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**FRAILITY AS AN INDEPENDENT RISK FACTOR FOR MULTIDRUG-RESISTANT BACTERIAL INFECTIONS IN HOSPITALIZED OLDER ADULTS: AN OBSERVATIONAL STUDY**

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**Introduction.** Multidrug-resistant (MDR) bacterial infections are an emerging threat in older patients, but the role of global frailty, beyond age and comorbidity, has not been fully clarified.

**Materials and Methods.** We conducted an observational study including 208 acutely hospitalized older adults. Patients were stratified into 3 groups: 1) culture-negative; 2) positive for non- multidrug-resistant bacterial infections and 3) multidrug-resistant bacterial infections. Frailty was assessed using the Clinical Frailty Scale and a multidimensional frailty index. We performed multinomial logistic regression to identify independent predictors of multidrug-resistant status.

**Results.** Of the 208 patients, 119 (57%) were culture-negative, 60 (29%) had non multidrug-resistant infections, and 29 (14%) had multidrug-resistant infections. Age and sex distribution were similar across groups. In contrast, frailty increased progressively from culture-negative to non-multidrug-resistant to multidrug-resistant patients: median CFS 5, 6 and 6, respectively ( $p = 0.004$ ;  $p$  for trend = 0.002), and median PC-FI 0.20, 0.24 and 0.28 ( $p = 0.021$ ). The proportion of patients with Clinical Frailty Scale > 4 rose from 56% to 70% to 83% across the 3 groups ( $p = 0.015$ ). Multidrug-resistant positive patients more frequently required professional 24-hour caregivers, broad-spectrum antibiotics, and had longer length of stay compared with the other groups.

**Conclusions.** Frailty was more strongly associated with multidrug-resistant bacterial infections than age or traditional comorbidities.