

## Research Project

### GERAS Claes

#### Third-party funded project

**Project title** GERAS Claes

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**Organisation / Research unit**

Departement Public Health / Pflegewissenschaft (De Geest)

**Department**

**Project start** 01.10.2015

**Probable end** 30.09.2019

**Status** Completed

Hintergrund

For the burgeoning cohort of older patients considered for kidney transplantation, evidence gaps regarding frailty and mild cognitive impairment limit clinical decision-making and medical management. As known risk factors for 'hard' clinical outcomes in chronic illness, both require further study in transplantation. Integrating these and other bio-psychosocial factors into a comprehensive pre-transplant patient assessment will provide insights regarding economic implications and may improve risk prediction.

Zielsetzung

This pioneering project jointly examines frailty and mild cognitive impairment from bio-psychosocial and health economic perspectives. Results may significantly inform risk prediction, care tailoring and resource optimization to improve health outcomes in the ageing kidney transplant cohort.

Design/Methode

A nation-wide multi-centre prospective cohort study nested in the Swiss

Transplant Cohort Study. Our nationally representative convenience sample includes 250 adult kidney transplant recipients. Data sources include the Swiss Transplant Cohort Study and primary data collected at time of transplantation, 6 months, 1 and 2 years posttransplant via established measures (the Montreal Cognitive Assessment, Psychosocial Questionnaire, Fried Frailty Instrument and a blood analysis), investigator-developed instruments and datasets compiled by hospitals' management control units, sickness funds, the Swiss Federal Statistical Office and the European Renal Association. Descriptive, competing risk survival and mixed effects analyses will be performed. Research Ethics Committee approval was obtained in January 2016.

Erwarteter Nutzen / Relevanz

Findings of the GERAS study will provide evidence for healthcare professionals to better identify patients most at risk for adverse outcomes. This can guide early intervention and tailor pre- and post-transplant care, policy development and resource allocation aiming to improve outcomes for the growing cohort of elderly and frail kidney transplant recipients.

**Financed by**

Other sources

**Add publication**

**Add documents**

**Specify cooperation partners**