

**EVALUATION OF FRAILTY PREVALENCE AND ITS ASSOCIATION WITH CHRONIC
OBSTRUCTIVE PULMONARY DISEASE IN GERIATRIC PATIENTS****M. Senthil¹, Raja M.^{2*}**^{1,2}J.K.K. Nattraja College of Pharmacy, Erode, Tamil Nadu, India.***Corresponding Author: Raja M.**

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DOI: <https://doi.org/10.5281/zenodo.21027274>**How to cite this Article:** M. Senthil¹, Raja M.^{2*} (2026). Evaluation Of Frailty Prevalence And Its Association With Chronic Obstructive Pulmonary Disease In Geriatric Patients. European Journal of Pharmaceutical and Medical Research, 13(7), 134-139.

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Article Received on 28/05/2026

Article Revised on 18/06/2026

Article Published on 01/07/2026

ABSTRACT

Frailty is increasingly recognized as a major determinant of adverse outcomes in older adults with chronic diseases. Chronic Obstructive Pulmonary Disease (COPD) contributes substantially to morbidity, mortality, and healthcare utilization worldwide. This study evaluated the prevalence of frailty and its association with clinical characteristics among 386 geriatric COPD patients. Frailty was highly prevalent and demonstrated significant associations with nutritional status, disease severity, dyspnea burden, physical inactivity, and hospitalization. Early identification and multidisciplinary interventions may improve patient outcomes and reduce healthcare burden. Frailty is increasingly recognized as a major determinant of adverse outcomes in older adults with chronic diseases. Chronic Obstructive Pulmonary Disease (COPD) contributes substantially to morbidity, mortality, and healthcare utilization worldwide. This study evaluated the prevalence of frailty and its association with clinical characteristics among 386 geriatric COPD patients. Frailty was highly prevalent and demonstrated significant associations with nutritional status, disease severity, dyspnea burden, physical inactivity, and hospitalization. Early identification and multidisciplinary interventions may improve patient outcomes and reduce healthcare burden. Frailty is increasingly recognized as a major determinant of adverse outcomes in older adults with chronic diseases. Chronic Obstructive Pulmonary Disease (COPD) contributes substantially to morbidity, mortality, and healthcare utilization worldwide. This present work is related to SDG-3: Good Health and Well-being. study evaluated the prevalence of frailty and its association with clinical characteristics among 386 geriatric COPD patients. Frailty was highly prevalent and demonstrated significant associations with nutritional status, disease severity, dyspnea burden, physical inactivity, and hospitalization. Early identification and multidisciplinary interventions may improve patient outcomes and reduce healthcare burden.

KEYWORDS: Frailty; COPD; Geriatrics; GOLD Stage; Dyspnea; BMI; Hospitalization; Pulmonary Rehabilitation.**INTRODUCTION**

Frailty is a multidimensional syndrome characterized by reduced physiological reserve, impaired resilience, and increased vulnerability to stressors. COPD is among the leading causes of disability and mortality globally. The coexistence of frailty and COPD creates a synergistic effect that accelerates functional decline and worsens prognosis. Frailty is a multidimensional syndrome characterized by reduced physiological reserve, impaired resilience, and increased vulnerability to stressors. COPD is among the leading causes of disability and mortality globally. The coexistence of frailty and COPD

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detection and multidisciplinary management strategies are essential.

SDG Alignment

The present work is related to SDG-3: Good Health and Well-Being.

ACKNOWLEDGMENTS

The authors acknowledge all study participants and healthcare professionals involved in data collection and patient care.

Conflict of Interest

The authors declare no conflict of interest.

Funding

No external funding was received for this study.

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