variables and t-tests were employed for pseudo normally distributed continuous variables.

**RESULTS:** Of the 53 participants, the median age was 59 years (26-89). 41.5% were women. The median time on dialysis was 1.6 years.

According to the CFS, 6 patients were categorised as non-frail, 30 patients as intermediately frail and 17 as frail.

Among frail participants, 41% were correctly perceived as frail by their nephrologist. Among non-frail participants, 100% were correctly perceived as non-frail by their nephrologist.

Among those who were frail according to the CFS, those misclassified as intermediately frail or non-frail, were younger (median age of those misclassified 49 years vs 62 years of those not mis-classified, P=0.03) but did not differ by sex (P=1), time on dialysis (P=0.39), presence of diabetes (P=0.30) or presence of vascular disease (P=1).

**CONCLUSION:** In this study of adult patients undergoing chronic haemodialysis, perceived frailty correlated with measured frailty using the CFS less than 50% of the time. This suggests that clinical perception is not an accurate surrogate for frailty status in this population group. Additionally, this study suggests that younger patients with ESRD are less likely to be correctly perceived as frail. Such misclassification could influence clinical decisions for treatment, including candidacy for kidney transplantation.

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MO152 | **CORRELATION OF PERCEIVED FRAILTY WITH MEASURED FRAILTY IN AN ADULT HAEMODIALYSIS POPULATION**

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**BACKGROUND AND AIMS:** Frailty is a measure of physiological reserve and the ability to respond to physiological stress. Increasing frailty predicts adverse health outcomes in patients with end stage renal disease (ESRD) Despite this, frailty is not routinely measured in clinical practice where clinician perception of frailty is used to inform decision making.

The Clinical Frailty Scale (CFS) is a clinical judgement-based score that is a useful screening tool for frailty. Increasing frailty measured by CFS is predictive of adverse outcomes in patients with advanced chronic kidney disease (CKD) including falls, worsening disability, care home admissions, hospitalizations and ultimately mortality. It has been widely used in the assessment of patients with COVID-19 to help inform decisions regarding ceiling of care.

This study aimed to assess the correlation between clinician perception of frailty and frailty as measured using the CFS.

**METHOD:** Frailty was assessed for all patients undergoing in centre hospital haemodialysis (n=53) in a single dialysis unit in Northern Ireland. A CFS score was calculated for all patients by a clinician who routinely uses the CFS in clinical practice. Patients with a score of 1-3 were classified as not frail, 4-5 as intermediately frail and 6-9 as frail.

Nephrologists received basic education about frailty. They were then asked to categorize their patients as non-frail, intermediately frail or frail.

The relationship between measured and perceived frailty was assessed using percent agreement. Participant characteristics of frail patients who were misclassified as intermediately frail or non-frail by clinicians were compared to those patients correctly classified as non-frail by clinicians. Fisher's exact test was employed for categorical