

S3-P13**Impact of Frailty in Patients with Cardiovascular Diseases. A Review**

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Cardiovascular diseases continue to be the leading cause of mortality, accounting 1/3 of global deaths. Frailty as a syndrome characterized by a decline in physical function, reduced physiological reserves, decreased homeostatic tolerance leads to unique challenges in the context of cardiovascular care. It has been found to be an independent predictor of adverse cardiovascular outcomes, mortality and hospitalizations.

In aim to elucidate relationships that link frailty and cardiovascular pathologies PubMed, NCBI, ResearchGate databases were searched using keywords "frailty," " heart failure," "hypertension," "arrhythmias" for the period 2018- 2022.

Frailty, as the primary geriatric syndrome, has extended its significance to the field of cardiology. The prevalence of frailty among ambulatory heart failure patients ranges from 19% to 52%, while among hospitalized patients the burden of frailty is higher, reaching 56% to 76%. Understanding the connection between frailty and cardiovascular conditions remains challenging due to potential shared pathophysiological mechanisms. Factors that may contribute to this reciprocal influence include age-related changes, inflammation, oxidative stress, neuroendocrine dysregulation, obesity, smoking. Despite a conceptual consensus on frailty, establishing a standardized assessment method for frailty in patients with cardiovascular diseases remains elusive. A comprehensive frailty assessment into both medical and social aspects is essential for diagnostic and management. An interdisciplinary approach can improve quality of life, as frailty impacts treatment tolerability, response to interventions and outcomes.

Further research is necessary to identify early predictors of frailty using a comprehensive approach, encompassing physical, psychological and social dimensions to mitigate the impact of frailty on patients with cardiovascular diseases.