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ATRIAL FIBRILLATION IN THE ELDERLY. CLINICAL COMPLEXITY AND FRAILTY: A PRELIMINARY ANALYSIS OF THE CAFFE STUDY

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Background: Atrial fibrillation (AF) is the most common arrhythmia in the elderly. Its management in older patients remains controversial, particularly regarding the choice between rate-control and rhythm-control strategies. To address this issue, the CAFFE Study ("Cardioversion of Atrial Fibrillation and Frailty in the Elderly") was designed as a prospective, observational, multi-centric study aimed at providing insights for selecting the most appropriate treatment in this complex population. Frailty and disability significantly complicate the management of elderly patients. The aim of this preliminary analysis, conducted on the still ongoing CAFFE cohort, was to assess the combined role of a clinical complexity indicator (CHA₂DS₂-VA) and a tool specifically developed to measure frailty and disability, the FiND ("Frail Non-Disabled") questionnaire.

Methods: Patients with persistent AF enrolled in the CAFFE Study were assessed through standard cardiological evaluations as well as Comprehensive Geriatric Assessment.

Alongside MMSE, GDS-15, and SPPB, the FiND questionnaire was administered, which consists of five items: two exploring disability (difficulty walking 400 m and climbing a flight of stairs) and three exploring frailty (unintentional weight loss of >4.5 kg, exhaustion, and physical activity level).

Results: So far, 31 patients have been enrolled in CAFFE (mean age: 78±9 years; women: 25.8%; Body mass index, BMI: 26.5±3.8 kg/m²; CHA₂DS₂-VA: 4.2±1.2). Overall, mean scores were MMSE: 28.2±2.0, GDS-15: 3.3±2.5, and SPPB: 8.8±2.6. According to the FiND questionnaire, 43.3% were classified as robust, while 20.0% were frail and 36.7% disabled. No significant differences by FiND category were observed in age, sex, BMI, baseline heart rate, systolic blood pressure, left ventricular ejection fraction, MMSE, or GDS-15 scores. In contrast, CHA₂DS₂-VA (robust: 3.7±0.9, frail: 5.2±1.0, disabled: 4.2±1.3; p=0.040) and SPPB (robust: 10.5±1.4, frail: 8.8±2.0, disabled: 6.6±2.6; p<0.001) were significantly associated with FiND scores. Patients with CHA₂DS₂-VA of 2-3, 4, and >4 accounted for 25.8%, 45.2%, and 29.0% of the cohort, respectively. Heart rate (2-3: 73±18; 4: 85±15; >4: 68±7 bpm; p=0.018) and ejection fraction (2-3: 61±8; 4: 60±13; >4: 46±6%; p=0.005) differed significantly across CHA₂DS₂-VA categories, while MMSE, GDS-15, and SPPB did not.

Conclusions: Elderly patients with persistent AF present high clinical complexity and are frequently frail or disabled. Their evaluation should therefore combine clinical indicators, such as CHA₂DS₂-VA, with Comprehensive Geriatric Assessment tools, especially those

measuring functional status and frailty. These complementary sources of information allow for more accurate phenotyping of this patient population. The CAFFE Study will help determine the most appropriate therapeutic strategy for AF in the elderly, with a focus on this

multidimensional approach. The CAFFE Study, as part of the PRIN (Progetti di Ricerca di Rilevante Interesse Nazionale, Prot. 2022L9NPKH), is funded by the Italian Ministry of University and Research and the European Union (NextGenerationEU).

