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Cross-cultural Adaptation and Psychometric Properties of the Groningen Frailty Indicator (GFI) among Chinese Community-Dwelling Older Adults

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Objectives: To translate the Groningen Frailty Indicator (GFI) into Chinese and examine its psychometric properties among community-dwelling older adults.

Study design: Cross-sectional study.

Main outcome measures: The Chinese GFI was generated through forward-backward translations. An urban sample of 1230 community-dwelling older adults were enrolled to test its feasibility, reliability (internal consistency and test-retest reliability) and validity (criterion validity, convergent validity and known-group discriminant validity).

Results: The Chinese GFI achieved semantic and idiomatic equivalence of the 1230 participants, 1202 (97.7%) individuals completed all items of the GFI. The internal consistency was acceptable (Cronbach's $\alpha = 0.64$) and the test-retest reliability was good (ICC = 0.87). The GFI showed good diagnostic test accuracy on identification of frailty with reference to the Frailty Index (AUC = 0.84) and the optimal frailty cut-point was 3. The convergent validity was supported by significant correlations between the four GFI domains and their alternative measurements (the Katz ADL index, the Lawton IADL index, the 5-Item Geriatric Depression Scale, the Short Portable Mental Status Questionnaire and the Social Support Rating Scale). Higher proportions of frailty (GFI ≥ 3) were found in those who were older, female, less educated, lived alone and had 2 or more chronic diseases, supporting the known-group discriminant validity.

Conclusions: The Chinese GFI presents good feasibility and reproducibility, acceptable internal consistency, satisfied validity among community-dwelling older adults.

Keywords: Frailty, Groningen Frailty Indicator, Older Adults, Reliability, Validity

Biography:

Xiaoxia Qiao is a Ph D holder in School of Nursing, Peking University. Her research focuses on geriatric nursing, especially on assessment instruments, risk factors, adverse outcomes and non-pharmacological interventions related to frailty.