerbation or with hospitalization. And while deaths were numerically more common among frail patients, the study found no statistically significant mortality difference. Only nine patients died during follow-up, limiting conclusions about mortality.

The researchers also asked whether frailty improved risk prediction when combined with familiar measures. For frequent exacerbations, adding frailty to prior exacerbation history increased the area under the curve from about 0.61 to 0.65. Combining frailty with dyspnea also improved discrimination compared with dyspnea alone.

Those differences were statistically significant, but the improvements were small. Even the best combined score had only modest predictive accuracy. So these tools aren't ready to replace clinical judgment or serve as stand-alone risk predictors.

The study also has limitations. It was observational, conducted at one center in China, and included relatively few women. Follow-up

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lasted only one year, and the combined prediction scores haven't been externally validated. Unmeasured factors may also have influenced the associations.

Still, the findings point toward a practical addition to COPD assessment. A structured frailty evaluation may help clinicians recognize broader vulnerability alongside symptom burden and exacerbation history. The next question is whether identifying and addressing frailty can meaningfully reduce future exacerbations.

This has been an *AudioAbstract*, and I'm Ryan Quigley. To access this and other episodes in our series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

Reference:

Li T, Zhang P, Song Q, et al. The Clinical Characteristic and Prognostic Value of Frailty in Elderly COPD Patients. *J Cachexia Sarcopenia Muscle*. 2026;17(5):e70381. doi:10.1002/jcsm.70381

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