Bio-psychosocial Profiles of Non-frail, Pre-frail, and Frail Older Adults
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BACKGROUND

• Frailty in older adults is a state of increased vulnerability to stressors (Fried & Roberts, 1994; Rockwood et al., 1998).
• Frailty carries a higher risk for adverse outcomes including hospitalizations and early mortality (Chen et al., 2010; Andrews et al., 2012; Hirsch et al., 2006; Szanton et al., 2010).
• Frailty has been related to biological (i.e., poor physical health, inflammation), psychological (i.e., depression, compromised well-being), and social factors (i.e., race, low income) (Walston et al., 2002; Chang et al., 2011; Chen et al., 2010; Andrews et al., 2012; Hirsch et al., 2006; Szanton et al., 2010).
• However, these factors have been examined in isolation and most studies have been atheoretical.

RESULTS

Number of Persons Classified as Non-Frail, Pre-Frail & Frail at MIDUS 2 (N=236)

- Frailty carries a higher risk for adverse outcomes including hospitalizations and early mortality (Ensrud, et al., 2011).
- Frail individuals were older with a greater number of illnesses at MIDUS 1. At MIDUS 2, frail individuals were older, had higher levels of CRP, and reported poorer physical and emotional health. Psychological well-being did not differ across the groups at MIDUS 1 or 2.

Significant Group Differences at MIDUS 1

- Self-rated Physical Health
  - Non-Frail: 3.7
  - Pre-Frail: 3.5
  - Frail: 3.1

- Self-rated Emotional Health
  - Non-Frail: 3.0
  - Pre-Frail: 3.7
  - Frail: 3.6

Significant Group Differences at MIDUS 2

- Self-rated Physical Health
  - Non-Frail: 3.7
  - Pre-Frail: 3.6
  - Frail: 3.1

- Self-rated Emotional Health
  - Non-Frail: 3.0
  - Pre-Frail: 3.7
  - Frail: 3.6

Inflammation as a Mediator between MIDUS 1 Eudaimonic & Hedonic Well-being and MIDUS 2 Frailty

- Positive Affect
- Negative Affect

Mediation was not supported. Higher levels of inflammation, anti-hypertensives, and no corticosteroids use were associated with a greater number of frailty characteristics in both the eudaimonic and hedonic well-being models.

CONCLUSIONS

- Frail individuals were older with a greater number of illnesses at MIDUS 1. At MIDUS 2, frail individuals were older, had higher levels of CRP, and reported poorer physical and emotional health. Psychological well-being did not differ across the groups at MIDUS 1 or 2.
- Future studies should examine these relationships in a larger group of frail individuals to continue building our understanding of how biological, social, and psychological factors may interact in the context of frailty.

This project was supported by The John A. Hartford Building Academic Geriatric Nursing Capacity Pre-doctoral Scholarship BAGNC 11-104 and the National Institute of Nursing Research Pre-doctoral Fellowship Award 1F31NR013097-01.