**Falls, frailty and mortality of Māori and non-Māori in advanced age; LiLACS NZ**

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**Background: Falls and frailty are closely related. The utility of the frailty concept in indigenous people and in very old people is not known. Falls and frailty may predict mortality in different ways.**

**Methods: Data from a cohort study of Māori 80-90 years and non-Māori 85 years at inception in 2010 were used to establish 3 year mortality related to falls and frailty. Falls were ascertained by self report. Rockwood frailty scale was constructed from 34 deficits on the complete sample, 410 Māori and 512 non-Maori. The Fried was constructed from community dwellers that completed the full interview (206 Māori and 344 non-Māori) using gait speed; PASE activity score; grip strength; and poor energy, and weight loss. Mortality was from National mortality data. Prediction of mortality from falls, Rockwood and Fried were compared using regression techniques adjusting for deprivation, education and age.**

**Results: Over three years 100 Māori(24%) and 109 non-Māori(21%) died(ns). 43% of non-Māori fell in the year of enrolment and 36% of Māori (ns when adjusted). According to Fried, Māori were less frail than non-Māori. Māori: 34% notfrail, 59% prefrail, 7% frail; non-Māori 20% notfrail, 65% prefrail and 15% frail(p <0.001) with no gender variation. Scores on the Rockwood Index did not differ by ethnicity. The lowest and highest Rockwood quartile had 10% and 47% mortality (p<0.001) for Māori and 6% and 38% mortality (p<0.001) for non-Māori. Fried showed 40% and 20% (p 0.016) mortality for the frail and prefrail group respectively for Māori and 28% and 16% (p 0.004) for non-Māori. Using regression the Rockwood and Fried both predicated mortality (p<0.002). Falls significantly predicated mortality and was completely confounded by the Fried scale, but not the Rockwood.**

**Conclusions: Māori may be less frail then non-Māori. Falls maintained prediction of mortality independent of Rockwoods scale for both Māori and non-Māori but not Frieds. The two frailty concepts measure different things.**