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Research on professional burnout during the pandemic has focused on hospital-based health care workers. This study examined the psychological impact of the pandemic on home-based primary care (HBPC) providers. We interviewed 13 participants from six HBPC practices in the New York including medical/clinical directors, program managers, nurse practitioners, and social workers and analyzed the transcripts using inductive qualitative analysis approach. HBPC providers experienced emotional exhaustion and a sense of reduced personal accomplishment. They reported experiencing grief of losing many patients at once and pressure to adapt to changing circumstances quickly. They also reported feeling guilty for failing to protect their patients and reduced confidence in their professional expertise. Strategies to combat burnout included shorter on-call, regular condolence meetings to acknowledge patient deaths, and peer support calls. Our study identifies potential resources to improve the well-being and reduce the risk of burnout among HBPC providers.

Session 3485 (Symposium)

UNDERSTANDING AND MEASURING FRAILTY: INSIGHTS FROM THE CANADIAN NUAGE AND CLSA COHORTS

Chair: Pierrette Gaudreau
Co-Chair: Alan Cohen

Frailty is one of the most central concepts in geriatrics; nonetheless, multiple definitions and operationalizations abound, and the underlying biology remains a topic of much discussion. Here, we bring together four talks that join questions of understanding with questions of measurement, in order to explore how answering each is necessary to make progress on the other. We cannot measure frailty if we have not understood and defined it, but we cannot understand if we cannot measure it and study it. Turcot et al. present work on operationalizing frailty in the NuAge cohort. Mayo et al. establish a scale to test the extent to which frailty can be operationalized as a ladder rather than a condition, again using the NuAge cohort. Mendo et al. use mediation analyses to understand how grip strength and other aspects of frailty may play a role in the relationship between diabetes and atherosclerosis. Ghachem et al. test the relationship between physiological dysregulation of different systems and different criteria of the Fried model, in order to assess the evidence for frailty as an emergent physiological state. Together, these talks will push the boundaries of how we think about frailty at levels ranging from biological to clinical to operational.

COMPARISON OF DIFFERENT APPROACHES TO OPERATIONALIZE FRIED'S PHENOTYPIC FRAILTY IN THE NUAGE COHORT

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Many operationalization approaches were proposed to identify frailty in older adults. The common use of Fried's original criteria or other cut-offs based on cohort distribution may not apply in every cohort leading to potential bias in the identification of frail individuals. We thus aimed to apply different Fried's phenotypic frailty operationalization approaches in the Quebec NuAge cohort of generally healthy community-dwelling older adults (n=1,753; aged 67-84 years), and longitudinally compare prevalence, incidence and predictive strength on outcomes, such as functional autonomy, falls, hospitalization and mortality. Significant variability in prevalence, classification agreement and predictive strengths were observed between approaches, notably using different types of distribution cut-offs, variables, or ways to handle missing data. This strategy helped us to prioritize a specific Fried's phenotypic frailty operationalization in NuAge, which could then be used in secondary research projects aiming to study determinants of Fried's phenotypic frailty and its role in health outcomes.

VALIDATION OF A FRAILTY LADDER USING RASCH ANALYSIS: IF THE SHOE FITS

Nancy Mayo,[1] Mylène Aubertin-Leheudre,[2] Kedar Mate,[1] Sabrina Figueiredo,[1] Julio Fiore,[1] Mohammad Auais,[3] Susan Scott,[4] and José Morais,[1] *1. McGill University, Montreal, Quebec, Canada, 2. Universite du Quebec à Montreal, Montreal, Quebec, Canada, 3. Queen's University, kingston, Ontario, Canada, 4. McGill University Health Centre Research Institute, Montreal, Quebec, Canada*

The current measurement approach to frailty is to classify people on frailty status, rather than measure the degree to which they are frail. Here, we test the extent to which a set of items identified within the frailty concept fits a hierarchical linear model (Rasch model) and form a true measure reflective of the frailty construct and confirm the model using the NuAge dataset. The development sample included 234 individuals (aged 57 to 97) drawn from three sources: at-risk seniors (n=141); post-colorectal surgery (n=47); and post-rehabilitation hip fracture (n=46). We defined our frailty construct based on items commonly used in frailty indices, self-report measures, and performance tests. Of the 68 items, 29 fit the Rasch Model: 19 self-report items on physical function and 10 performance tests including one for cognition. Items typically identified as reflecting the frailty concept fit the Rasch model. The Frailty Ladder would facilitate personalized intervention.

CARDIOVASCULAR RISK FACTORS AND CAROTID INTIMA MEDIA THICKNESS: MEDIATION AND INTERACTION BY GRIP STRENGTH

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