



Patient characteristics

Number of patients	723 patients
Gender	47.6% 52.4%
Age (mean)	75 years (range: 42 - 100)
Stayed at hospital	90.3% (median length 23 days)
Stayed at ICU	33.2%
Frailty at GR admission	7.1% fit (CFS 1-3) 17.8% pre-frail (CFS 4-5), 43.3% frail (CFS 6-9)
Delirium before or during GR	28.9%
Length of GR median	3.7 weeks (IQR 2.1 – 5.7)
Treatments during GR	physiotherapy (82.3%), occupational therapy (64.6%), protein/calorie enriched diets (60.4%), psychosocial support (23.5%), etc.



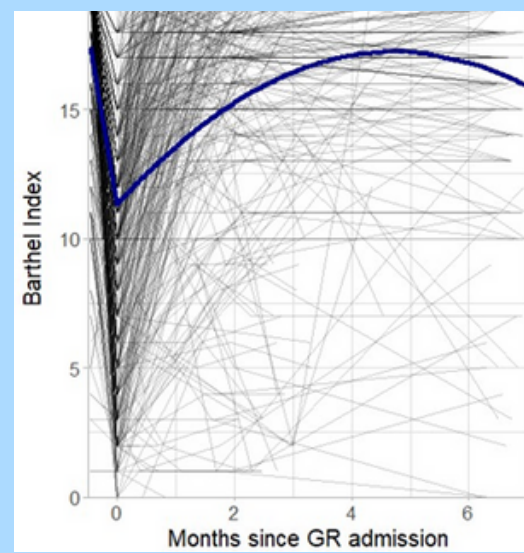
10 participating countries

Results and conclusions

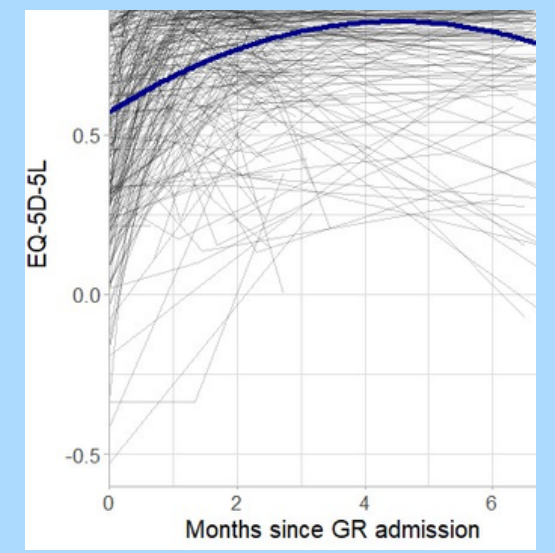
Average

On average, older patients admitted to GR after COVID-19 **recover quite well** in daily functioning and quality of life. Yet, there is some heterogeneity in the recovery trajectories of individual older patients (black lines in the background).

Graphs on daily functioning (Barthel Index)

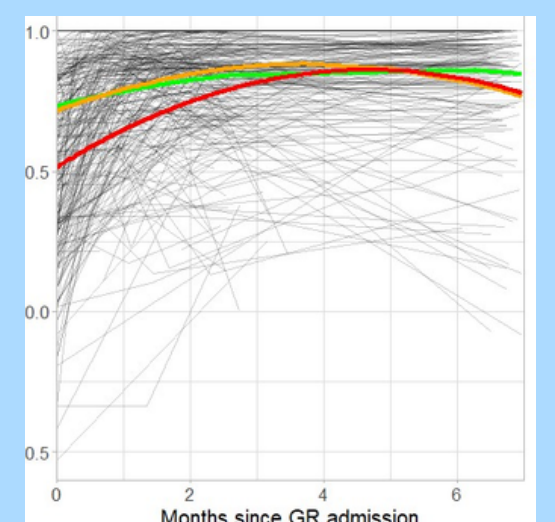
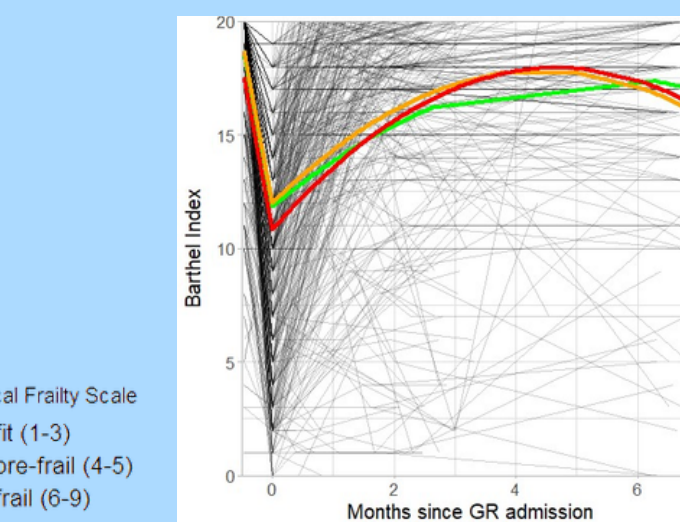


Graphs on quality of life (EQ-5D-5L)



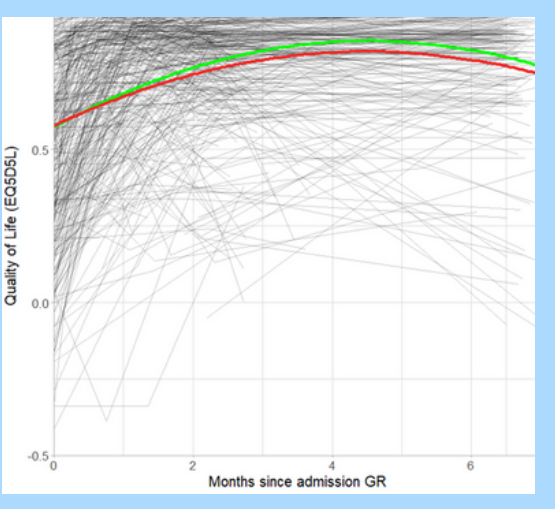
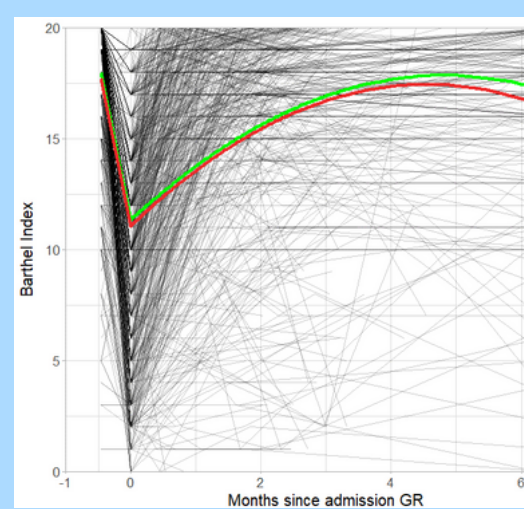
Comparison between frailty levels

Frail, pre-frail, and fit patients **all substantially recover** in daily functioning and quality of life.



Comparison delirium and no delirium

Patients with delirium during or before GR admission and patients without delirium **both substantially recover** in daily functioning and quality of life.



Implication

Older patients should not be refused access to Geriatric Rehabilitation solely based on their frailty or delirium status
Read scientific publications about recovery and frailty [here](#), and about recovery and delirium [here](#).

Many thanks to all participating institutions for their contribution!