Authors’ reply

We thank all the research teams who have submitted letters in response to our frailty and COVID-19 paper. This study has generated discussion in scientific journals, lay press, and social media. We welcome the opportunity to further discuss our methods and results.

Laurent, Darvall and colleagues, and Pareek and colleagues, all question the use of the Clinical Frailty Scale (CFS) as a tool for decision making during the COVID-19 pandemic. It was not our intention to promote the practice of basing treatment escalation plans on frailty status. In fact, we cautioned against the use of age alone in establishing treatment type. However, in the UK, CFS scoring was recommended at the government level for triaging patients with COVID-19, and so the exploration of the properties of the CFS in this context seemed timely and relevant. Use of frailty assessments in COVID-19 care is not exclusive to the UK; Rockwood and Theou highlighted the need for all health-care professionals working with patients with COVID-19 to familiarise themselves with frailty assessment.

Laurent requests data on C reactive protein (CRP) in light of their work. We have submitted letters in response to this. We declare no competing interests.

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