

# Self-reported function IDs post-op course in elderly

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phenotype (0.058). Net reclassification improvement was also better with LLFDI-FUNCTION.

"Further studies are needed to confirm these findings and validate the use of the LLFDI-FUNCTION with the ACS Calculator for preoperative assessments of [older adults](#)," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—Self-reported function is more informative than frailty phenotype in predicting a negative postoperative course in older adults, according to a study published online Sept. 19 in the *Journal of the American Geriatrics Society*.

Alok Kapoor, M.D., from the School of Medicine at the University of Massachusetts in Worcester, and colleagues compared the performance of the American College of Surgeons Surgical Risk Calculator (ACS Calculator) for predicting risk of serious [postoperative complications](#) plus the addition of self-reported physical function versus a frailty score among 403 individuals aged 65 and older undergoing any surgery with a risk of serious complication of ?5 percent.

The researchers found that over 30 days, 26 percent of participants developed an adverse postoperative course. With the Late-Life Function and Disability Instrument (LLFDI FUNCTION) the increase in c-statistic for the ACS Calculator was slightly greater (0.076) than with the frailty

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