Electronic Supplementary Material

Drugs & Aging

Frailty as a marker for the plasma concentrations of direct oral

anticoagulants in older patients – Results of an exploratory study

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Table S1 Characteristics of rivaroxaban study patients

Characteristic	Rivaroxaban (n = 14)	
Age, years: Mean (± SD; range)	84.4 (± 7.3; 70-95)	
Female, n (%)	7 (50)	
Creatinine clearance (CG), ml/min: Mean (± SD; range)	56.6 (± 17.1; 19.5-86.0)	
Weight, kg: Mean (± SD; range)	81.6 (± 18.6; 47.0-120.2)	
Indication for DOAC, n (%)		
Atrial fibrillation (nonvalvular)	7 (50.0)	
Atrial fibrillation + treatment of PE	0 (0)	
Atrial fibrillation + NSTEMI	1 (7.1)	
Prophylaxis of recurrent DVT/PE	4 (28.6)	
Peripheral artery disease	1 (7.1)	
Ambiguous	1 (7.1)	
Dose in mg, n (%)		
20 QD	3 (21.4)	
15 QD	8 (57.1)	
10 QD	1 (7.1)	
2.5 BID	2 (14.3)	
Fried category, n (%)		
Robust	0 (0)	
Pre-frail	8 (57.1)	
Frail	6 (42.9)	
Number of Fried criteria met, n (%)		
0	0 (0)	
1	2 (14.3)	
2	6 (42.9)	
3	4 (28.6)	
4	2 (14.3)	
5	0 (0)	
Short Physical Performance Battery score, n (%)		
10-12	2 (14.3)	
8-9	1 (7.1)	
0-7	11 (78.6)	
FRAIL scale score, n (%)		
0	2 (14.3)	
1-2	5 (35.7)	
≥3	7 (50.0)	
Frailty index: Mean (± SD; range)	0.43 (± 0.15; 0.18-0.71)	
Number of Fried criteria "gait speed" + "grip strength" met, n (%)	,	
0	0 (0)	
1	3 (21.4)	
2	11 (78.6)	
Gait speed, m/s: Mean (± SD; range)	0.65 (± 0.21; 0.35-1.14)	
Grip strength (female), kg: Mean (± SD; range)	14.5 (± 4.4; 7.3-20.3)	
Grip strength (male), kg: Mean (± SD; range)	24.5 (± 5.1; 16.7-29.7)	

BID, twice a day; CG, Cockcroft and Gault formula; DVT, deep vein thrombosis; NSTEMI, non-ST elevation myocardial infarction; PE, pulmonary embolism; QD, once a day; SD, standard deviation

Table S2 Spearman correlation of dose-normalized rivaroxaban trough concentrations with patient characteristics, frailty assessments, and functional parameters

Characteristic	Rivaroxaban trough (n = 14) r _s (p-value)	Rivaroxaban trough in QD dosed participants (n = 12) r _s (p-value)
Age	0.406 (0.150)	0.587 (0.045)
Creatinine clearance (Cockcroft and Gault formula)	-0.433 (0.122)	-0.469 (0.124)
Weight	0.053 (0.858)	-0.032 (0.923)
Number of Fried criteria met	0.032 (0.912)	0.074 (0.819)
Short Physical Performance Battery score	-0.050 (0.866)	-0.036 (0.911)
FRAIL scale score	-0.142 (0.628)	-0.104 (0.747)
Frailty index	-0.121 (0.680)	-0.126 (0.697)
Number of Fried criteria "gait speed" + "grip strength" met	0.065 (0.826)	0.194 (0.545)
Gait speed (fastest of two 15-feet walks)	-0.371 (0.191)	-0.448 (0.145)
Gait speed (first of two 15-feet walks)	-0.442 (0.114)	-0.517 (0.085)
Mean grip strength (female)	0.179 (0.702)	0.143 (0.787)
Mean grip strength (male)	-0.054 (0.908)	-0.314 (0.544)
Peak flow	-0.756 (0.002)	-0.737 (0.006)

QD, once a day

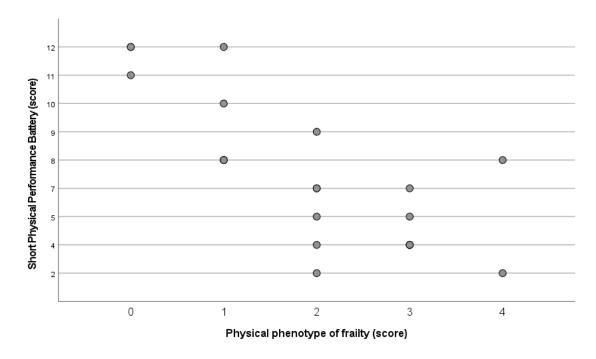


Fig. S1 Relationship between the score on the physical phenotype of frailty [1] and the score on the Short Physical Performance Battery [2] in the apixaban subsample (n = 22)

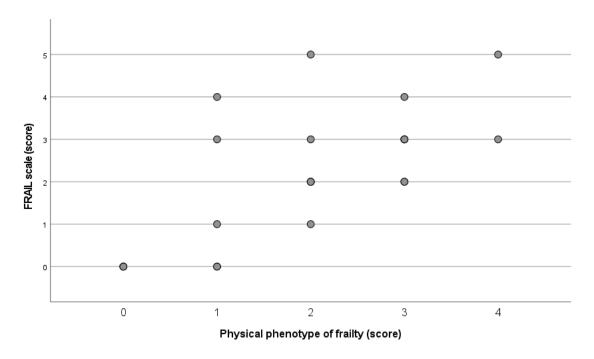


Fig. S2 Relationship between the score on the physical phenotype of frailty [1] and the score on the FRAIL scale [3] in the apixaban subsample (n = 22)

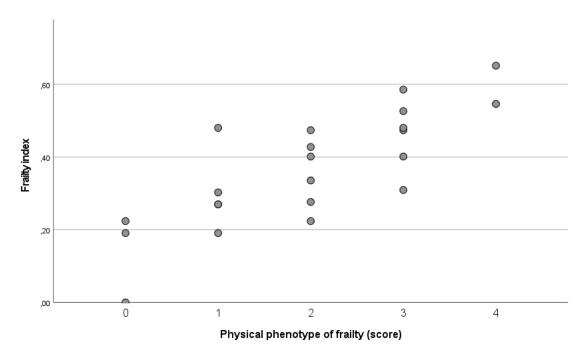


Fig. S3 Relationship between the score on the physical phenotype of frailty [1] and the frailty index [4] in the apixaban subsample (n = 22)

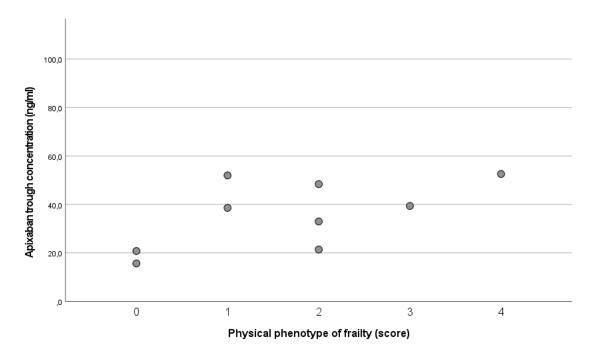


Fig. S4 Relationship between apixaban trough concentrations (dose-normalized) and score on the physical phenotype of frailty [1] in the 5 mg BID subgroup (n = 9)

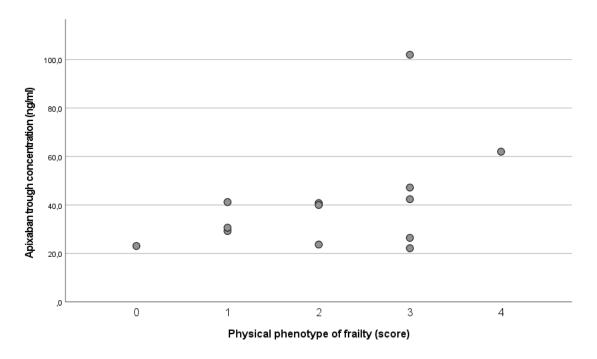


Fig. S5 Relationship between apixaban trough concentrations (dose-normalized) and score on the physical phenotype of frailty [1] in the 2.5 mg BID subgroup (n = 13)

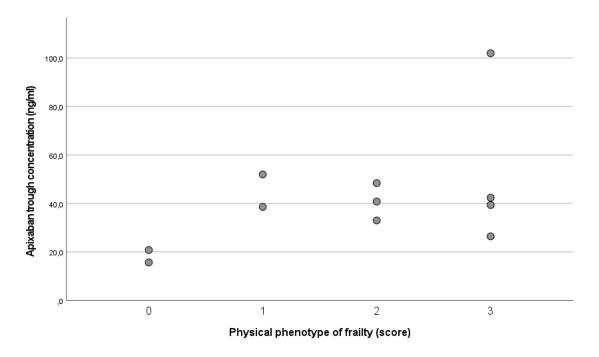


Fig. S6 Relationship between apixaban trough concentrations (dose-normalized) and score on the physical phenotype of frailty [1] in participants who are accurately dosed according to the dosing recommendations for anticoagulation therapy in atrial fibrillation [5] (n = 11)

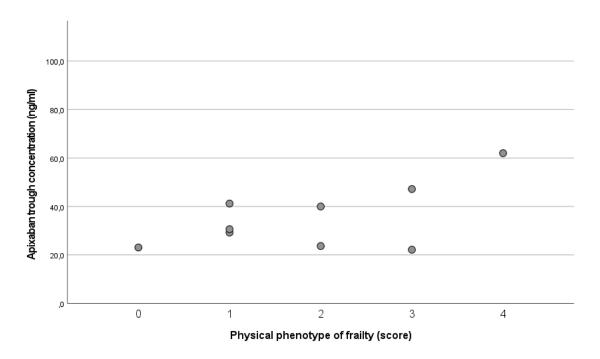


Fig. S7 Relationship between apixaban trough concentrations (dose-normalized) and score on the physical phenotype of frailty [1] in participants who are inaccurately dosed with 2.5 mg BID according to the dosing recommendations for anticoagulation therapy in atrial fibrillation [5] (n = 9)

Table S3 Frailty status of the participants in the different apixaban dosage groups

	5 mg BID	2,5 mg BID	2,5 mg BID	5 mg BID
Frailty status	Accurate dose	Accurate dose	Inaccurate dose	Inaccurate dose
	(n = 7)	(n = 4)	(n = 9)	(n = 2)
Robust	2	-	1	-
Pre-frail	4	1	5	1
Frail	1	3	3	1

BID, twice daily;

Accurate dose = Accurate dose according to the recommendations for the dosing in atrial fibrillation [5]; Inaccurate dose = Inaccurate dose according to the recommendations for the dosing in atrial fibrillation [5];

Table S4 Number of frailty criteria (weak grip strength, slow gait speed) met in the different apixaban dosage groups

Grip strength + gait	5 mg BID	2,5 mg BID	2,5 mg BID	5 mg BID
speed (number of	Accurate dose	Accurate dose	Inaccurate dose	Inaccurate dose
criteria met)	(n = 7)	(n = 4)	(n = 9)	(n = 2)
0	2	-	3	1
1	3	-	2	-
2	2	4	4	1

BID, twice daily;

Accurate dose = Accurate dose according to the recommendations for the dosing in atrial fibrillation [5]; Inaccurate dose = Inaccurate dose according to the recommendations for the dosing in atrial fibrillation [5];

Table S5 Mean and median non-dose-normalized apixaban trough concentrations relative to the different frailty categories

Frailty category	Non-dose-normalized apixaban trough concentration (ng/ml)	Non-dose-normalized apixaban trough concentration (ng/ml)
Trailty category	Mean (± SD)	Median (range)
Category according to the physical phenotype of frailty		
Robust (n = 3)	80.0 (± 23.2)	78.4 (57.7-104.0)
Pre-frail (n = 11)	134.6 (± 69.6)	103.0 (59.2-260.0)
Frail (n = 8)	151.9 (± 80.1)	136.5 (55.4-263.0)
Number of Fried criteria "gait		
speed" + "grip strength" met		
0 (n = 6)	82.8 (± 19.1)	77.5 (57.7-107.0)
1 (n = 5)	179.6 (± 75.4)	193.0 (100.0-260.0)
2 (n = 11)	140.2 (± 73.9)	118.0 (55.4-263.0)

SD, standard deviation

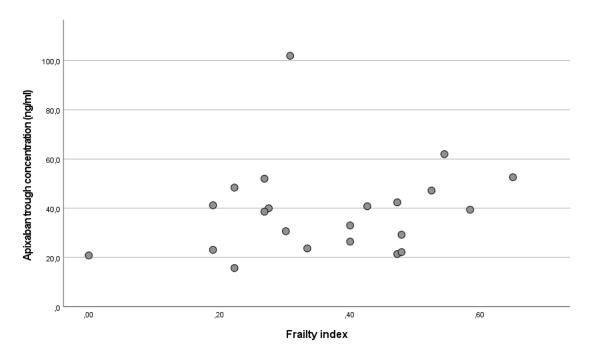


Fig. S8 Dose-normalized apixaban trough concentrations relevant to the frailty index

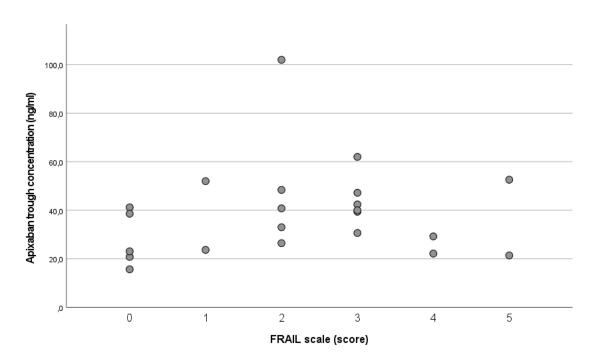


Fig. S9 Dose-normalized apixaban trough concentrations relevant to the score on the FRAIL scale

References

- 1. Fried LP, Tangen CM, Walston J, Newman AB, Hirsch C, Gottdiener J et al. Frailty in older adults: evidence for a phenotype. J Gerontol A Biol Sci Med Sci. 2001;56(3):M146-56. doi:10.1093/gerona/56.3.m146.
- 2. Guralnik JM, Simonsick EM, Ferrucci L, Glynn RJ, Berkman LF, Blazer DG et al. A short physical performance battery assessing lower extremity function: association with self-reported disability and prediction of mortality and nursing home admission. J Gerontol. 1994;49(2):M85-94. doi:10.1093/geronj/49.2.m85.
- 3. Morley JE, Malmstrom TK, Miller DK. A simple frailty questionnaire (FRAIL) predicts outcomes in middle aged African Americans. J Nutr Health Aging. 2012;16(7):601-8. doi:10.1007/s12603-012-0084-2.
- 4. Searle SD, Mitnitski A, Gahbauer EA, Gill TM, Rockwood K. A standard procedure for creating a frailty index. BMC Geriatr. 2008;8:24. doi:10.1186/1471-2318-8-24.
- 5. European Medicines Agency. Eliquis Summary of product characteristics. https://www.ema.europa.eu/en/documents/product-information/eliquis-epar-product-information_en.pdf. Accessed 5 Jul 2021.