

The High Cost of Frailty and Falls

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The lifetime toll of frailty and falls among people with HIV is likely to be substantial as the population ages, according to a recent study. Regardless of HIV status, frailty is a common syndrome among older adults that comes with an increased risk for poor outcomes, including falls, cognitive impairment, hospitalization and death.

Karen Smith, PhD, of Harvard Medical School, and colleagues, used mathematical modeling to estimate the anticipated lifetime health losses and costs attributable to prefrailty, frailty and falls among people living with HIV in the United States, assuming a representative population of more than 500,000 HIV-positive people ages 40 and older with viral suppression.

At the individual level, the model projected that frailty would result in 2.6 life-years lost, 2.1 quality-adjusted life years (QALYs) lost—a measure that combines length and quality of life—and \$16,900 in additional spending per person. Scaling up to the population level, this would amount to 1,352,000 life-years lost, 1,091,000 QALYs lost and \$8.8 billion in lifetime costs. What's more, falls could lead to more than 180,000 total life-years lost and over \$3 billion in lifetime costs.

However, a simulation that included prevention interventions projected that decreasing the risk of prefrailty and frailty could dramatically reduce QALYs lost and save billions of dollars. "Interventions such as exercise programs could improve outcomes, and future work should aim to identify high-value interventions to prevent and treat frailty and falls among people with HIV," the authors wrote.

Medical therapies may also play a role. The AIDS Clinical Trials Group recently announced a Phase II clinical trial, dubbed IPACE-HIV, to evaluate dasatinib (Sprycel) and quercetin—two senolytic drugs that target cells involved in biological aging—for improving physical function among HIV-positive people who are frail or at risk for frailty.

