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ORIGINAL ARTICLES

An Audit of Orthodontic Retention Protocol in a Tertiary Health Institution: A 3-Year Retrospective Study

O. D. Umeh, I. L. Utomi, A. L. Ben-Okoye, A. S. Eniola

Comparing Antenatal and Delivery Care Services in Public and Private Health Facilities: Evidence from 2018 Nigeria Demographic and Health Survey

M. S. Ibrahim, Z. Babandi, I. Joshua, S. Asuke

Determinants of Antimicrobial Use for Covid-19 Related Symptoms among Nigerians

E.E. Chukwu, A.Z. Musa, C. Enwuru, A. Ohihion, T. Bamidele, A. Olukosi, I. Idigbe, K.A. Osuolale, C. Gab-Okafor, A. Salako, O. David, N. Otuonye, A. David, R. Toyosi, O. Aina, B. Adewale, N. N. Odunukwe, O. Ezechi, R.A. Audu, B.L. Salako

Evaluation of Foetal Haemoglobin Status among Nigerian Patients with Sickle Cell Anaemia Using High Performance Liquid Chromatography

N. I. Ugwu, N. E. Okechukwu, C. N. Ugwu, O. E. Ogah, C. Okike, R. C. Ikeagwulonu, N. U. Uzodinma, A. J. Madu, H. C. Okoye, I. C. Uzoma, C. Alo, G. C. Ugwu, V. N. Ekpeagu, U. I. Okeke

Hospital-Based Cross-Sectional Study of the Impact of Cutaneous Lichen Planus on the Quality of Life of Patients at a Tertiary Center in Lagos, Nigeria

E. L. Anaba, R. I. Oaku

Hypertension and its Clinical Correlates in a Rural Community in South Western Nigeria

O. O. Oni, P. O. Akinwusi, A. O. Odeyemi, G. M. Israel, O. Ala, J. O. Akande, E.O. Oke, A. Durodola, A. Idowu, O. K. Israel, A. O. Aremu

Relevance of Rheumatic Valvular Heart Disease in the Aetiology of Heart Failure in Contemporary Times

E. J. Ogbemudia, E. M. Umuerrri

Menstrual Characteristics of sub-Sahara Black African Women with and without Endometriosis

I. Jalo, E. W. Isaac, M. P. Raymond, M. Amina, R. Y. Adeniji

Plasma Low-Density Lipoprotein Cholesterol Estimated by Friedewald Compared to Martin-Hopkins Equation in Nigerian Population

B. E. Orimadegun, F. Ogah, O. B. Oyedele, O. O. Daodu

Prevalence and Correlates of Frailty Syndrome among Older Adults Attending Chief Tony Anenih Geriatric Centre, University College Hospital, Ibadan

S. A. Ajayi, L. A. Adebuseye, O. O. Olowookere, R. O. Akinyemi, K. O. Afolayan, J. O. Akinyemi, E. O. Labaeka

The Evolving Application of DNA-Based Genotyping of Red Blood Cells in Blood Grouping: A Narrative Review

T. O. Akinyemi, F. A. Fasola, O. A. Olateru-Olagbegi

Predictors of Bacterial Co-Infection and Outcome in Children with Severe Malaria in Ilorin, Nigeria

A. Ojuawo, O. Mokuolu, A. Adegboye, O. Ojuawo, M. Abdulkadir, B. Olanipekun, A. Jimoh, O. Adedoyin

CASE REPORTS

Rosai-Dorfman Disease in Cervical Lymph Nodes: The Challenges of Diagnosis in a Resource Limited Setting and Use of Immunohistochemistry in the Diagnosis

G. O. Ogun, B. L. Awosusi, A. A. Oladeji

Induced Membrane Technique of Masquelet; A Viable Option in Treatment of Post-Trauma Segmental Bone Loss: A Case Report

F. S. Ejagwulu, K. E. Amaefule, Y. Z. Lawal, I. L. Dahiru, I. M. Maitama, I. Aniko, S. S. Audu, E. E. Ejagwulu

Impact of Impaired Kidney Function on Outcomes of Nigerians with COVID-19 Infection: Report of two Cases from the University College Hospital, Ibadan

Y. R. Raji, S. O. Ajayi, B. I. Abiola, T. Augustine, O. Adekanmbi, A. Arije

See full Table of Contents in English (Page 1A) and French (Page 1B)

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Prevalence and Correlates of Frailty Syndrome among Older Adults Attending Chief Tony Anenih Geriatric Centre, University College Hospital, Ibadan

Prévalence et Corrélations du Syndrome de Fragilité Chez Les Personnes Âgées Fréquentant Chef Tony Anenih Geriatric Center, University College Hospital, Ibadan

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ABSTRACT

BACKGROUND: Frailty has emerged as an important clinical measurement among older adults because of its negative health outcomes.

OBJECTIVE: This study measured the prevalence and factors associated with frailty among older adults aged 60 years and above at a Geriatric Centre in Nigeria.

METHODS: In this descriptive cross-sectional study, 971 older adults were recruited consecutively. Data on socio-demographics characteristics and clinical parameters were obtained using an interviewer-administered questionnaire and physical examination performed. The Frailty syndrome and Frailty Index were assessed using the Fried Frailty Criteria (FFC) and Canadian Study of Health and Aging (CSHA) scale respectively. Bivariate and multivariate analyses were carried out using SPSS version 21 at a $p < 0.05$.

RESULTS: The mean age of the participants was 71.3 (± 7.1) years with a female to male ratio of 2.4:1. Based on FFC scale, 498 older persons (51.3%) had frailty syndrome while only 148 (15.2%) were frail using the CSHA scale. The measure of agreement (Kappa statistics) was 0.22 ($p < 0.001$) indicating weak agreement between the two scales. Logistic regression analysis revealed increasing age (OR=1.948 [1.219-3.113]), multiple morbidities (OR= 1.584, [1.177-2.201]), depression (OR= 5.050, [2.501-9.442,]), imbalance or increased risk of fall (OR 1.623, [1.192-2.211,]), and inability to perform IADL (OR= 0.599 [0.535-0.670,]) to be the most significant determinants of frailty syndrome while obesity (OR=0.660, [0.449-0.971]), unusually appeared a deterrent.

CONCLUSION: The prevalence of frailty syndrome was high among the older adults. Targeted and timely interventions on the modifiable factors may delay progression into frailty and the eventual negative health outcomes. *WAJM 2021; 38(3): 262-268.*

Keywords: Frailty Syndrome; Correlates; Older Adults; Geriatrics.

ABSTRAIT

CONTEXTE: La fragilité a été émergée comme un élément clinique important mesuré chez les personnes âgées en raison de son état de santé négatif les résultats.

OBJECTIF: Cette étude a mesuré la prévalence et les facteurs associés à la fragilité chez les personnes âgées de 60 ans et ci-dessus dans un centre gériatrique au Nigéria.

MÉTHODES: Dans cette étude transversale descriptive, 971 des adultes plus âgés ont été recrutés consécutivement. Les données sur les caractéristiques sociodémographiques et les paramètres cliniques ont été obtenus à l'aide d'un questionnaire administré par l'enquêteur et un examen physique effectué. Le syndrome de fragilité et l'indice de fragilité ont été évalués à l'aide du Fried Frailty Critères (FFC) et étude canadienne sur la santé et le vieillissement (CSHA) respectivement. Bivarié et multivarié les analyses ont été réalisées à l'aide de SPSS version 21 à $p < 0,05$.

RÉSULTATS: L'âge moyen des participants était de 71,3 ($\pm 7,1$) ans avec un ratio femmes / hommes de 2,4 : 1. Basé sur l'échelle FFC, 498 personnes âgées (51,3%) avaient un syndrome de fragilité alors que seulement 148 (15,2%) étaient fragiles selon l'échelle de la SCVS. La mesure d'accord (statistiques Kappa) était de 0,22 ($p < 0,001$) indiquant faible accord entre les deux échelles. Une analyse de régression logistique a révélé une augmentation de l'âge (OR = 1,948 [1,219-3,113]), morbidités multiples (OR = 1,584, [1.177-2.201]), dépression (OR = 5.050, [2.501-9.442,]), déséquilibre ou risque accru de chute (OR 1.623, [1.192-2.211,]), et l'incapacité d'effectuer une IADL (OR = 0,599 [0,535-0,670,]) pour être les déterminants les plus importants du syndrome de fragilité obésité (OR = 0,660, [0,449-0,971]), apparaissait inhabituellement dissuasif.

CONCLUSION: La prévalence du syndrome de fragilité était élevée parmi les personnes âgées. Interventions ciblées et opportunes sur les facteurs modifiables peuvent retarder la progression vers la fragilité et les éventuels effets négatifs sur la santé. *WAJM 2021; 38(3): 262-268.*

Mots clés: Syndrome de fragilité; Corrélats; Les adultes plus âgés; Gériatrie.

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Abbreviations: CSHA, Canadian Study of Health and Aging; FFC, Fried Frailty Criteria.