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INTRODUCTION

Fragility can be defined as a biological syndrome of diminished reserves and resistance to stress, resulting from the cumulative decline of multiple physiological systems and causing vulnerability to adverse events.

OBJECTIVE

To evaluate the prevalence of frailty in elderly cancer patients.

METHODS AND RESULTS

A cross-sectional study, using a convenience sample, with elderly patients (≥ 65 years) of both sexes, diagnosed with cancer, enrolled in the Hospital do Câncer I of the National Cancer Institute. Clinical variables, age, sex, body mass index (BMI), calf circumference (CP), Mini Nutritional Assessment - reduced version (MAN-VR[®]) and frailty phenotype criteria were defined by Fried et al. (2001): weight loss at 1 year (PP), palmar grip strength (FPP), reported fatigue, walking speed and physical activity. The SPSS 17.0 program was used for data analysis. Categorical variables were described as absolute and relative frequencies and continuous variables as mean (\pm SD) or median (minimum-maximum) according to their distribution. Work approved in Ethics and Research Committee (956.512; 02/23/2015).

RESULTS

We included 200 patients, mean age 72.5 ± 5.3 years, 54% were men, 64% had digestive tumors and 54% were disease at an early stage. Of the anthropometric and functional evaluations, the medians were: BMI: 23 kg / m² (14-43), CP: 33.5 cm (24-46), PP: 4.6 kg (0-24), FPP: 24 kg -50), walking time: 5.8s (2.8-15.1) and weekly energy expenditure: 320kcal (0-4.928). By MAN-VR[®], 16% were malnourished, 41% were at risk of malnutrition and 43% were normal. Regarding the fragility phenotype, 38% of the elderly were classified as pre-fragile and 62% as fragile.

CONCLUSION

The results showed a high prevalence of frailty in the studied population. The association of several methods of nutritional assessment, including anthropometric and functional variables, becomes essential for better identification of nutritional risk in the elderly with cancer.

Keywords: fragility, elderly, cancer