



DESCRIPTION OF THE FUNCTIONAL CHARACTERISTICS OF PATIENTS ATTENDING A GERIATRIC OUTPATIENT CLINIC: CROSS-SECTIONAL STUDY 2021-2025 AT THE GERIATRIC OUTPATIENT CLINIC OF THE OSPEDALE ISRAELITICO OF ROME.

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Introduction. Aging is one of the main healthcare challenges of the 21st century. The high prevalence of frailty, multimorbidity, and disability requires an integrated clinical approach based on Comprehensive Geriatric Assessment (CGA). Aim of this study is to describe clinical and functional characteristics of an elderly population attending a geriatric outpatient clinic and to identify the main factors associated with health-related dependency, defined by the Medical Dependency Index (D.M.I.).

Materials and Methods. We studied 271 patients evaluated from 2021 to 2025. Data were collected on age, sex, MMSE, ADL, IADL, Tinetti scale, and number of comorbidities. The D.M.I. was calculated based on the presence of absolute and/or relative criteria of dependency. Statistical analysis was conducted with Spearman correlations, and multivariate logistic regression to identify independent predictors of dependency ($p < 0.05$).

Results. Mean age of the sample was 79.3 ± 7.2 years: fe-

males (62.4%). A total of 54.6% of subjects were classified as dependent. Mean ADL, IADL, Tinetti, and MMSE scores were significantly lower in the dependent group compared with the independent group ($p < 0.001$). The D.M.I. showed a strong negative correlation with ADL ($r = -0.68$) and Tinetti ($r = -0.71$), and a moderate correlation with MMSE ($r = -0.48$). Logistic regression analysis indicated that advanced age, multimorbidity ≥ 3 , and reduced functional performance were independent predictors of dependency (OR=2.46; 95% CI 1.41-4.29; $p = 0.002$).

Conclusions. Dependency emerges as a multifactorial condition, determined by the interaction between functional decline, cognitive impairment, and comorbidities. The D.M.I. is confirmed to be a useful tool for risk stratification and can be integrated into community-based care models aligned with the WHO ICOPE framework (2025). Early adoption of multidimensional care pathways represents a priority objective to preserve functionality, autonomy, and quality of life in older adults.