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ELDERLY PEOPLE'S PREFERENCES FOR DIFFERENT ORGANIZATIONAL MODELS FOR FRAILTY SCREENING: A DISCRETE CHOICE EXPERIMENT

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Objectives The comprehensive geriatric assessment (CGA) provides an in-depth evaluation of the various dimensions of frailty through a complete 3-hour assessment, enabling early management of this reversible condition to keep people as independent as possible for as long as possible. As mobile geriatric teams are being set up to promote the performance of CGA, this study aimed to reveal the organizations that would encourage people over 60 to adhere to this screening.

Methods A face-to-face Discrete Choice Experiment (DCE) was conducted in France to elicit elderly people's preferences for five attributes of two to three levels each, associated with CGA organization: initiator, pre-assessment, location, duration, and results announcement. The DCE data were analyzed using conditional logit, mixed logit and bivariate probit models. The heterogeneity of the results was also explored using patient characteristics.

Results The DCE was completed by 225 respondents (61.3% female; mean age, 72.3 years; 61.8% urban dwellers; 90.2% without caregiver; 35.5% being a caregiver). Initiator, location, and duration significantly influenced respondents' preferences for CGA organization. Preferences vary according to quality of life and the relationship with the GP, while acceptance of the CGA varies according to gender, living environment, being a caregiver and socio-professional category. It seems that CGA should mainly be proposed by the GP, that it should be carried out in the GP's office or in hospital and not at home, and that it should be carried out in two parts, preferably on the same day. Results should be announced by CGA professionals.

Conclusion Finally, a mobile geriatric team that travels as close as possible to the elderly population in a neutral location and/or within general practices could be a sustainable solution for the early detection of frailty.