



22ND WORLD CONGRESS OF GERONTOLOGY AND GERIATRICS **IAGGG 2022**

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Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1803

BELIEFS AND REPRESENTATIONS OF AGING IN UNIVERSITY PSYCHOLOGY STUDENTS

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Preferred presentation method:: Oral Presentation

Introduction: What are the predominant ideas, beliefs and representations about aging in a group of university students belonging to the first cycles, intermediate cycles and last cycles of the psychology degree?

Objectives: The purpose of this study is to explore and compare ideas, beliefs and representations about aging in students of the first, intermediate and advanced levels of psychology degree at a private university in Lima, Peru.

Methods: A focus group was carried out with the different groups of students and the questionnaire "Mi Envejecer" (CME) of Graciela Zarebski (2011) was applied.

Results: The results show evidence that beliefs, ideas and representations in university students change, while they exhibit a more positive perception of this generation group, which is related to a greater knowledge of their profession.

Conclusion: In conclusion, even though the beliefs of university students change due to the greater knowledge about old age that they acquired, they still hold a negative view of their own old age.

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Disclosure of Interest: None Declared

Keywords: aging, Beliefs, Ideas, Representations

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1788

ADULTHOOD FULLNESS. NEW PERSPECTIVES REGARDING THE AGING PROCESS.

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Preferred presentation method:: Poster Presentation

Introduction: In this presentation, we want to shed some light on some of the thoughts that we, as a team, have been developing for a time regarding the aging process and the conceptualizations around the notions of old person and old age. We begin by asking ourselves: What is good about growing old?

Objectives: 1. To revise the terms old age, old and aging. 2. To comprehend the original and enriching experience that ensues as we get older, from an interdisciplinary point of view.

Methods: Based on interviews carried out on elderly people, documented experiences of interdisciplinary work in long-term retirement homes and bibliographic review, we gathered all the necessary information to share our thoughts on the question asked and the objectives of this presentation.

Results: So far, it is evident that throughout the course of our life, our psyche becomes more complex as we acquire new and different psychic representations of what we usually call reality. Therefore, in the span of our existence, a diversity of experiences take place, which are unprecedented and novel in our life; these are expressed as a gain in wisdom and a qualitative differentiation from what we have lived up to now.

Conclusion: The current terminology is not enough to account for what is new, creative and complex as we “grow older”. Adulthood fullness emerges as a new terminological alternative that redeems what is gained with the passage of time.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1781

A STUDY OF FORMAL CARE GIVERS PROVIDING CARE TO INDIVIDUALS WITH ALZHEIMER'S DISEASE

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Preferred presentation method:: Oral Presentation

Introduction: Alzheimer's Disease in the USA is fast becoming an epidemic. An estimated 6.2 million Americans age 65 and older are living with Alzheimer's Disease in 2021. Seventy-two percent are age 75 or older.¹ As the disease progresses, the caregiving becomes more stressful. Caregiving may include helping the person with Alzheimer's with activities of daily living (ADL) and coping with the progressive changes in their behaviors.^{2,3}

This study raised the research question whether formal care givers of Alzheimer's Disease patients experience fatigue, stress, and burnout and, if they do, what is the extent of their stress levels and, possible, burnout.

Objectives: 1. To measure the extent of burnout experienced by formal caregivers taking care of individuals with Alzheimer's Disease

2. To assess the reasons for their burnout

3. To address the needs of formal caregivers to reduce their burnout

Methods: This is a descriptive study of formal caregivers in Louisiana serving individuals with Alzheimer's Disease. The study addressed the following issues by means of descriptive data analysis and hypotheses testing: worker demographics, degree of burnout, job motivation, job satisfaction, job responsibilities, job training, and worker and organization-related factors associated with job-related stress.

The sample consisted of 107 formal caregivers (nurses, nurses' aids in nursing homes) who were primarily female (87%), African American (53%), and had one to five years of college education (51%). The average age of respite workers was approximately 35 and the average salary was \$8.00 per hour. The average number of years employed as a caregiver was almost three. An average of three clients were served per day and the average amount of weekly contact with clients was approximately 27 hours.

Data for this study were collected through self-administered mailed questionnaires using a survey research design with simple random sampling. Names of respondents were obtained from skilled nursing homes. The respondents, completed the Maslach Burnout Inventory (MBI)⁵ and a researcher-formulated questionnaire. Agency supervisors, the secondary respondents, also completed a researcher-formulated questionnaire.

Results: MBI scores indicated an overall low degree of burnout among the respondents. Burnout was not found to be associated with the number of clients served, salary, gender, amount of direct contact with clients, or number of years employed as a respite care worker. However, age of the workers was found to be inversely associated with feelings of depersonalization and positively associated with a sense of personal accomplishment. Findings also supported the hypothesis that the higher the perceived disability of the clients, the higher was the stress experienced by respite care workers.

Conclusion: Using a Person-in-Environment perspective, the roles of gerontological social workers were envisaged as educator, trainer, advocate, broker, and supportive colleague of respite care workers. Gerontologists and social workers can be crucial liaisons between care team members, between workers and clients, and between workers and management. More research is needed that examines the dynamics between these groups when planning and delivering care to individuals with dementia.

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Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, Burnout, Caregivers, dementia, Stress

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1771

BENEFITS OF INTERDISCIPLINARY APPROACH IN A RESIDENT OF A SUPPORTED LIVING FOR ELDERLY PEOPLE WITH DIAGNOSIS OF DEPRESSION AND COGNITIVE IMPAIRMENT

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Preferred presentation method:: Poster Presentation

Introduction: Social isolation during the Covid 19 pandemic has been a stressor that has produced emotional and functional alterations in the population. Depression and anxiety disorders have been observed in elderly people, as well as worsening of pre-existing cognitive alterations and functional deterioration. This situation, on the other hand, has generated difficulties in diagnoses and treatments, fundamentally in the elderly.

Pseudodementia is a major depression in which subjective and/or objective cognitive impairment is the main reason for consultation, so it can be inaccurately interpreted as a dementia syndrome and without the correct therapeutic approach can increase dependence and disability of the patient. patient with consequent institutionalization

Objectives: To describe the evolution of a resident with an initial diagnosis of cognitive impairment and depression throughout his stay in an assisted living facility for the elderly, without changing his admission medication, implementing a non-pharmacological interdisciplinary approach.

Methods: Study of a 75-year-old male resident, during the months of August to November 2021, after spending the months of preventive social isolation in Argentina alone at home during 2020. The geriatric assessment scales were performed comprehensive, neurocognitive evaluation prior to admission and another before discharge. Pharmacological treatment was the same as that received at home.

As a non-pharmacological treatment, a rehabilitation program was implemented with the following therapeutic activities

Kinesiology three 3 times a week and walks, weekly psychotherapy, occupational therapy and cognitive stimulation three 3 times a week, playful workshops with bonding with their peers, weekly nutritional follow-up

Results: The functional and cognitive assessment of the resident upon admission showed an memory and executive deficit, compatible with non-amnesic multidomain neurocognitive disorder, symptoms of moderate depression and mild, moderate dependence. Upon discharge, a new evaluation was carried out, yielding normal results in all the domains measured in addition to the normal functionality assessment scales

Conclusion: Despite not being recognized in the DSM V, depressive pseudodementia is a possible clinical manifestation in older adults suffering from depression. Due to the mandatory, social and preventive confinement due to the pandemic, we believe that this diagnosis should be considered in the face of depression and cognitive impairment in older adults. It is essential to highlight how interdisciplinary work in a tertiary care institution can offer the patient a comprehensive treatment that improves their functionality, achieving the necessary autonomy to change the care device according to their needs. In this case, our patient was able to return home.

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Disclosure of Interest: None Declared

Keywords: pseudodementia, social isolation, non-pharmacological treatment, depression

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1770

EXPLORING THE IMPACT OF COVID-19 ON VIOLENT SITUATIONS IN LONG-TERM RESIDENTIAL CARE

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Preferred presentation method:: Oral Presentation

Introduction: Violence in long-term residential care is a pervasive and understudied problem that impacts residents, care workers and family carers. The COVID-19 pandemic has profoundly affected the long-term care sector, but little is known about whether or how the pandemic has impacted violent interactions.

Objectives: Drawing on interview data from the Safe Places for Aging and Care Study, this study aimed to critically examine how care workers experience and interpret violent situations in long-term care in the context of the COVID-19 pandemic.

Methods: We conducted in-depth interviews with 20 care workers (nurses and health care aides) working in long-term care facilities in Manitoba, Canada. Interviews explored their experiences of violent situations, their perspectives of violence prevention policies, strategies and practices, and the impact of the COVID-19 pandemic on violent situations. Data was analyzed using thematic analysis.

Results: Care workers linked violent situations in long-term care to worsening working conditions brought on by the pandemic such as working short and low morale. Participants' accounts suggest that visitor restrictions heightened the risk of violence by increasing already high workloads, forcing staff to rush and limit care. Care workers also highlighted the detrimental impacts of restrictions and reduced social activity on residents, which some felt contributed to violent situations. Some care workers, however, described visitor restrictions in positive terms, pointing to reduced disruptions and conflict involving family members, a sense of 'calm' and 'quiet', and increased control.

Conclusion: Our findings suggest that COVID-19 has impacted the conditions of violence in long-term care. Care workers' perceptions of family members as a source of disruption and conflict point to the power relations that underpin care relations and the structural constraints that contribute to conflict between care workers, families, and residents.

Disclosure of Interest: None Declared

Keywords: COVID-19 pandemic, Long-Term Care Facilities, nursing staff's perceptions, violence, abuse and neglect

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1753

FLOW AND DISRUPTION AMONG INDIVIDUALS AGEING-IN-PLACE IN IRISH COMMUNITIES DURING THE COVID-19 PANDEMIC

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Preferred presentation method:: Oral Presentation

Introduction: Public health crises, such as the COVID-19 pandemic, are likely to be experienced in diverse ways by older adults with heterogeneous life experiences and supports available.

Objectives: Our aim is to describe older people experiences of flow and disruption during the COVID-19 pandemic and explore how these trajectories have influenced their health and well-being.

Methods: The data analysed is comprised by 44 narrative interviews and 17 written submissions from community-dwellers in Ireland, who were aged 65 and over at the time of data collection. Framework analysis was utilized to identify emerging themes, and uncover relationships between participants experiences, and their individual and contextual characteristics.

Results: Three core themes were identified: 1) Flow and disruption of social resources: comprises changes in everyday social connections, shared rituals and solidarity between individuals; 2) Flow and disruption of material resources: shifts in access to food, medication, healthcare and other services that support health and well-being, such as access to outdoor and third spaces; and, 3) Flow and disruption of affective resources: emotional responses to transitions, shifts in sense of identity and future plans. Overall, participants perceived COVID-19 as a threat to their ontological security and described wide-spread disruptions in their daily routines which lead to them questioning taken-for-granted-assumptions about life, circumstances and self. After a readjustment period, the majority of participants managed to mobilize social, material and affective resources to some degree and developed altered routines that supported their physical, mental and social well-being.

Conclusion: Our findings indicate that trajectories of flow and disruption during the pandemic are often interwoven and complex. Individual characteristics such as health status, previous life-experiences and coping mechanisms are relevant, but these in turn are significantly influenced by the social, affective and material resources available to older people in times of a public crisis.

Disclosure of Interest: None Declared

Keywords: ageing-in-place, biographical disruption, biographical flow, COVID-19; Mental health, well-being

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1714

OLDER PERSON PERCEPTION OF PREPAREDNESS FOR SELF-ISOLATION AT HOME DURING COVID_19: LESSON LEARNT FROM ONE VILLAGE IN DEPOK INDONESIA

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Preferred presentation method:: Oral Presentation

Introduction: During the pandemic, the Indonesian government manages the pandemic by publishing various health protocols to breaks the chain of transmission. One solution was the self-isolation protocol. Self-isolation could be done at home or in health facilities provided by the government with a referral from primary health care and should be met with technical criteria.

Objectives: To assess the perception of preparedness for self-isolation at home among the older person and their families

Methods: The study was an analytical and cross-sectional design by using secondary data based of PDK3MI_2020. By total sampling were 769 older persons out of 1447 subjects. The instrument was validated and used for household-level including older person. The study was conducted from January to April 2020. The results based on the scoring of the questionnaire consist of internal (age, sex, comorbid, case category) and external (location, home condition) factors of preparedness perception on self-isolation at home. Analysis was performed by simple descriptive and chi-square test analysis with a significance level of <0.05.

Results: The average age among older person was 68 ± 2.5 years. 27% was more than 70 years old. More males (73%) compare to female elders. Based on the case category, 3.5% were suspect cases, 3.5% were positive confirmations included in the category of travellers. 4.3% of older have comorbidities such as hypertension, diabetes mellitus, or combination. Most of the elders were inhabitants in densely populated sub-district areas, with only 21% having good home criteria for self-isolation. Only 1.8% of the elders and their families were prepared for self-isolation at home if they get infected by Covid-19. The main cause of un-preparedness for self-isolation was comorbidity of diseases ($p=0.04$).

Conclusion: Most of the older person in the village of Depok, West Java was not ready if they should have self-isolation at home. This condition should be a concern for local stakeholders in managing and networking if there were positive cases of Covid-19.

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Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1701

MEANING IN LIFE AMONG OLDER ADULTS: AN INTEGRATIVE MODEL

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Preferred presentation method:: Oral Presentation

Introduction: The study has three hypotheses' categories. First, demographic factors, namely, being female, younger, employed, and religious will be associated with higher meaning in life (MIL) levels than being male, older, unemployed and not religious. Second, personality characteristics, namely, an internal locus of control, higher self-efficacy levels, and higher optimism levels will be associated with higher MIL levels. Third, psycho-social factors, namely, higher psychological distress and loneliness levels will be associated with lower MIL levels.

Objectives: Meaning in life (MIL) among older adults has a significant physical and mental health impact. This study aimed to present an integrative model of factors that contribute to variability in MIL among older adults, including background characteristics (gender, age, employment status, religiosity), personality characteristics (locus of control, self-efficacy, optimism), and psycho-social factors (psychological distress and loneliness).

Methods: Participants (751 older adults, $M_{age}=72.27$, $SD=6.28$; 446 female, 305 male) responded to a questionnaire in-person or online including measures of demographic variables, self-efficacy, optimism, psychological distress, loneliness, and the presence of meaning in life.

Results: Hierarchical regression revealed that younger and religious older adults reported higher MIL levels than older and non-religious older adults. Internal locus of control, higher self-efficacy, and higher optimism were linked to higher MIL levels. Higher psychological distress and loneliness were associated with lower MIL levels. Employed older old adults reported lower MIL levels than those unemployed. No association was detected between respondents' gender and MIL.

Conclusion: The study emphasizes the importance of an integrative approach in the examination of MIL among older adults. It highlights a range of demographic, personality, and psychosocial factors that can increase MIL. Notably, employment does not necessarily contribute to MIL. Future studies should continue studying the combination of factors contributing to MIL in the older population.

Disclosure of Interest: None Declared

Keywords: Integrative Model, Meaning in Life, Older Adults

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1664

DEPRESSION: COMPARISON BETWEEN ROBUST, MILD COGNITIVE IMPAIRED AND COGNITIVE FRAIL COMMUNITY-DWELLING OLDER ADULT

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Preferred presentation method: Poster Presentation

Introduction: Old age and cognitive impairment increase the risk of an individual experiencing depression.

Objectives: As depression among older adults is becoming more common, this study aims to determine the interrelation between depression with cognitive health and frailty among community-dwelling older adults, as well as other risk factors for depression.

Methods: 162 community-dwelling older adults in Kuala Lumpur and Selangor were screened for their depression, cognitive and frailty status using Beck Depression Inventory (BDI), Clinical Dementia Rating (CDR) and Fried criteria. Demographic data such as gender, race, living arrangement, smoking status, and alcohol intake were also evaluated.

Results: Majority of the respondents were females (59.3%), Malays (82.7%) and not living alone (85.2%). Out of 162 participants, 6.2% was categorized under mild to moderate depression, and 2.5% was having moderate to severe depression. With respect to cognition, 44.4% were robust, 24.2% having mild cognitive impairment (MCI) and 31.5% were cognitively frail (CF). CF older adult was found to have a significantly higher risk of depressive symptoms as compared to those robust and MCI ($p < 0.05$). Gender, race, living arrangement, and smoking status did not have significant influence on depression status of the participants. However, ex-alcohol consumers were found to be more at risk of having depression symptoms ($p < 0.5$).

Conclusion: Depressive symptoms were more pronounced among individuals with dual geriatric syndrome, ie. Cognitive Frailty. There is a need to identify early risk of depression, poor cognition and frailty in order to prevent undesirable outcomes related to these conditions.

Disclosure of Interest: None Declared

Keywords: cognitive frailty, community dwelling older adult, depression

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1660

EMPLOYMENT STATUS, SOCIAL PARTICIPATION AND MENTAL HEALTH AMONG MIDDLE-AGED AND OLDER ADULTS IN URBAN CHINA: A GENDER-SPECIFIC PERSPECTIVE

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Preferred presentation method:: Oral Presentation

Introduction: With China's official entry into an aging society, there is increasingly discussion on how to promote the reproduction and re-creation of middle-aged and older adults in the labor market. However, it is unclear whether participating social activities can change the effect of employment status on mental health of the middle-aged and older adults in urban China.

Objectives: Our study explores the mechanism of whether social engagement as a mediator changes employment status on depressive symptoms by gender, and examines the strength and robustness of this mediating effect.

Methods: We use CHARLS 2011-2013 (3850 respondents) and a combined method of fixed effects and mediation analysis.

Results: We find that employment status indirectly affects the mental health of middle-aged and older adults by acting on different frequencies of social activities. However, the mediating effect of social activity frequency is more significant and robust for the male population, compared to their female peers. In addition, re-entering the workforce, compared to persistent unemployment, may benefit to middle-aged and older adults' mental health. However, people who retired during a short period could confront double risks of deprivation of work role and low frequency of social activity.

Conclusion: We suggest that a more flexible and friendly employment environment is needed, and that a more strengthening aging service system should be built to promote the multi-level social participation among older adults who have retired.

Disclosure of Interest: None Declared

Keywords: Mediating analysis, Mental health, Middle and old aged employment, Social participation

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1656

GRANDPARENTING AND DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS IN URBAN CHINA: LIVING ARRANGEMENTS AND WORK STATUS AS MODERATING EFFECTS

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Preferred presentation method: Oral Presentation

Introduction: Scholars worldwide are divided as to whether grandparenting can benefit to older adults' well-being. Evidence from rural China supports that custodial grandparenting worsens grandparents' psychological well-being. However, given the great urban-rural gap, the situation in urban China might be different.

Objectives: Our study examines the association between the length and intensity of grandchild care and the depressive symptoms among older adults living in urban China. We also explore the moderating effect of grandparents' living arrangements and work status.

Methods: We use CHARLS 2011-2013 (900 respondents) and multiple linear regression with interaction analysis in our analysis.

Results: We find that moderate levels of grandchild care, without distinguishing between living arrangements and work status, are associated with reduced depressive symptoms ($\beta = -1.146$, $p < .05$). Grandparents are likely to have more depressive symptoms when working full-time and providing care at the same time. Comparing with not living with grandchildren, living with grandchildren is beneficial to grandparents' mental health.

Conclusion: Grandchild care benefits to grandparents' mental health. Grandparents working full-time and providing care, however, are likely to be at risk of having more depressive symptoms. Findings suggest that psychological counseling services and economic support policies should be launched to relieve the work pressure of grandparents in financial difficulties.

Disclosure of Interest: None Declared

Keywords: Depressive symptoms, Grandparenting, Living arrangements, Work status

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1648

ASSOCIATION BETWEEN SENSE OF COMMUNITY AND MEANING IN LIFE AMONG OLDER ADULTS: THE MEDIATING ROLE OF LONELINESS, OPTIMISM, AND PSYCHOLOGICAL DISTRESS

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Preferred presentation method: Oral Presentation

Introduction: The research hypothesis is that sense of community will be positively associated with optimism and negatively associated with loneliness. Optimism will be negatively associated with psychological distress and loneliness will be positively associated with psychological distress, which in turn will be negatively associated with meaning in life among older adults.

Objectives: The concept of "aging in place" emphasizes the boosting of sense of community among the older adults as a means of reducing loneliness and enhancing meaning in life. In order to examine how sense of community contributes to explaining meaning in life among the older adults, the present study seeks to examine the mediating contribution of selected psychological factors (loneliness, optimism, and psychological distress) to the association between these variables.

Methods: For the present study, 740 older adults living in the community were sampled, 59.3% women and 40.7% men, and their mean age was 71.96 (SD = 5.81,). Data analysis was based on a structural equations model (SEM) with AMOS 25.0.

Results: Consistent with the research hypotheses, sense of community was positively associated with optimism and negatively associated with loneliness. Optimism was negatively associated with psychological distress and loneliness was positively associated with psychological distress. Finally, higher levels of psychological distress were associated with lower levels of meaning in life among older adults.

Conclusion: The findings have important practical implications for the type of intervention recommended for this population, both professionally and in terms of government policy. Professionals interested in promoting meaning in life among the older adults should emphasize active community involvement. The findings can help policy makers initiate and budget activities that actively promote a sense of community among the older adults, activities that position the older adults as entrepreneurs and drivers of change in the community and thereby strengthen their perceived meaning of life.

Disclosure of Interest: None Declared

Keywords: sense of community, meaning in life, loneliness, optimism

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1615

NEEDS AND EXPECTATIONS OF FRENCH FAMILY CAREGIVERS OF OLD PERSONS: A QUALITATIVE STUDY

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Preferred presentation method:: Oral Presentation

Introduction: In France, nearly 5 million people provide non-professional assistance to an old person on a daily basis. Those Family caregivers' role is essential for their old relative's home stay. However, those activities have consequences on professional life, physical and mental health or burden. Providing support to family caregivers therefore is a public health priority.

Objectives: The aim of this qualitative study was to identify the needs and expectations of family caregivers in southeastern France.

Methods: The needs and expectations were identified through semi-structured interviews with the caregiver of old persons living in the community. The interviews were conducted by a pair of clinicians, by telephone or videoconference. Old persons were beneficiaries of the Caisse d'Assurance Retraite et de la Santé au Travail (Carsat) and had previously designated their main family caregiver. After transcription, a qualitative content sequential analysis was carried out after construction of a thematic grid.

Results: 17 family caregivers were interviewed. Among them, 13 (76%) were women, and the average of age was 63 years (min: 40 - max: 87); 10 family caregivers were retired and 7 had a professional activity. Regarding their relationship with the old person, 11 family caregivers were children and 4 were spouses, others were sister or niece. The identification of specific needs was difficult for the family caregivers because they had never been recorded before. Their needs were mostly oriented to financial aspects, advice and information about social rights, or communication with the professional caregivers involved in the home care of the old person. Nearly 80% of family caregivers mentioned the need for coordination and continuity in the intervention of professional caregivers. Professionally active and retired family caregivers prioritized differently their needs. For example, retired caregivers had greater need for advice and information, particularly on their social rights whereas active caregivers mentioned more financial needs to adapt their professional activity.

Conclusion: Family caregivers have needs in terms of recognition, organization, and coordination of professional caregivers. Identifying their needs and considering the variability of family caregivers' needs according to their specific profile is essential to develop personalized actions to support them.

Disclosure of Interest: None Declared

Keywords: Expectations , Family caregivers , Needs , Old persons

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1614

DOES AGING IMPACT LINGUISTIC SCHEMAS? – AN EXPLORATION THROUGH GENERATION OF SEMANTICALLY PRIMED WORDS.

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Preferred presentation method:: Oral Presentation

Introduction: Priming is one of the major means of studying word recognition. It involves presenting a word similar to the target word, expecting that the prime would access the target with more ease. According to a variety of behavioral experiments, words with similar qualities prime each other it is used in both lexical decision as well as generation tasks. We attempted to investigate semantic word generation using priming.

Objectives: To explore the impact of ageing on generation of words semantically related to the prime

Methods: 20 common Malayalam words were selected from the speaking vocabulary of adults. These selected words were presented through a video clip, with a time gap of 20 seconds in between each word, where the responses were recorded. The stimulus was presented to 150 right-handed healthy adults in the age range of 31 to 80. The subjects were grouped into five, i.e., 31-40 years old, 41-50 years old, 51-60 years old, 61-70 years old, and 71-80 years old, with 30 participants in each group. The number of semantically primed words generated by participants within 20 seconds was analyzed. Each word was given a score of 1. ANOVA was carried out to determine the effect of age on primed word generation.

Results: Participants in the age range of 41–50 years produced more semantically primed words than those in the age range of 31–40 years. Surprisingly, participants in the age group of 51–60 years were inferior to those in the age range of 61–70 years. The lowest scores were obtained from participants in the age range of 71 to 80.

Conclusion: After 70 years, the semantic system inevitably shows heavy deterioration. However, the quality of semantic performance before this critical age depends on many factors like socioeconomic level, economic stability, education, occupation pressure, emotional balance, vested interest and hobbies etc. Hence, our study opens the novel avenue that in order to improve or maintain the quality and satisfaction of life in older individuals, the hope lies in intensive cognitive stimulation from a younger age.

Disclosure of Interest: None Declared

Keywords: Ageing, Priming, Semantics, word generation

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1607

CARE AT THE HOME ENVIRONMENT: A SCENARIO UNDER CONSTRUCTION

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Preferred presentation method:: Poster Presentation

Introduction: The good results obtained by the home care services of the Center for Memory and Cognition Intellectus of the University Hospital San Ignacio raised the need to understand its success. Home care is defined as a set of biopsychosocial activities to be carried out at home to detect, attend to, and monitor the health and social problems of the individual and their family and improve their quality of life (1), to learn about the environment in which develops the patient, to identify harmful factors and positive ones can be reinforced. Shifting health personnel to the patient's home changes the traditional scenario generating changes in the type of relationship and communication between the various actors. This study deepens in the relationships between the actors (doctor, elder patient, relatives/caregivers) of this services, their roles and the role of the environment(2)

Objectives: To establish the role of each of the actors within homecare services. To identify the main characteristics that constitute the relationship between the actors in the home environment. To describe how the home and community environments transform the relationship between actors.

Methods: This study proposes a qualitative and interpretative methodology based on interaction theory. For the collection of information, field notes, focus groups and semi-structured interviews were used to explore the way the medical personnel conceived the home visit, their role within the scenario, as well as the challenges, barriers, and possibilities of the service For the analysis, a dictionary of codes and categories was built, which was triangulated by an interdisciplinary team and from which the results were presented (5). This study was approved by a research and ethics committee.

Results: Qualitative studies on medical home visits are scarce. This research shows how the change of scenery modifies the interaction between the different actors, characterized by greater familiarity, depth in the relationship, as well as reciprocal relationships, rarely present in contexts such as hospitals or outpatient services. This type of interaction modifies the vertical relationship traditionally associated with biomedical practice and requires the specialist doctor to develop soft skills. (3) The differential and often inequitable contexts of Bogotá make specialists perceive insecurity and mobility difficulties as barriers, which on the contrary, are interpreted as advantages from the patient and his family perspective, indicating a change in roles and loads in the care work. (4) The home care services contribute to the training of health professionals towards a comprehensive view of the life of the participants, including a broader perspective of the socioeconomic contexts

Conclusion: Different levels of care can and should be studied in an interdisciplinary approach. In this specific case, the satisfaction of the patients and their families is characterized qualitatively, highlighting the home as a scenario where care centered on the patient and the family achieve their objectives. The pedagogical function and the need to reinforce the soft skills that recognize the humanity of all actors on stage are privileged over exclusive biomedical perspective. Communication and a contextual view are skills to be strengthened in the training of doctors. Some health systems barriers are better confronted in this scenario

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Disclosure of Interest: None Declared

Keywords: Home care services, medical education, social interaction

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1590

WHAT BOTHERS PEOPLE IN LATER-LIFE RELATIONSHIPS? A QUALITATIVE STUDY OF THE QUERIES POSTED ON CZECH COUNSELLING WEBSITES

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Preferred presentation method:: Oral Presentation

Introduction: Although there is a rise in grey divorce, the nature of relationship problems in later life remains largely under-researched compared to what we know about conflicts among young and middle-aged couples.

Objectives: This qualitative research aims to study the strains and stressor patterns that older people face within their relationships.

Methods: To address this research goal, we conducted a qualitative content analysis of 225 relationship-related queries posted on Czech counselling websites. These queries represent a window into the worries and relationship problems that internet anonymity may help to de-stigmatize, especially for a population of older internet users. We selected only queries (1) that concerned themes and problems related to partnerships, (2) where the authors also dealt with issues that concerned their own relationships, and (3) where the issues concerned couples in which at least one partner was aged 60 or over.

Results: A thematic analysis, specifically a “bottom-up analysis”, identified four main relationship issues: (i) jealousy; (ii) the alienation and cooling of a relationship; (iii) illness; and (iv) changes in personality. Plus, there were three themes that made the problems sting or that were specific to older age: (a) a lack of norms for people in that age group; (b) the absence of resources to tackle the issues; and (c) the personal calculation for the time passed and the time left in life.

Conclusion: Even though the identified relationship problems are not novel compared to the issues discussed by couples of other age categories, the present study revealed the sources for the dilemmas that put older people into vulnerable positions when dealing with later-life relationship problems.

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Keywords: later-life relationships, online counselling, partnership problems, Czech Republic

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1565

EFFICACY OF DIRECT CURRENT STIMULATION VERSUS PLACEBO IN PATIENTS WITH MILD ALZHEIMER'S DISEASE.

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Preferred presentation method:: Poster Presentation

Introduction: Dementia is a progressive disorder affecting elderly people whose core symptoms are characterized by cognitive decline. A number of studies have demonstrated that tDCS can be used to enhance cognitive functions in healthy subjects. Although, these results suggest that tDCS may have the ability to improve cognition in patients with MCI or dementia, current studies point to a variability of results when applied to these types of patients.

Objectives: This study aims to analyze the efficacy of transcranial direct current stimulation (tDCS) in patients with mild Alzheimer's disease (AD) by comparing an intervention group with a placebo group.

Methods: A randomized, single-blind, repeated-measures, placebo-controlled design was used. The sample is made up of 30 Alzheimer disease of whom 15 were in the stimulation group and 15 in the sham group. The anode was placed on position F7, coinciding with the left dorsolateral prefrontal cortex region, and the cathode was placed on Fp2, the right supraorbital area (rSO). The stimulation time was ten continuous sessions of 20 minutes each. The evaluation was carried out before and after the end of the sessions.

Results: A mixed ANOVA with 2 times (Before vs After treatment; within subjects) X 2 groups (Treatment vs sham; between subjects) was performed on the scores of the MMSE, TAVEC first trial, which assesses immediate memory, TAVEC fifth trial, which assesses the learning of the word list after training it five consecutive times, TAVEC total. Significant main effects of the time X group interaction were observed for the four variables studied with a significant increase in the intervention groups.

Conclusion: The present study investigated the effect of tDCS on cognitive function in patients with AD. A significant improvement was found after anodal tDCS for global performance as well as for immediate memory and total learning. Therefore, these results are encouraging for further tDCS studies in larger samples of patients.

Disclosure of Interest: None Declared

Keywords: Key words: tDCS; mild Alzheimer's disease; sham; cognitive function; memory

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1544

DEMOGRAPHIC AND SOCIOECONOMIC SOCIAL DETERMINANTS OF HEALTH FOR OSTEOPOROSIS: A POPULATION-BASED COHORT STUDY OF MIDDLE TO OLDER AGE AMERICANS

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Preferred presentation method: Poster Presentation

Introduction: Social determinants of health and resulting health inequities can stem from biases in accessing and receiving appropriate care, which leads to decreased quality of life and increased governmental/private spending.

Objectives: We hypothesize selected demographic characteristics are linked to whether an individual received an osteoporosis diagnosis.

Methods: Self-reported information from 11,819 middle-older aged American respondents in the nationally representative, longitudinal Health and Retirement Study during years 2012-2016 was assessed. The odds of age, sex, race/ethnicity, education level, and maternal investment (from the validated measures of childhood socio-economic status) on osteoporosis diagnosis (outcome) were estimated using logistic regression, controlling for allostatic load, weight, thyroid disease, and self-reported health.

Results: For each year of age, the odds of being diagnosed with osteoporosis increased nearly 5 times (OR 4.92, 95% CI 2.57-9.4), and females were about 7 times (OR 7.22, 95% CI 5.54-9.4) more likely than men to be diagnosed with osteoporosis. Identifying as Black/African American resulted in 44% lower odds (OR 0.56, 95% CI 0.4-0.8) of having osteoporosis; greater maternal investment also reduced odds of osteoporosis diagnosis (OR 0.8, 95% CI 0.69-0.92). Compared to having less than a high school education, all other education levels were associated with increased odds of an osteoporosis diagnosis (GED OR 1.56, 95% CI 1.05-2.32; high school OR 1.27, 95% CI 0.99-1.63; some college OR 1.39, 95% CI 1.09-1.76; college and above OR 1.37, 95% CI 1.09-1.73).

Conclusion: Our study points to continued health inequities in the United States health care system for middle-older aged adults. The lower rate of osteoporosis diagnoses in individuals identifying as Black/African American is potentially a result of underdiagnosis from racial bias despite race not being a risk factor for osteoporosis. It may also be linked to quality of care as a product of structural racism. Decreased maternal investment (leading to self-sufficiency) and increased education level probably translate to persistence in navigating health care systems to get a diagnosis, which highlights the complexity of accessing care in the United States.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1505

PERSONALITY TRAIT DIFFERENCES IN DEVELOPMENTAL REGULATION AT THE BEGINNING OF LATE ADULTHOOD

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Preferred presentation method:: Oral Presentation

Introduction: Developmental regulation is a way for people themselves to direct their lives through three mechanisms: proactive coping, i.e., planning the future and preventing future losses, primary control, i.e., goal striving and tenacity, and secondary control, i.e., adjustment and accommodation of one's goals. Developmental regulation has been reported to enhance both mental and physical well-being in old age. However, research on the individual characteristics related to developmental regulation is scarce, even though this knowledge would be needed to understand the processes involved in maximizing well-being in old age.

Objectives: To study the associations between the five factor model personality traits and three aspects of developmental regulation (proactive coping, primary and secondary control) at the beginning of late adulthood.

Methods: The data were derived from The Jyväskylä Longitudinal Study of Personality and Social Development. 206 approximately 61-year-old men and women participated in the latest data collection (called TRAILS study). 168 participants provided full information on the variables used in this study and were thus included in the current analysis. Personality traits (extraversion, agreeableness, openness, conscientiousness, and neuroticism) were assessed with an authorized adaption of the 181-item NEO Personality Inventory. Proactive coping was assessed with two components of the Preparation for Old Age in Different Life Domains Brief Scale ('planning for healthy and active life' and 'preparing for possible adversities'). Primary control was assessed with the five-item Self-confidence subscale of the Personal Control Inventory and secondary control with a three-item scale of positive reappraisals. The data were analyzed using multiple linear regression models adjusted for sex.

Results: Extraversion, openness, and conscientiousness were positively associated with planning for healthy and active aging, whereas only conscientiousness was positively associated with preparation for possible adversities. Extraversion was positively, and neuroticism negatively, associated with both primary and secondary control.

Conclusion: High extraversion, conscientiousness and openness, as well as low neuroticism, are linked to developmental regulation at the beginning of late adulthood. Understanding the differences in developmental regulation based on personality traits will help in understanding the mechanisms related to optimal development in late adulthood.

Disclosure of Interest: None Declared

Keywords: aging, development, personality, planning, well being

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1495

EXPENDITURE PATTERNS OF OLDER HOUSEHOLDS IN MALAYSIA: AN ANALYSIS OF THE HIES2019 MICRODATA

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Preferred presentation method:: Oral Presentation

Introduction: Older persons aged 60 years and over in Malaysia grew from 1 million in 1990 (5.6%) to 3.3 million in 2020 (10.3%). Past analysis of Census data showed that the percentage of households with older persons has risen from 16% in 1991 to an estimated 25.5% in 2010, but little is known about the socioeconomic characteristics and spending patterns of older households.

Objectives: This paper aims to analyse older household consumption patterns using a 30% sample of the Household Income and Expenditure Survey in 2019 (HIES2019).

Methods: The microdata contains 16,354 households with 64,160 individual household members, of which 13.3% are older persons. Over one-third or 36.8% of the households have at least one co-residing elderly aged 60 years and over. Monthly expenditure across 12 broad COICOP categories was equivalised to control for household size.

Results: Results showed that household expenditure follows an inverted-U pattern when plotted against the age group of the household head, with equivalised total spending peaking between the ages of 30 to 59 years old and falling after the age of 60. Households with older persons' share of spending on food (20.1%), housing and utilities (25.7%) as well as health (2.7%) are higher than households without older persons. The differences are even larger if compared to households consisting of only older persons. Older households are poorer and are more likely to be in the B40 household income category. A majority of older households are in nuclear (41.5%) and extended (46%) family households, while 9% are living alone. Multivariate analysis revealed a significant difference in the share of expenditure across the COICOP categories on household type ($\lambda = 0.761$, $X^2 = 1,643.21$, $p \leq 0.01$), with a 40.1% correct re-classification. Share of spending on health and housing have emerged as relatively important predictors for the living arrangement of older households.

Conclusion: The older households in Malaysia have distinct expenditure patterns with unique socioeconomic characteristics. Unlike past studies that have focused mostly on elderly-headed households, this paper analyzed the spending patterns in households with older persons. The study also highlighted the importance of controlling for household size when examining the expenditure patterns of later life families. Understanding older households' expenditure on different goods and services can help us identify their needs and priorities in old age.

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Disclosure of Interest: None Declared

Keywords: COICOP, family household, household expenditure survey, older persons

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1491

SELF-ASSESSMENT OF LIFE COURSE: NARRATIVES OF LTCF RESIDENTS IN A CONTEXT OF THE COVID-19 PANDEMIC

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Preferred presentation method:: Oral Presentation

Introduction: COVID-19 pandemic has affected the well-being of residents in LTCFs who have had to experience lockdown with greater difficulty. (Huenchuan, 2020)(Kaelen et al., 2021) (Gordon et al., 2020) Currently there are certain qualitative approaches that account the experiences that residents have had during pandemic. (Yau et al., 2021) (Armitage & Nellums, 2020) However, we believe that there are still questions regarding the reflection and self-assessment that residents can make of their life courses during lockdown. (Ricoeur, 2006) We wonder how do LTCF resident women and men evaluate their own life courses in a context of COVID-19 pandemic? What gender differences could we find in that self-assessment? What kinds of relevant meanings might appear in their narratives? To answer these questions, we have set ourselves the following objective.

Objectives: Analyzing with life course and gender perspectives the self-assessment narratives of the life courses carried out by LTCF residents in a context of COVID-19.

Methods: Qualitative exploratory study anchored in life course and gender perspectives. The selection of the participating residents in this research was carried out through intentional sampling and using snowball technique. (Martín-Crespo Ma. Cristina & Ana Belem, 2007) Thirty-two semi-structured face-to-face interviews were conducted with older LTCF residents and analyzed using gender and life course perspectives.(Huenchuan, 2020) (d'Epina y et al., 2011) (De Barbieri, 1996)

Results: The self-assessment narratives of their life course presented differences due to the incorporation of traditional gender roles at very early ages, which influenced the development of their life history and up to the moment of the interview. Two main meanings emerged from the narratives: old age and death; the first of them with a negative connotation while the second had a positive connotation. COVID-19 was narrated with uncertainty and with a latent hope for deconfinement.

Conclusion: Knowing the self-assessment of their life courses made by women and men LTCF residents in a context of health crisis makes possible to identify elements that could enrich care in another future crisis situations.

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Disclosure of Interest: None Declared

Keywords: covid-19, Gender, life course, long term care facility (LTCF)

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1489

FEASIBILITY OF URBAN CARE FARM FOR AN INCLUSIVE SOCIETY FOR THE PEOPLE LIVING WITH DEMENTIA

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Preferred presentation method:: Poster Presentation

Introduction: In recent years, care farms for people living with dementia have become increasingly common in the Netherlands. In Japan, we demonstrated the effects on mental health of a farm program centered on rice cultivation in Niigata Prefecture. However, this model may also be valuable in urban areas where people with dementia and their families are more likely to be isolated.

Objectives: In the current study, we examined the feasibility of an inclusive farm program that brings people with dementia together with older people from diverse backgrounds in urban areas.

Methods: In December 2020, the volunteer center at which the farm is located (a former elementary school in Ward A in Tokyo), the Non-Profit Organization (NPO), the department in charge of dementia policy in Ward A, the regional comprehensive support center, the social welfare council, and our research institute established an executive committee. In February 2021, we began the farm activities. The farm became a place where older people living with dementia, their families, people with intellectual disabilities, and kindergarten children could gather. We measured cognitive function using Mini-mental State Examination (MMSE), frequency of hobby activities and interpersonal interactions, and mental health using the 5-item World Health Organization Well-Being Index (WHO-5) twice in 15 older people, including three people with cognitive impairment, who participated in the activities from February to December of the same year. In addition, qualitative evaluation of changes in feelings and life was conducted using semi-structured interviews. We obtained the approval of the Ethics Committee of the Tokyo Metropolitan Geriatric Hospital and obtained written consent from participants.

Results: The Wilcoxon signed-rank test results revealed that the frequency of interpersonal interaction and MMSE improved significantly in the second round. The semi-structured interviews revealed that participants had fun, felt good, made friends, and felt a greater sense of purpose in life.

Conclusion: The results suggest that care farm programs are feasible in urban areas, and may have positive impacts on participants' cognitive function and QOL. In the future, it will be necessary to set up a comparison group to verify the effects of the intervention.

Disclosure of Interest: None Declared

Keywords: Care farms, Dementia Care, Feasibility, Inclusive society, Urban area

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1486

SHORT TERM STRUCTURED, MULTIMODAL, INTERDISCIPLINARY, HOME-BASED, SELF-HELP PROGRAM IS EFFECTIVE IN IMPROVING FRAILTY STATUS AMONG ELDERLY T2DM PATIENTS

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Preferred presentation method:: Poster Presentation

Introduction: Single arm study to assess the clinical benefits and predictive factors of a home-based, self-help program in improving frailty status of elderly T2DM patients.

Objectives: We recruited 65 y/o and older frail and prefrail T2DM patients from a DM shared care center.

Methods: 12 weeks home-based intervention was conducted. Changes of frailty status and other indices were analyzed. A logistic regression was applied to determine the predictive factors for frailty status improvement.

Results: Finally, 81 participants (72.2±4.7 y/o, 38.3% males) were enrolled, and 60 participants completed the program. Average length of program stay was 14.7±3.6 weeks, and average home program adherence was 1.4±1.1 times per week. Frailty status improved in 11 enrollees. Poorer initial muscle quality was the predictor (OR=0.237, 95% CI=0.065-0.865, P=0.029) of frailty status improvement.

Conclusion: We concluded that short term structured, multimodal, interdisciplinary, home-based, self-help program is feasible and effective in improving frailty status among elderly T2DM patients.

Disclosure of Interest: C.-J. Chang Conflict with: All authors have declared that no support from any organisation for the submitted work, no financial relationships with any organisations that might have an interest in the submitted work in the previous three years and no other relationships or activities that could appear to have influenced the submitted work., C.-H. Lin: None Declared, T.-P. Li: None Declared, C.-S. Hsu: None Declared, H.-Y. Tsai: None Declared, T.-C. Liu: None Declared

Keywords: Frailty Status, Home-Based Intervention, Muscle Quality, Sarcopenia, Type 2 DM

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1485

POLICIES AND PERSPECTIVES AROUND SEXUAL ACTIVITIES AMONG RESIDENTS WITH COGNITIVE IMPAIRMENT OR DEMENTIA IN SKILLED NURSING FACILITIES IN KANSAS

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Preferred presentation method:: Poster Presentation

Introduction: Many older adults, including those with cognitive impairment or dementia, remain sexually interested and active in later life. However, little is known about how sexual policies and practices in skilled-nursing facilities (SNF) address sexual activities of residents with cognitive impairment and dementia.

Objectives: This study seeks to identify the current sexual policies and staff's perspectives related to residents with cognitive impairment or dementia in SNFs in Kansas.

Methods: Online surveys and mailed surveys were distributed to administrators from all 364 SNFs in Kansas in June 2020. 60 long-term care facilities (16.5%) answered the survey.

Results: Of 60 survey respondents, 22 facilities (36.7%) have a policy addressing sexual expression and 19 of those policies (94.7%) address issues related to cognitive impairment, competency, or dementia. 77.4% had trained their staff on the impact on sexual expression for those with cognitive impairment or dementia once or more than once during the past year. 73.3% of administrators stated that their staff would respond differently to sexual expression among individuals with dementia or cognitive impairment compared to other residents, often noting issues related to consent and capacity. 55.2% reported any sexual expression among residents with dementia within the past year. In terms of perspectives of administrators on sexual activities, 93.1% agreed that competent and consenting residents are entitled to sexual expression in all cases. However, 63.4% believed that residents who have dementia are incapable of making sound decisions regarding participation in sexual relationships. There were mixed results when administrators were asked whether facilities should provide privacy to two cognitively impaired residents or whether couples should be supported in accessing sexual intimacy even if one person is unable to provide consent.

Conclusion: Findings indicated that there is a lack of overall sexual policies, but those that exist are likely to address residents with cognitive impairment or dementia. Although there is evidence of training and attention to issues related to sexual expression in individuals with dementia or cognitive impairment, there is a need for further efforts to establish practice norms and policies around more complex or nuanced situations that balance residents' rights and protection.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1477

AGING AND SERIOUS LEISURE: AN APPROXIMATION WITH MUSICAL PRACTICE

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Preferred presentation method:: Poster Presentation

Introduction: The investigation addressed musical experiences of mature and elderly adults from the perspective of leisure. The research questioned how musical practice in the aging process can be understood from the Serious Leisure Perspective?

Objectives: Musical practice as serious leisure in the non-pathological aging process has not been discussed in depth. The purpose of this study was to describe the relationships among the aging process, musical practice, and Serious Leisure Perspective.

Methods: This qualitative research had semi-structured interviews as an instrument for data production. The interviews were realized from October to November 2020, in the context of the COVID-19 pandemic. The research participants consisted of 8 people from both genders with ages that ranged from 48 to 73 years old. They all lived in Rio Grande do Sul in the south of Brazil, and were amateur musicians. The National Health Council and the Research Ethics Committee (CAAE 35662220.3.0000.5334) approved the participation and all procedures used in this research. The theoretical framework for data analysis was Robert Atchley's Continuity Theory and Robert Stebbins' Serious Leisure Perspective.

Results: The participants described the aging process as a phase that involves both possible physical changes and the possibility of developing new skills and maintaining musical practice. All the people interviewed had started playing any musical instrument before they have retired, which contrasts with the idea that the free time resulting from retirement would be a condition for the practice of leisure.

Conclusion: To conclude, the musical practice as serious leisure can help maintain and establish new social roles while contributing to the integral formation of the human person. The musical practice collaborates in breaking elderly or mature adult stigmas of lack of capacity, inability to adapt to the new, or the feeling of uselessness.

Disclosure of Interest: None Declared

Keywords: aging, music, Serious Leisure Perspective

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1467

"I WANT HIM TO TELL ME HE LOVES ME" : A SMART AUDIO DEVICE TOCHIE FOR FAMILY CONNECTIONS

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Preferred presentation method:: Poster Presentation

Introduction: Long-term care (LTC) residents are more likely to experience loneliness, social isolation and have dementia. The effects of isolation have been exacerbated by the COVID-19 pandemic. While assistive technology has been a popular topic in gerontological health research, there are limited findings on the experience of technology adoption in complex care environments such as LTC, and on family member and staff perspectives. "Tochie" is a smart audio device that allows family and significant others to remotely record and schedule messages, such as daily reminders or comforting audio recordings, to send to their loved ones in care settings. Research is needed to explore the experiences of residents, family members, and LTC staff using Tochie.

Objectives: This study explores user experience, impact, and considerations of using the smart audio device, "Tochie" in long-term care.

Methods: We applied qualitative descriptive design with interview and focus group methods. 10 residents, 9 family members, and 6 care staff from two long-term care homes in British Columbia, Canada, participated in the study. Each resident was given a device to use with their family member for a four-week intervention period. The research team checked in with family members and staff weekly via telephone and email to provide support and gather feedback. Pre- and post-intervention focus groups and interviews were held via Zoom and phone correspondence to learn about participants' experiences using Tochie. Thematic analysis was performed to identify themes.

Results: Four common themes were identified to describe the experience of using Tochie in LTC: (a) fostering emotional connection (b) connecting in creative and personalized ways (c) considering contextual considerations in LTC (d) lessons learned for future developments.

Conclusion: The COVID-19 pandemic has provided us an opportunity to redefine and reconstruct what it means to "keep in touch" with loved ones in care settings. In our study, residents, families and staff highlighted the ways in which Tochie has enabled and expanded possibilities for family connection. Our findings offer pragmatic insights into challenges and possibilities for future product development and implementation.

Disclosure of Interest: None Declared

Keywords: technology, long-term care, social connection

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1465

USING TELEPRESENCE ROBOTS TO ENABLE LONG-TERM CARE RESEARCH WITH PATIENT PARTNERS

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Preferred presentation method:: Poster Presentation

Introduction: Involving people with lived experience in research can help make outcomes meaningful, relevant and impactful. However, visitation restrictions and staff shortages have created barriers to conducting research in long-term care (LTC) settings. Innovative methods and tools are needed for conducting research to support the research process and engage patient partners in research. Telepresence robots enable virtual connections via videoconferencing and give a feeling of the person's presence from a remote location, enabling more engaging research.

Objectives: This study focuses on exploring the patient partners' (co-researchers) experiences of using a telepresence robot as a tool for interviews and workshops in Canadian long-term care research.

Methods: We interviewed a team of 10 researchers, including patient partners, who used a telepresence robot to virtually conduct research during the COVID-19 pandemic in British Columbia, Canada. The team includes people living with dementia, family partners, academic researchers, and graduate students. Semi-structured one-to-one interviews were conducted by Zoom virtual meetings. Thematic analysis was performed to identify themes.

Results: Analysis of the data produced five themes on benefits and challenges with respect to using a telepresence robot to conduct interviews with residents in LTC. Themes of benefits: (1) Use as a Research Enabler, (2) More accessible and engaged research process, and (3) Increased Environmental Inclusion and Engagement. Themes of challenges: (4) Lack of Infrastructure and Resources, and (5) Training and Technical Obstacles. Based on the results, we offer "ROBOT" – an acronym created for actionable recommendations that inspire and support others to use telepresence robots for research. These recommendations include **R**ealign to adapt, **O**rganize with champions, **B**lend strategies, **O**ffer timely technical assistance, and **T**ailor training to individual needs.

Conclusion: This study offers unique and practical insights into using telepresence robots as a safe and innovative tool for conducting research remotely with patient partners. Our results demonstrate that people living with dementia can be engaged meaningfully in research during the pandemic. Future research should apply more creativity and flexibility in adopting technology to expand possibilities for involving people with dementia in research.

Disclosure of Interest: None Declared

Keywords: technology, dementia, long-term care

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1461

CONTINUING CONVERSATIONS WITH OLDER ADULTS LIVING IN RURAL MANITOBA, CANADA: EXPLORING LONELINESS AND HOPE

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Preferred presentation method:: Oral Presentation

Introduction: This study contributes to research on the influence of the COVID-19 pandemic on older adults' experiences of social isolation, loneliness and hope over time in rural communities.

Objectives: Objectives were to examine how rural-living older adults were living with the pandemic and the impact on their sense of connection and emotions.

Methods: We conducted three sets of in-depth telephone interviews with older adults living in small rural communities in Manitoba, Canada. The first interviews occurred in May-June 2020 during an ease of significant restrictions after the first initial wave of the pandemic; second interviews occurred approximately one month later; and the third round of interviews took place in March 2021 after significant restrictions were eased from a second wave, and when the public was offered first doses of vaccine. In total, 22 participants (65+ years; 77% female) completed all three in-depth interviews. At all three time points, we asked participants how lonely they felt in the past week and ratings were subsequently dichotomized (*not lonely* = rarely/never; *lonely* = sometimes to almost always). In the third round of interviews, participants were also asked to report on their level of hopefulness in the past week. Participant descriptions and explanations for how they were feeling were analyzed using inductive thematic analysis.

Results: As an overall group, loneliness was highest early on in the pandemic in the first interview (73% lonely) but remained high in the second interview (50%) and the third (55%). Eight participants were *chronically lonely*, that is, lonely at all three time points. Notably, of those *chronically lonely*, 5 (63%) had also indicated being lonely *pre-COVID*, suggesting a chronic loneliness extending before the pandemic. A higher proportion of those living alone were chronically lonely (66%) compared to those living with others (25%). In the third interview, 4 participants reported low levels of hope; 3 of these participants were chronically lonely. However, by far the majority of participants (82%) indicated feeling higher levels of hope.

Conclusion: There was significant variation over time in how rural participants were expressing loneliness or a sense of connection. Most were feeling hopeful a year into the pandemic. We explain how participants described their perceptions of isolation, loneliness, and hope over time and consider the implications for future interventions and policies.

Disclosure of Interest: None Declared

Keywords: hope, loneliness, rural settings

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1446

CHANGES TO PHYSICAL ACTIVITY POST-RETIREMENT MAY NOT DETERMINE WEIGHT CHANGE – A SYSTEMATIC REVIEW OF LITERATURE

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Preferred presentation method:: Poster Presentation

Introduction: The predominant hypothesis on how retirement impacts subsequent weight change is based on physical activity (PA) levels: retirees are endowed with more leisure-time, thus lowering the “opportunity cost” of exercising. The increase in physical activity post-retirement may lead to weight change. However, retirement may also introduce other changes to health behaviours that have competing consequences on weight. Cessation of work may lead to changes in sleep, alcohol consumption and smoking, and energy intake – all strongly associated with body weight.

Objectives: To systematically search the existing literature on retirement and body weight and examine whether health behaviours act as confounders, mediators, or effect modifiers in the impact of retirement on body weight.

Methods: Eight bibliometric databases were searched between June and July 2021, with citations followed up. Longitudinal studies, or reviews, were eligible when examining change in employment status with body weight as the outcome in adults ≥ 50 years. No restrictions were placed on date or country. Quality of included studies were graded using the EPHPP tool and data were extracted into a standardized table. Reported findings were analysed by narrative synthesis.

Results: Of twelve, medium-quality articles examining retirement and weight change (compared to non-retirees), six studied PA as a mediator. Three studies reported PA did explain the weight change after retirement, but three studies found PA was not a mediator. Studies typically only adjusted for smoking and alcohol consumption as confounders. One study assessed diet as a mediator: retirees from active jobs decreased overall energy intake and fibre density, with reduced fibre density linked to weight gain. One mediation study of sleep loss found similar probabilities between retirees and those who continued to work.

Conclusion: Current evidence does not support clear conclusions on the pathway through which retirement impacts body weight. Additional high-quality studies are required to test the existing hypothesis that physical activity mediates the pathway, and similar attention should be given to other health behaviours as well.

Disclosure of Interest: None Declared

Keywords: Body weight, health behavior, Physical Activity, Retirement, sleep quality

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1437

CHALLENGING AND DISABLING NON-MOTOR SYMPTOMS OF PARKINSON DISEASE.

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Preferred presentation method:: Poster Presentation

Introduction: Parkinson disease (PD) is a prevalent, complex neurodegenerative disorder in older adults. Diagnosis is based on the presence of the classic triad of motor symptoms, including tremor, rigidity, and bradykinesia.

Objectives: Nonmotor symptoms, such as anxiety, depression, fatigue, and sleep disturbances are common, but often neglected.

Methods: We present a case of an 80-year-old Caucasian woman diagnosed with PD by neurologist and treated with dopaminergic medications. However, she denied her diagnosis and dropped her treatment. She presented to her primary care physician with anxiety, depressed mood, fatigue, sleep complaints, and constipation. These symptoms were increasing and accompanied by irrational thoughts, restlessness, so severe that they were needed a geriatric psychiatry evaluation. She has a history of right upper and lower extremity resting tremor, frequent falls, and psychomotor slowness compared to her baseline, which led to PD diagnosis. She also suffers from hypothyroidism due to partial thyroidectomy in her 20s. Her daily medications included: levothyroxine, venlafaxine, clonazepam and lactulose. Physical examination showed stable vital signs, right-sided pill-rolling tremor and an anxious appearing woman. Laboratory data were normal except for trending down TSH values from 0.8 to 0.35, normal laboratory values are at range 0.34-5.60.

Results: She was seen by another neurologist who dissuaded the diagnosis of PD, and the patient therefore opted not to resume her PD medications. She joined a PD support group and after just few sessions she reported to her physicians "I don't belong to them. I don't have symptoms like they have." Other comorbidities such as iatrogenic thyroid stimulation was considered, and the dose of levothyroxine was gradually reduced, however it did not alleviate her symptoms. A second opinion was sought by another neurologist. She was convinced and re-initiated her medications which led to significant improvement of her symptoms.

Conclusion: Nonmotor symptoms of PD are challenging as they can be prodromal symptoms in the premotor phase or simultaneously overlap with motor symptoms. Increasing awareness of the importance of non-motor symptoms and other neuropsychiatric disorders in PD can lead to prompt diagnosis and treatment, and this can positively affect patients' care and improve their quality of life.

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Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1424

FEATURES OF DIGITAL SOLUTIONS TO ADDRESS LONELINESS IN OLDER ADULTS BY THE EYES OF "EXPERTS BY EXPERIENCE"

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Preferred presentation method:: Oral Presentation

Introduction: Loneliness is a subjective experience escalating worldwide and affecting mostly older adults. Digital solutions can play a major role in minimizing loneliness, although its use has been facing some resistance due to scarce involvement of older adults in its design. MOAI LABS (Collective Intelligence and Social and Health Technology Laboratories to combat isolation and loneliness among Older Adults) is an ongoing European project involving partners from France, Portugal, and Spain that adopts a co-design process to develop digital solutions to address loneliness in older adults, through collaborative sessions.

Objectives: We explored the main features that a digital solution aiming to address loneliness should have, in the perspective of "experts by experience" (older adults who self-reported feeling loneliness).

Methods: A sample of community-dwelling older Portuguese adults (aged 64 to 84 years old) participated in a collaborative session where participants shared their perspectives on the main needs and expectations regarding a digital solution to address loneliness, and on the specific features/characteristics it should have. The session was audio-recorded, transcribed, and submitted to thematic analysis.

Results: Participants stressed that a digital solution should be compatible with smartphones; be able to collect information about older adults' interests and preferences, particularly regarding their hobbies ("personalization"); have a strict registration process, to avoid abuse/fraud situations; and consider illiterate people and functional limitations ("be inclusive").

Conclusion: By using a collaborative approach, researchers can promote a shared understanding based on reflection and dialogue where all involved parties (researchers and older adults) work together as equals towards a shared goal. It also demonstrates that older adults can be active partners who can envisage and articulate solutions they will use, because they reflect their actual needs and expectations. This is even more relevant when loneliness is the topic since it is attached to personal experiences and can only be understood through a subjective lens.

Disclosure of Interest: None Declared

Keywords: co-design, loneliness, older adults, technology

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1415

THE EFFECTS OF CHARITABLE GIVING ON THE LIFE SATISFACTION OF OLDER KOREAN ADULTS: THE MEDIATING ROLE OF CONSUMPTION SATISFACTION

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Preferred presentation method:: Poster Presentation

Introduction: The “Warm Glow” effect of giving suggests that spending money on charity leads to a sense of joy and satisfaction for “doing their part” to help others. Moreover, charitable giving satisfies basic psychological needs and from a consumer perspective, psychological rewards from charitable giving, which correspond to conceptual consumption, could increase a sense of achievement and provide meaning to life, especially in later life.

Objectives: Drawing on literature from prosocial behaviors, aging, and consumption theory and expanding current literature, this study not only explores the effects that charitable giving has on the life satisfaction of older adults in a Korean context but examines the mediating role of consumption satisfaction.

Methods: For this, a nationally representative sample of individuals aged 65 to 100 (N = 8,359) from the 2019 Social Survey was used. Charitable giving was measured by asking whether any donation of cash or goods was made for the past year, and life satisfaction was measured by asking how satisfied in general with their lives these days. Consumption satisfaction was measured by asking how satisfied with their daily life as a consumer on necessities of life, leisure, etc. A set of variables known to be associated with these key variables were included as covariates to reduce confounding effects.

Results: The results from Coarsened Exact Matching and Structural Equation Modeling show that charitable giving positively affects older Korean adults’ life satisfaction. Moreover, increases in consumption satisfaction mediated the relationship between the two; that is, the effect of charitable giving on life satisfaction can be partially explained as charitable giving making older adults more satisfied with their consumption, which in turn leads to increases in older adults’ life satisfaction.

Conclusion: Overall, the results support previous research on the positive influence of prosocial behaviors and show that the results of previous research hold even in the contexts of older adults and when an Asian sample is used. Also, this study contributes to the literature as it sheds light on the black box between charitable giving and life satisfaction, by investigating the mediating role of consumption satisfaction, especially as research on the mechanisms involved remains relatively scarce.

Disclosure of Interest: None Declared

Keywords: Charitable Giving, Consumption Satisfaction, Life Satisfaction, Prosocial Behaviors, Structural Equation Modeling

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1405

PERSONALITY TRAITS AND HEALTH LITERACY AMONG OLDER ADULTS: CROSS-SECTIONAL EVIDENCE FROM SWITZERLAND

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Preferred presentation method:: Oral Presentation

Introduction: Health literacy (HL) measures individuals' ability to find, understand, appraise, and use health information to deal with health-related issues. HL influences how individuals perceive their health problems, communicate with health care professionals and make medical decisions. While sociodemographic factors are known to influence the level of HL, little is known about the role of personality traits (PTs) for HL, despite the known significant impact of PTs on the way individuals obtain, analyze, and integrate any information. To fill this gap in the literature, this study assesses the associations of HL with five broad PTs dimensions - Neuroticism, Extraversion, Openness to experience, Agreeableness, and Conscientiousness.

Objectives: Given the importance of PTs in older adults' treatment of health-related information and behaviour and the strong association between HL and individuals' good health, this research tries to better understand differences in HL across PTs in a nationally representative sample of adults aged 58 years and older in Switzerland.

Methods: We use data from a paper-and-pencil self-completion questionnaire (N= 1'555) that was administered as part of wave 8 (2019/2020) of the Survey of Health, Ageing and Retirement in Europe (SHARE) in Switzerland. HL is measured using the short version of the European Health Literacy Survey questionnaire (HLS-EU-Q16). The scale includes 16 items whose scores of dichotomized responses is grouped into two categories: inadequate and adequate HL. PTs are measured with the Big-Five inventory ten (BFI-10) from wave 7 of SHARE. Using multivariable probit regressions, we explore how respondents' PTs are independently associated with HL after controlling individuals' social, regional and health characteristics.

Results: Results show that two out of five PTs are significantly associated with HL among older adults in Switzerland. Individuals who score higher on neuroticism and thus have a persistent tendency to experience negative emotions are more likely to have inadequate HL. More open individuals who are more prone to engage in self-examination are also more likely to have adequate HL.

Conclusion: These findings call for targeted interventions, such as using adjusted health or eHealth information tools that would consider individuals' PTs when designing health policies to improve HL in the population.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1394

FACTORS ASSOCIATED WITH THE FREQUENCY OF GRANDPARENTS' CARE OF THEIR GRANDCHILDREN

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Preferred presentation method:: Oral Presentation

Introduction: The sociodemographic changes in recent years have led to a modification of family relationships, especially grandparents-grandchild relationship. According to the latest wave of the Survey of Health, Aging and Retirement in Europe, in Eastern and Southern European countries, such Spain, between 12% and 17% of grandparents are responsible for the daily care of their grandchildren. The growing number of grandparents caring for their grandchildren has increased the interest in this bond, the factors associated with it, and the consequences for both parties.

Objectives: We aimed to evaluate the sociodemographic characteristics of grandparents (gender, age, marital status, education, employment situation, socioeconomic status and nationality), the intergenerational variables (gender and age of grandchildren, distance between homes, lineage, parents' divorce, grandparent-grandchild relationship and grandparent-parents relationship) and the health status (physical and mental) associated with the frequency of grandparents' care of their grandchildren.

Methods: A questionnaire of sociodemographic and intergenerational variables was administered to 300 grandparents. We conducted descriptive analysis, Pearson correlations and a regression model. The average age of the participants was 71.55 ($SD = 7.33$), and 56% were women ($N = 168$).

Results: 22% of the participants cared of their grandchildren daily and 50,3% weekly. The regression model showed that the frequency of grandparents' care of their grandchildren is higher the younger the grandparents are, the higher their physical and mental health is, the shorter the distance between their homes, the higher the quality of the grandparent-grandchild relationship and, finally, with the maternal grandparents. This model explained 42,3% of variance ($F_{(6, 293)} = 37.569$; $p \leq .05$). The remaining variables did not show a significant association with the frequency of grandparents' care of their grandchildren.

Conclusion: An exhaustive comprehension of the factors associated with the frequency of grandparents' care of their grandchildren is necessary and useful for the development of psychoeducational intervention programs aimed at meeting the needs of grandparent caregivers, a phenomenon that is increasing in our society.

Disclosure of Interest: None Declared

Keywords: caregivers, grandparent-grandchildren relationship, grandparenthood, supplementary care

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1392

FACTORS ASSOCIATED WITH RISK FOR ELDER ABUSE IN NURSING HOMES

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Preferred presentation method:: Oral Presentation

Introduction: Elder abuse is a worldwide growing problem that affects to mental and physical older adults' health. The risk of suffering from elder abuse is higher in institutionalized older adults. Literature supports that the COVID-19 pandemic has arisen elder abuse risk. It is important to analyze the risk and preventive factors for elder abuse.

Objectives: We aimed to assess the risk for elder abuse and whether variables associated with professionals (burnout, life purpose and coping skills), the nursing home (providing care from the person-centred care model and support and control given to professionals by the head of the institution) and COVID-19 related variables (COVID-19 fear, having got infected, having lost a loved person, being hospitalized or having had a loved one hospitalized), had a significant role in elder abuse risk.

Methods: The Caregiver Abuse Screen for the Elderly (CASE) was used to detect the risk of elder abuse. We conducted descriptive analysis, student t-tests, one factor ANOVA and Pearson correlations. A regression model was also tested. 49 direct care professionals working in nursing homes participated in this study. The average age was 40.86 (SD= 9.21) and 79,6% were women (N= 39). The average years these professionals had been working with older adults was 12.47 (SD=7.98).

Results: A high risk for elder abuse (M= 5.93; DT= 2.91) was found. We also found that the risk of elder abuse increased when increased the burnout (more emotional exhaustion and less personal realization) and when there were lower scores in the amount of control and support given by the head of the institution to the professionals, practices related to person centred care, life purpose and positive reappraisal. This model explained 58% of variance ($F_{(5, 100)} = 4.51$; $p \leq .05$). In contrast, COVID-19 variables did not show any association with elder abuse.

Conclusion: A better understanding of the factors associated with elder abuse risk could help institutions to develop a care model more focused on the care-recipient and their professionals (by giving them more control and support as well as developing interventions that enhance their coping skills related to positive reappraisal, finding purpose and personal realization).

Disclosure of Interest: None Declared

Keywords: elder abuse, institutional settings, mistreatment, Nursing homes, person-centered care

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1388

SURVEY OF ADVANCE CARE PLANNING IN PRIVATE NURSING HOMES IN JAPAN

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Preferred presentation method:: Poster Presentation

Introduction: In recent years, the number of people who want to spend their final days in familiar surroundings has been increasing in Japan. However, as the number of elderly people living alone is increasing in Japan's super-aging society, people are increasingly moving into private nursing homes as their final homes due to anxiety about living alone.

Although the number of facilities that actively provide end-of-life care is increasing, there are still many cases where people are not cared for at facilities and are taken to a hospital to die.

Objectives: Based on the hypothesis that this may be due to a lack of advance care planning (ACP) , we conducted a survey of the actual situation of advance care planning in private nursing homes. In this study, ACP was defined as a person confirming in advance whether they wish to receive life-prolonging treatment by being admitted to a medical institution or wish to allow the natural course of events at the private nursing home when there is no prospect of recovery based on medical findings at the time of a sudden change in condition or end of life.

Methods: The survey was conducted using self-administered questionnaires sent by mail to 1800 randomly selected facilities, and was approved by the ethical review committee of the researcher's institution.

Results: Responses were received 285 facilities, and the response rate was 16%. Of the 1,280 deaths that were reported in the past 6 months, 754 people (58.9%) died in private nursing homes, whereas 544 people (42.5%) died in hospitals. Although the intentions of a high percentage of the elderly people were confirmed when their health deteriorated, they were often the intentions of families in such cases. Furthermore, among the elderly themselves, only about half of the cases, practiced ACP in their daily lives in anticipation of sudden changes in their conditions.

Conclusion: APC should be practiced in daily life so that the elderly can spend their final days in familiar surroundings.

Disclosure of Interest: None Declared

Keywords: ADVANCE CARE PLANNING, PRIVATE NURSING HOMES

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1385

PERCEPTIONS,PERSPECTIVES AND EXPERIENCES OF EMOTIONAL ELDER ABUSE AMONG OLDER PERSONS IN KENYA

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Preferred presentation method:: Oral Presentation

Introduction: Elder abuse defined as a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. Emotional elder abuse, in particular, designates the infliction of mental anguish or distress through verbal or non-verbal acts such as verbal assaults, insults, threats, intimidation, humiliation and harassment which results to harming the older person's self-concept. The covert nature, misconceptions and conflicting contextual interpretations make it difficult to detect and prevent.

Objectives: The study examined the gender differences in perceptions and perspectives of emotional elder abuse and its experiences in their different contexts and their age groups

Methods: Employing a qualitative approach, a sample of 12 older persons (6 male and 6 female) was drawn from three purposively identified community groups. Phenomenological research design was used where in-depth interviews were conducted and analysed using the interpretivist phenomenology analysis. The study was guided by the Ecological Model and Symbolic Interaction Theory. Ethical review was obtained from Institutional Review Board of United States International University-Africa and participants gave consent to be interviewed.

Results: Findings indicated that there were nuanced differences of the definition of emotional elder abuse among older persons based on gender and age. For older women, betrayal of trust by adult children while older men considered direct commission or omission by those expected to take care amounted to emotional elder abuse respectively. Experiences, interpretations and perceptions of abuse differed by age and gender. For instance, remote material assistance without physical contact did not alleviate the feeling of loneliness among older men and women. Older men experiencing decline in functional ability associated the perceptions of adult children as being demanding to emotional abuse, while for older women manipulation into surrendering material resources was interpreted as emotional abuse.

Conclusion: The study concludes that the emotional elder abuse was inextricably tied to other forms of elder abuse and was present in nearly all contexts to include financial, sexual, verbal and material abuses. It recommends the enactment of elder abuse policies for protecting older adults from emotional abuse and establishment of social support systems. Future studies should employ mixed-method approach for triangulation of quantitative and qualitative data for a deeper understanding of this malpractice.

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Disclosure of Interest: None Declared

Keywords: Elder abuse, Emotional, Experiences, Perceptions

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1379

END-OF-LIFE HEALTH LITERACY: A VALIDATION STUDY OF A NEW INSTRUMENT, THE END-OF-LIFE HEALTH LITERACY SCALE (EOL-HLS)

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Preferred presentation method:: Oral Presentation

Introduction: Measuring health literacy allows to assess individuals' competencies to deal with health issues; it influences how individuals perceive their health problems, communicate with health care professionals, or make medical decisions. The end of life is commonly characterized by one or several diseases, the use of healthcare services and requires individuals to make complex medical decisions. Although the end-of-life concerns everyone, the level of competencies of individuals to get through this stage of life has been little explored.

Objectives: This study aims to fill this gap by validating a new instrument, the End-of-life Health Literacy Scale (EOL-HLS), assessing the level of competencies to deal with end-of-life medical situations in a representative sample of older adults aged 58+ living in Switzerland.

Methods: We use data from the Swiss wave 8 (2019/2020) of the Survey of Health, Ageing and Retirement in Europe. Based on the seminal work of Nutbeam (2000), end-of-life health literacy skills are measured using a series of questions on the difficulty in understanding medical interventions, finding information, communicating, deciding in advance, and choosing end-of-life care options. In addition, we also compare the distributions in sub-groups of the population from the EOL-HLS and the European Health Literacy Survey questionnaire (HLS-EU-Q16).

Results: We used explanatory and confirmatory factor analysis to determine the factor structure of our instrument. Preliminary results confirmed the suitability for performing factor analysis (KMO = 0.924, Bartlett's test of sphericity statistically significant), a three-factor model was established and showed good fit properties (CFI = 0.964, TLI = 0.958, RMSEA = 0.047, SRMR = 0.067). Results also indicated good reliability with a Cronbach alpha's for the instrument of 0.93. The associations found between individuals' sociodemographic characteristics and the HLS-EU-Q16 were also present in our instrument, but the EOL-HLS was more sensitive to others sub-population groups.

Conclusion: The EOL-HLS is a reliable and valid instrument to be used in the Swiss population. It may be helpful in testing, e.g. the hypothesis that individuals with a low end-of-life health literacy are at risk of being disadvantaged in their quest for goal-concordant care at the end of life.

Disclosure of Interest: None Declared

Keywords: End of life, Health literacy, population-based study, SHARE Study, Switzerland

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1371

THE ASSOCIATION BETWEEN DIGITAL LITERACY AND UNMET NEED AMONG YOUNG AND OLDER ADULTS

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Preferred presentation method:: Poster Presentation

Introduction: Unmet need means problems left without an appropriate intervention strategy or public solution. Exploring key factors on unmet needs is critical because reducing unmet needs can help people live better with a higher quality of life. However, social services or various information for meeting needs have been digitalized, and technology is getting deep into human life.

Objectives: Thus, we hypothesized that higher digital literacy would be associated with lower unmet needs. We also assumed that the association would be stronger among young adults than among older adults because the younger generation socializes in broader contexts of digital lives than the older generation.

Methods: The sample is 183 young Korean adults (age: M=25.64, SD=2.48, range=21-29) and 223 older Korean adults (age: M=68.79, SD=4.18, range=65-84). We collected data by an online survey in December 2021. The dependent variable, unmet need is measured by the 24-item Camberwell Assessment of Need for the Elderly (CANE ver.5). Its analytic variable is the number of items participants responded as 'unmet.' Independent variables are the ability to use a PC, smartphone, and digital literacy. A moderator includes an age group with two categories (young and old). Covariates are gender, age, education, income, and subjective health.

Results: The results from the t-test reveal young adults have a higher ability to use PCs, a higher ability to use smartphones, and higher digital literacy than older adults. There is no difference in unmet needs between the two groups. The results from linear regression, including an interaction term between digital literacy and age group, show a significant interaction effect. Higher level of digital literacy is associated with fewer unmet needs in young adults, but not older adults. While there are no additional interaction effects, a higher ability to use a PC or smartphone is associated with fewer unmet needs for both age groups.

Conclusion: The findings imply that enhancing the ability to use digital devices is an effective strategy to decrease individuals' unmet needs. However, increasing digital literacy is a prominent strategy only for young adults.

Disclosure of Interest: None Declared

Keywords: Digital ability, Digital literacy, Older adults, Unmet need, Young adults

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1367

WHAT FACTORS ARE ASSOCIATED WITH DIGITAL LITERACY IN LATER LIFE?

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Preferred presentation method:: Poster Presentation

Introduction: In the era of longer life expectancy and technological advancement, the digital divide between younger and older generations has become one of the most serious social issues. Because the digital divide is primarily caused by a generational gap in digital literacy, a comprehensive understanding of the factors associated with digital literacy among the older generation can help develop countermeasures to 'bridge the gap'.

Objectives: Therefore, the purpose of this study is to empirically explore relevant factors associated with digital literacy in later life.

Methods: The sample included 315 older Korean adults aged 65 and above ($M=68.83$, $SD=4.19$, range=65-84) who participated in an online survey in December 2021. Digital literacy was measured by the sum of thirty-five questions using the New Media Literacy Scale by Koc and Barut, which consisted of functional consumption, critical consumption, functional prosumption, and critical prosumption. Possible relevant factors include socio-demographic characteristics such as age, gender, education level, employment status, marital status, income level, cognitive function, subjective health, intergenerational integration level, and parent-adult child coresidence.

Results: The results from the linear regression analyses showed that gender, employment status, cognitive function, and intergenerational integration level were significantly associated with digital literacy in later life. Older adults who are male, employed, have better cognitive functions and a higher level of intergenerational integration tend to have a higher level of digital literacy.

Conclusion: The findings from this study imply the importance of specialized digital literacy education as a social policy for older adults, especially those who are female, unemployed, have poor cognitive functions, and have a lower level of intergenerational integration. This study is significant because it empirically examined various factors related to digital literacy in later life to inform intervention efforts to bridge the digital divide. Moreover, its findings may be useful in developing educational programs aimed at increasing digital literacy to promote digital aging. Future studies are needed to investigate significant factors associated with digital literacy in later life via various contexts.

Disclosure of Interest: None Declared

Keywords: Digital aging, Digital divide, Digital literacy, Intergenerational integration, Sociodemographic factors

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1358

COMMUNICATION BETWEEN PROFESSIONALS AND PATIENTS IN A GERIATRIC UNIT OF A HOSPITAL IN THE CITY OF BUENOS AIRES. A QUALITATIVE APPROACH.

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Preferred presentation method:: Poster Presentation

Introduction: In preliminary meetings with key informants in the Geriatrics Unit of a Hospital in the City of Buenos Aires, it was observed that difficulties arise during communication with patients. This leads to re-consultations, failures in rehabilitation strategies, erroneous procedure management planning or subsequent treatments, or directly to the loss of information. In addition, in the face of omissions or reactions of the patients regarding the transmitted instructions, there is often confusion, discomfort, possible attitudes of avoidance or delegation of orientation tasks, transmission of information and instructions among the members of the team.

In the background studied, changes were found in the doctor-patient relationship, the gradual abandonment of medical paternalism in the hegemonic medical model, accessibility to information on the Internet, the search for integration of the perspective of "expert patients". Likewise, tension between the medical paradigm and the administrative paradigm.

Objectives: General: Study the communication between patients and members of the Geriatrics Unit of a Hospital in the City of Buenos Aires.

Specific: Study staff communication with hospitalized patients and outpatients. Study communication with patients between the different strata of staff that make up the Unit.

Methods: An exploratory qualitative methodology was used, through interviews with technicians and professionals. The members of the research team were previously trained in the administration of interviews. The data collection instrument was applied in pairs of interviewers. First, a pilot test was developed and then with a significant group of Unit members. For data analysis, a strategy was followed according to the Grounded Theory Methodology.

Results: In outpatient care, communication is verbal with written support. In care during hospitalization, staff doctors transmit the diagnosis, treatment, and "good and bad news" to patients and family members. The nursing staff has a communicational exchange with patients and relatives. The communication difficulty is increased in the presence of cognitive decline in patients.

Conclusion: The different levels of attention receive the emotional impact of intersubjective contact for which different psychic resources are put into operation. The lack of specific training in communication coexists with the limitations of the social and health system.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1287

PSYCHOLOGICAL CHARACTERISTICS RELATED TO THE FREQUENCY OF GOING OUT AMONG SENIOR CITIZENS DURING THE COVID-19 PANDEMIC

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Preferred presentation method:: Poster Presentation

Introduction: The COVID-19 pandemic has had a major impact on the lives of people around the world. Senior citizens have refrained from going out as this group is at high-risk of severe COVID-19 disease, and thus their opportunities for social interaction have decreased. However, even under a declared state of emergency, some people did not refrain from going out and continued to lead their daily lives as they did prior to the pandemic.

Objectives: In this study, we focused on the frequency of outings by senior citizens during the COVID-19 pandemic and examined the factors related to any changes in their frequency of outings compared with before the pandemic.

Methods: An internet survey of a nationwide sample of individuals was conducted during October 2021. In total, there were 1600 respondents (male, 764, 47.8%; female, 836, 52.2%; mean age, 70.39 (standard deviation (SD) = 4.67) years). In this study, data from 1584 respondents (99.0%) who answered question relating to “vaccination status” and “refrain from going out” were used for the analysis.

This study was conducted after obtaining approval from the Ethics Review Committee of the Faculty of Law, Economics and Humanities, Kagoshima University.

Results: Participants were categorized according to their frequency of going out: a “Homebound” group (N = 537), a “Chose to Stay home” group (N = 535), and an “Active going out” group (N = 502). To compare the characteristics of each group, cognitive function, physical function, personality, and depression were analyzed using ANOVA. The results showed that the cognitive and physical functions of the “Homebound” group were significantly lower than the other groups ($F(2, 1581) = 15.82, p < .001$). They also exhibited less extravert personalities and significantly less agreeableness than the other groups ($F(2, 1581) = 12.03, p < .001$). However, depression was found to be significantly lower in the “Active going out” group, with no significant difference between the “Homebound” and “Chose to Stay home” groups ($F(2, 1581) = 4.92, p < .01$).

Conclusion: This study clarified the characteristics of senior citizens who continued to actively go out during the pandemic. Senior citizens who continued to go out were found to have higher cognitive and physical functions and more optimistic personalities than those who stayed home.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1286

ASSESSMENT OF PHYSICAL AND COGNITIVE FRAILITY IN AGING MOUSE MODEL

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Preferred presentation method:: Poster Presentation

Introduction: Frailty is a geriatric syndrome with a serious impact on the older individuals, their family, and society as a whole. It is indispensable to understand the aging phenomena in order to develop therapeutic intervention on frailty. The biology of frailty, however, is not investigated in part because frailty was not explored in animal models of aging. In order to translate mouse aging phenotype to a human frailty, phenotypical characterization of physical and cognitive frailty of aging mouse is needed at different stages of chronological age. Relatively little is known, however, on the details of behavioral changes that occur across the mice life span and the impact of aging on behaviors.

Objectives: In order to investigate the age-related changes in mouse behaviors from a life-course perspective, we characterized the age-related changes in physical and cognitive abilities in male C57BL/6J mice of five different age groups.

Methods: When mice reached 3, 6, 12, 18, or 22 months of age, they were sequentially subjected to a multi-domain behavioral tests.

Results: Spatial memory and physical activities including locomotor activity, gait speed, and grip strength progressively decreases as a function of age, whereas anxiety-like behaviors increased in an age-dependent manner. These functional alterations are nonlinear and unique to each behavioral trait. For physical function such as grip strength, percentage of mice fell in a lower quartile rapidly increased between 3 months (0%) and 6 months (17.4%). For cognitive performance assessed by the maze tasks the mice in lower quartile gradually increases until 18 months (16.7-25%) and leads to considerable impairment at 22 months of age (50%). These observations share a common principle with clinical settings, as hand grip strength in middle-age predicts functional limitations and disability in human aging. We also showed that the mice in a lower quartile, the poorer functional capacity, increases in an age-dependent manner.

Conclusion: The characterization of frailty in animal models provides an important step for the intervention studies to prevent clinical frailty syndrome. Furthermore, the model animal makes it possible to investigate the molecular mechanisms underlying the progress of frailty.

Disclosure of Interest: None Declared

Keywords: aging, animal model, behavior rating scale, frailty

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1274

TRANSFORMATIONS IN THE CULTURAL SPACE OF CONTEMPORARY BRAZILIAN CINEMA: A CAPTIVE PLACE OF ELDERLY WOMEN?

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Preferred presentation method:: Poster Presentation

Introduction: The basic questions that supported this study are: what are the changes in the elderly woman in contemporary Brazilian cinema in relation to the national cinematographic tradition? How are such changes influenced by the recent context that reinvented the elderly woman in Brazilian society at the turn of the 20th century to the 21st century? The elderly woman was re-signified, as a subject of health by Geriatrics and Gerontology, and as a subject of culture, thanks to the different representations presented by the different arts, including cinema.

Objectives: This research aims to understand the spaces and practices associated with elderly women in Brazilian cinematographic works between 1998 and 2020, based on the following films: Central Station (1998), The Three Marias (2002), The House of Sand (2005), Chega de Saudade (2008), Sweet Mother (2012), Aquarius (2016), Greta (2019).

Methods: To this end, qualitative research was carried out, such as documental analysis, with the intentional selection of several film sources until an information saturation process was reached, in addition to a set of non-film material such as articles from academic journals, books that always reinforced the interdisciplinary character of the study and that, therefore, approached contents of Geriatrics, History of Art and Cinema. Then, the film analysis was developed with their aesthetic principles (lighting, scenery, among others) and applied to the content analysis of the scenes.

Results: The reality presented by the portrayed works reveals, on the one hand, elderly women represented in traditional practices and, on the other hand, changes in these spaces intended for elderly women, with the latter predominating. These changes are also observed in subgroups of elderly women, who become more frequent in the films, although still facing a certain degree of marginalization, such as: elderly women representative of ethnic minorities, elderly women from disadvantaged social classes, elderly transsexuals women, among others.

Conclusion: It is noticeable that the elderly and their subgroups gained more cultural space and autonomy in cinematographic works and, as cinema can influence the spectator, this reality generates changes in society, improving the representation of these groups. However, there are still many advances to be made.

Disclosure of Interest: None Declared

Keywords: Cinema, Elderly, qualitative research

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1263

#ME TOO IN OLD AGE?! SEXUAL ASSAULT OF OLDER WOMEN BEGINNING IN LATE LIFE

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Preferred presentation method:: Oral Presentation

Introduction: The phenomenon of Sexual assault occurring in late life has gained increasing research attention and public awareness in recent years. This form of abuse has a traumatic and severe health and psychosocial impact on the survivors, who are usually women. Although awareness and knowledge of this phenomenon have increased, only few studies have examined older women's lived experiences of sexual assault from their own perspective. Furthermore, little is known about the different forms of this phenomenon.

Objectives: The purpose of this presentation is to suggest a typology based on older women's narratives of their sexual assault experiences at this stage of their lives.

Methods: A qualitative research was conducted, using in-depth semi-structured individual interviews with 15 older women (ages 58-83) who had experienced sexual assault. Thematic analysis was employed for data analysis.

Results: Five forms (themes) emerged, relevant to the identification of sexual assault: (1) Dementia-related sexual assault by a spouse; (2) Sexual assault by acquaintance; (3) Sexual assault by service providers; (4) Sexual harassment by dating partners; (5) Sexual assault by strangers.

Conclusion: Sexual assault in late life is a phenomenon that remains largely unknown. The revealed typology underscores the vulnerability of older women who are sexually assaulted by different perpetrators in diverse settings. These forms can contribute to filling the existing knowledge gap on sexual assault in late life, thereby promoting awareness and visibility of this phenomenon. Moreover, exposing these forms of sexual assault can assist health and welfare professionals, law enforcement officials, and policymakers to gain a deeper understanding of sexual assault in late life as well as expand their response to it.

Disclosure of Interest: None Declared

Keywords: old age, older women, qualitative research, sexual abuse, sexual assault

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1165

ANALYSIS OF SHARED ACTIVITIES BETWEEN GRANDFATHERS AND THEIR GRANDCHILDREN DURING COVID-19

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Preferred presentation method:: Poster Presentation

Introduction: The family importance of grandmothers and grandfathers in raising their grandchildren is today indisputable, however, it has been the grandmothers who have assumed most of this responsibility, leaving the role of grandfathers undefined, especially during the current health crisis due to the Covid-19 pandemic.

Objectives: To partially answer these two questions, this exploratory study has been proposed with the aim of analyzing the activities shared between grandfathers and their grandchildren.

Methods: 65 people have participated voluntarily, who have been interviewed to obtain their socio-demographic data and to know the frequency of execution in four types of shared daily activities (dynamic and sedentary, both inside and outside the home), and analyze whether the grandfathers perform them: a) alone with their grandchildren, or b) accompanied or not by their wives; also c) compare its frequency before and during the pandemic, and also d) its possible relationship with sociodemographic variables of grandfathers and grandchildren. The data obtained were analyzed using descriptive and inferential tests (frequency tables, ANOVA, Friedmann).

Results: The results showed that the grandfathers carry out a greater number of indoor sedentary activities with their grandchildren than the rest of the activities, however, the results on possible differences in participation alone with their grandchildren or accompanied by the grandmothers were not very clear. It was also found that the performance of shared activities between grandfathers and their grandchildren has clearly decreased during the pandemic. In addition, the grandfathers participate daily in shared activities with their grandchildren, more through daughters than sons.

Conclusion: In conclusion, we can say that the Covid-19 pandemic has increased sedentary interactions in relationships between grandfathers and their grandchildren and it is not possible to distinguish whether this intergenerational relationship is on their own initiative or depends on their wives; in addition, a matrilineal family contact predominates. This study points out the importance of promoting contact and learning between grandfathers and grandchildren with more dynamic physical activities, as well as cognitive ones, due to their healthy effect for both generations.

References: Castañeda-García, P. J., Luis-Díaz, A., González-Rodríguez, J., & Gutiérrez-Barroso, J. (2021). Exploring food and physical activities between grandparents and their grandchildren. *Explorando comidas y actividades físicas entre abuelos y sus nietos. Anuario de Psicología/The UB Journal of Psychology*, 51(2).

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Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1164

A GAME-BASED HEALTH EDUCATION PROGRAM FOR COMMUNITY-DWELLING OLDER ADULTS: A MIXED-METHOD PILOT STUDY

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Preferred presentation method: Oral Presentation

Introduction: The importance of health education is proposed in recent years, knowing how to maintain health, how to cope with negative affect and lead a healthy lifestyle are especially important for older adults. However, the traditional health education program with lecture might decrease the motivation of learning. A game-based learning program provides a supportive social environment and further increases the motivation of learning.

Objectives: The present study reports the initial results of a pilot study to evaluate the acceptability and effectiveness of the game-based health education program to enhance health-related knowledge and positive emotions for older adults. Both qualitative and quantitative data were collected from participants and leaders.

Methods: The game-based health education program (GBHEP) was carried out in each community center with 150 minutes long, twenty older adults recruited. GBHEP included physical exercises, cooking games for nutritional knowledge, social interaction, cognitive trainings and oral health care skills. All activities were designed based on the Octalysis framework of game design. A portable suitcase containing all elements used to be easier delivering in community settings. GBHEP has been implemented for 601 sessions with 13,188 older adults volunteered. 221 older adults were randomly recruited (age: mean = 71.1, SD=7.1) to examine the acceptability and effectiveness. We measured motivation to participate in GBHEP by visual scale from 1 to 10 and PANAS before and after the participation. In addition, 292 leaders in GBHEP were invited to give feedback through a survey with open-ended questions.

Results: The results showed that the motivation to participate health education program was enhanced, $t(220) = -2.86$, $p = .005$, $d = .107$. Positive emotions also increased after the program, $t(220) = -3.20$, $p = .002$, $d = .037$. Negative emotions remained the identical between pretest and posttest, $t(220) = 1.15$, $p = .25$, $d = .02$. Qualitative thematic analysis resulted in the following components from 292 leaders during 601 sessions: immersive experience, gaming concept, health prevention knowledge, challenge, achievement, and well-being.

Conclusion: A Game-Based Health Education Program could enhance older adults' motivation to learn health-related knowledge and also enhance positive emotions. A further study and longer duration program could be developed to investigate the continuous effect.

Disclosure of Interest: None Declared

Keywords: game-based Learning, health and well-being, health education, mixed-method study, older adults

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1116

LITTLE BLACK BOXES: A UNIQUE HUMAN COLLABORATION IN RESPONSE TO A NATIONAL LOCKDOWN

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Preferred presentation method: Oral Presentation

Introduction: Findings from The New Zealand Social Report show that 10% of New Zealanders aged 65-74, and 13% of those aged over 75 feel lonely all, most, or some of the time. The reports also show young people aged 10 -16 experiencing loneliness more often than those aged 17 +. Loneliness and Social Isolation increases are detrimental to health and anyone can be lonely, but it is clear that older people over and young people are most at risk in Aotearoa.

Objectives: On the 25th March 2020, New Zealand entered a Level four coronavirus lockdown, known to be one of the strictest regulations around the world in order to prevent what could have potentially been a wave of human devastation for our country.

Methods: In the middle of the lockdown, Carlene Newall de Jesus was seeking for a collaborative project between HighJinx Youth Company and diverse New Zealanders in response to their unique experiences through the Covid-19 response. Summerset Diversional and Recreational Therapists came across her proposal and welcomed the idea of hosting a group of young members of HighJinx Youth Company on weekly 1-1 Zoom conversations with seniors living in care in a Summerset Care Centre in Nelson to collect the feelings and experiences that both groups were having during the lockdown.

Results: Little did we know that what started as a simple idea ended up facilitating meaningful participation and expression through the intergenerational project, and acted as a means to enhance a sense of connection and counter the loneliness felt by young and old during the Covid-19 response.

As a result, Little Black Boxes became a series of short dance films created in response from the words shared by Summerset seniors with young members of HighJinx Youth Company. The films were created and filmed during the lockdown by the young members of HighJinx in their homes. These young people sparked their creativity as they had to use the limited devices and resources, they had access to make the films come to life.

Conclusion: The films from Little Black Boxes have been presented at The Movement Art Practice Artist Residency 2020 and Tempo Dance Festival 2020. Two of the films received quarter-finalist laureates and two films received quarter-finalist placings at the Online Isolation Short Videos Festival, Moscow, Russia.

Little Black boxes has demonstrated that we humans have the ability to foster and facilitate meaningful human connections right in the middle of chaos and despair – is all about our attitudes. The project exemplified the positive outcomes from collaboration between Diversional and Recreational Therapists working in residential care and community-based creative organisations. And that by working together and regardless of the type of resources we may or may not have, as long as we continue to use our beautiful and creative brains, we can make the world a better place for all.

References: <https://m.facebook.com/events/d41d8cd9/little-black-boxes-highjinx-youth-company-and-tempo-dance-festival/1076351676161225/>

Disclosure of Interest: O. Mortera Conflict with: None, Conflict with: None, Conflict with: None, C. Newall De Jesus: None Declared

Keywords: Diversional Recreational Therapy Therapeutic Recreation Dance COVID Lockdown

Abstract Submission Professional

Behavioral and Social Sciences (BSS)

IAGG2021-PROFESSIONAL-1108

THE RELATIONSHIP BETWEEN FINANCIAL DECISION-MAKING AND FINANCIAL EXPLOITATION IN OLDER BLACK ADULTS

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Preferred presentation method:: Oral Presentation

Introduction: The financial exploitation literature provides evidence that older Blacks are at an increased risk of being victimized. This study uses a sample of older Blacks to examine how contextual measures of financial decision-making are related to financial exploitation, which results in financial hardship and/or the need for economic advocacy. In addition, the study examines the relationship of mental health measures to contextual measures of financial decision-making.

Objectives: Examine how well contextual aspects of financial decision making are associated with Black Older Adults

Describe the relationship between financial exploitation vulnerability and mental health measures

Methods: To obtain the sample for this study, older Black participants were selected from the Successful aging through Financial Empowerment program and a community-based sample of Lichtenberg Financial Decision Rating Scale participants (see Lichtenberg et al., 2019). One hundred and four community-dwelling older adults were included. Participants were recruited through referrals from local senior agencies and professionals, flyers, or participation in community education programs.

Baseline data on Successful Aging through Financial Empowerment and comparison group participants were used to complete the analysis. Two sets of analyses were completed to address the hypotheses. The first set investigated the association between the Financial Exploitation Vulnerability Scale and financial exploitation outcomes.

Results: In terms of demographics, the financial exploitation and comparison group had significant differences in marital status ($X^2(1) = 7.39, p < .01$) and educational attainment ($t = 2.47, p < .05$). Those who experienced financial exploitation were more likely to be unmarried and (on average) completed fewer years of education. The effect size for education was moderate ($d = .48$). Participants in the financial exploitation group had significantly higher Financial Exploitation Vulnerability Scale scores, ($t = 3.53, p \leq .001$). The effect size for Financial Exploitation Vulnerability Scale was moderate to strong ($d = .67$).

A logistic regression model was created to assess how well the demographics and the Financial Exploitation Vulnerability Scale related to financial exploitation victimization outcomes. The logistic regression model was statistically significant, $\chi^2 = 18.300, p < .01$; explained 23.9% (Nagelkerke R²) of the variance in financial exploitation victimization among older Black adults; and correctly classified 68.8% of cases. Higher Financial Exploitation Vulnerability Scale scores predicted a higher likelihood of financial exploitation victimization.,.

Conclusion: This study yielded two major findings. First, the contextual aspects of financial decision-making are significantly related to the experience of financial exploitation in older Black adults. Contextual aspects of financial

decision-making were measured by the Financial Exploitation Vulnerability Scale. The scale had a good internal consistency in this study and was significantly related to financial exploitation status above and beyond demographic variables.

References: Acierno, R., Watkins, J., Hernandez-Tejada, M.A., Muzzy, W., Froot, G., Steedley, M., & Anetzberger, G. (2018). Mental health correlates of financial mistreatment in the National Elder Mistreatment Study Wave II. *Journal of Health and Aging, 31*(7), 1067-1084.

Beach, S.R., Schulz, R., Castle, N.G., & Rosen, J. (2010). Financial exploitation and psychological mistreatment among older adults: Differences between African Americans and Non-African Americans in a population-based survey. *Gerontologist, 50*(6), 744-757.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Behavioral and Social Sciences (BSS)

IAGG2021-STUDENT-1053

LIFE COURSE CIRCUMSTANCES CONTRIBUTE DIFFERENTLY TO THE ACCELERATION OF PHENOTYPIC AND FUNCTIONAL AGING IN CHINESE MIDDLE-AGED AND OLDER ADULTS

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Preferred presentation method:: Oral Presentation

Introduction: Accelerated aging implies health inequalities in late life and consequently, poses a huge challenge to the society.

Objectives: With two well-developed aging measures, this study aimed to evaluate the relative contributions of life course circumstances to variance in these aging measures with policy implications.

Methods: We assembled data for 6224 middle-aged and older adults (≥ 45 years) who participated in the 2014 life course survey, the 2015 biomarker collection, and the 2015 main survey of the China Health and Retirement Longitudinal Study (CHARLS). Two aging measures, including physiological dysregulation (PD) and frailty index (FI), were calculated. Life course circumstances, i.e., 70 circumstances variables involving childhood and adulthood circumstances, demographics, and behaviors, were categorized into 11 study domains for simplicity. The Shapley value decomposition, hierarchical clustering, and general linear regression models were performed.

Results: The Shapley value decomposition revealed that all 11 study domains accounted for about 6.3% and 29.7% of the variance in PD and FI, respectively. We then identified six subpopulations who shared similar patterns in terms of childhood and adulthood circumstances. One subpopulation (i.e., red) who reported experiencing more childhood and adulthood adversity consistently exhibited accelerated aging indicated by the two aging measures. Relative to the turquoise subpopulation (i.e., advantaged), PD and FI in the red subpopulation (i.e., disadvantaged) were increased by an average of 0.14 (standard error [SE]=0.04, $P < 0.001$) and 0.10 (SE=0.01, $P < 0.001$), respectively.

Conclusion: Life course circumstances contribute differently to the acceleration of phenotypic and functional aging in Chinese middle-aged and older adults. Special attention should be given to promoting health for the disadvantaged subpopulation and narrowing their health gap with advantaged counterparts. Our findings highlight the potential of life course management in ameliorating health inequalities in late life.

Disclosure of Interest: None Declared

Keywords: Aging measures; Frailty index; Life course; Physiological dysregulation

Abstract Submission Students

Academy for Gerontology in Higher Education (AGHE)

IAGG2021-STUDENT-1119

CURRENT GERIATRICS TRAINING ON LONG-TERM CARE IN MEXICO

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Preferred presentation method:: Poster Presentation

Introduction: By 2020, there are 15 million 60-year-old Mexicans and 742 geriatricians nationwide. Annually, there is an increasing number of geriatrics resident physicians (GRP). Locally in Nuevo León, for every 100 working individuals, there are 11 dependent older adults. Many of these will live in long-term care (LTC) facilities.

Objectives: Describe current educational and research programs in the training of geriatricians in long-term care

Methods: Cross-sectional, descriptive, analytical study in which a digital survey was applied to geriatricians and GRP currently practicing in Nuevo León, Mexico about current educational and research programs in LTC. Convenient sampling was performed.

Results: Of the 42 participants, 16 were geriatricians and 26 were GRP. About geriatricians, 75% were men, 25% work in LTC, 44% work in Mexican Institute of Social Security (IMSS), 44% work in public hospitals, 44% work in private hospitals. Only 38% of geriatricians received training on how to manage LTC. However, 88% of geriatricians consider that GRP should have proper training on LTC. Only 62% of GRP report that their educational program considers training in LTC and only 42% have had these clinical rotations. On one hand, 38% would like to work in an LTC facility when they graduate, and 58% are uncertain of it. On the other hand, 42% would like to run their own LTC facility, and 50% are uncertain of it. Regarding LTC research: 31% of geriatricians and 8% of resident physicians have participated in research papers that include LTC residents as the study population. All geriatricians and 92% of GRP consider that clinical research in LTC should be mandatory for graduation. Among the limiting factors to conduct clinical research in LTC that were most frequently underscored among geriatricians and GRP were funding, ethical aspects, and LTC owners.

Conclusion: Educational and research programs on LTC are cardinal in GRP to impact our aging community.

Geriatricians are the experts in this care setting and it is important to encourage LTC research to improve outcomes.

Collaborative work between faculties and government could enhance LTC research.

References: Inegi.org.mx. 2022. [online] Available at:

<https://www.inegi.org.mx/contenidos/programas/ccpv/2020/doc/cpv2020_pres_res_nl.pdf> [Accessed 26 January 2022].

Disclosure of Interest: None Declared

Keywords: geriatrics, long-term care, training

Abstract Submission Professional

Academy for Gerontology in Higher Education (AGHE)

IAGG2021-PROFESSIONAL-1266

THE EFFECTIVENESS OF USING LIFE COURSE PERSPECTIVES AND LEARNING COMMUNITY STRATEGIES TO DESIGN GERONTOLOGY CURRICULUM FOR INTERGENERATIONAL LEARNING

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Preferred presentation method:: Oral Presentation

Introduction: Taiwan's total fertility rate is currently the lowest in the world, coupled with a rapidly aging population. The proportion of young people in universities is decreasing year by year, but the proportion of middle-aged and elderly people returning to university campuses has increased, and the classrooms of universities will become multi-generational appearance. Therefore, how to promote intergenerational interaction and communication, as well as mutual learning, will become an important issue. Therefore, how to effectively develop the intergenerational learning teaching model in the multi-generational classroom is very important.

Objectives: This study uses a life course perspective and a learning community teaching strategy to develop an effective intergenerational co-learning gerontology curriculum and measure its teaching effectiveness.

Methods: This study adopts a mixed qualitative and quantitative method to evaluate teaching effectiveness. The research objects came from a public university in Taiwan, 43 students enrolled in a social gerontology course, and 10 senior citizens who are invited to learn together. The evaluation included formative and summative assessment. Formative assessment tools include teaching observation records, students' mid-term and final-term learning reflection reports, and initial and final-term focus discussions for seniors. It mainly evaluated intergenerational interaction, students' learning situation in classroom, students' transformation of aging concepts, and the impact of seniors on students' learning. The summative assessment is evaluated by a single group, pre-test, and post-test design. The assessment tools include aging knowledge, aging attitude, intention to serve the elderly, and the generational intelligence scale.

Results: The results of the study found that four post-test scores of the students were higher than the pre-test. Besides, the intention to serve the elderly has not reached a significant level, but aging knowledge, aging attitude and generational intelligence has reached significant progress. In addition, the results of qualitative data analysis also reflect that this teaching mode of intergenerational learning can increase students' understanding of the elderly, improve the ability of intergenerational communication, expand multicultural value thinking, and increase care for elderly family members.

Conclusion: The intergenerational co-learning instructional design that integrates the life course perspective and the learning community strategy can significantly improve the learning effectiveness of college students in gerontology courses.

Disclosure of Interest: None Declared

Keywords: learning community, higher education, intergenerational learning, life course, Taiwan

Abstract Submission Professional

Academy for Gerontology in Higher Education (AGHE)

IAGG2021-PROFESSIONAL-1267

THE CURRENT SITUATION AND STRATEGIES OF PROMOTING INTERGENERATIONAL LEARNING AT THE UNIVERSITY FOR THE SENIORS

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Preferred presentation method:: Oral Presentation

Introduction: Since 2010, Taiwan has been promoting the senior university program nationwide, providing people over 55 years old to enter the campus to study with college students. In 2020, 96 of the 153 universities nationwide have implemented this project. Many studies have shown that intergenerational learning can promote mutual understanding between generations and help to change college students' negative attitudes toward the elderly. The University for the Seniors is an important experimental project for Taiwan's higher education to provide opportunities for the elderly and college students to learn from each other.

Objectives: The purpose of this research is to understand the current situation, effectiveness, difficulties, and professional competencies required by teachers in the promotion of intergenerational learning in senior universities, and then to propose long-term development strategies.

Methods: This study adopts mixed qualitative and quantitative research methods, and collects data through individual interviews, focus interviews and questionnaires. First, we visited seven universities recommended by the Ministry of Education to gain a preliminary understanding of the current state of the promotion of intergenerational learning in senior universities, and then developed a questionnaire to investigate the project managers of 96 senior universities. Finally, 21 project managers were invited to conduct six focus interviews to supplement the results of the survey.

Results: The results found that most Taiwanese senior universities currently follow national policies to promote intergenerational learning project, and most of them integrate intergenerational learning into the curriculum. Project managers at the University of the Seniors mostly support the need to promote intergenerational learning and affirm their positive outcomes. However, there are above-moderate difficulties in promoting intergenerational learning. It requires the cooperation of the professional resources of the relevant institutes and the participation of enthusiastic teachers. Finally, the long-term development strategies and future research suggestions for the promotion of intergenerational learning are put forward.

Conclusion: To effectively promote intergenerational learning in universities, the overall planning of the school administrative system and the support of the national higher education policy are needed.

Disclosure of Interest: None Declared

Keywords: higher education, intergenerational learning, Taiwan

Abstract Submission Students

Academy for Gerontology in Higher Education (AGHE)

IAGG2021-STUDENT-1322

ASSESSMENT OF FACTORS MORTALITY IN ELDERLY PATIENTS WITH ACUTE HEART FAILURE IN THE INTENSIVE CARE UNIT

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Preferred presentation method:: Poster Presentation

Introduction: A number of factors of unfavorable outcome in the acute heart failure (AHF) have been identified according to research data. The role of geriatric syndromes as predictors of mortality in elderly patients with AHF has not been sufficiently studied. Assessment of the syndrome of senile asthenia as a marker of mortality in patients with AHF in the intensive care unit (ICU) is relevant.

Objectives: to evaluate and identify the most significant predictors of mortality and prolonged ICU stay in patients with AHF.

Methods: 107 patients aged 46-95 years with AHF functional class III-IV were included. 4 groups were formed: 1st - 29 people (53.9 ± 4.5 years), middle age (46-60 years); 2nd - 31 people (68.3 ± 5.0 years) elderly (61-74 years); 3rd - 40 people (81.5 ± 4.1 years) old age (75-89 years). 4th - 7 people (92.4 ± 1.4 years) of the age of centenarians (> 90 years). The patients underwent: examination, echocardiography. Geriatric syndromes were assessed using a comprehensive geriatric assessment (CGE) using the Specialized Geriatric Examination program.

Results: The most significant independent predictors of mortality in the ICU were (OR [95% CI]): end-stage CHF (52.5 [4.62; 1419.34], p<0.01), severe or terminal frailty (32.0 [5.59; 608.84], p<0.01), NYHA IV class (10.6 [2.72; 70.31], p<0.01). Among the laboratory parameters, the influence of the BNP level was noted (1.11 [1.05; 1.18], p<0.01).

Conclusion: The presence of terminal or severe frailty in patients with AHF is associated with a 32-fold increase in mortality in the ICU.

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Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Academy for Gerontology in Higher Education (AGHE)

IAGG2021-PROFESSIONAL-1407

DEATH ANXIETY, AGEISM AND AGEING ANXIETY AMONG MEDICAL STUDENTS, AND HOW IT AFFECTS THEIR ATTITUDE TOWARDS MEDICAL CARE FOR ELDERLY PATIENTS

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Preferred presentation method:: Poster Presentation

Introduction: Providing medical care to elderly patients is often seen as unattractive by medical students. Unfortunately, previous research could only partly explain this negative attitude. Terror Management Theory states that people have a negative attitude to elderly persons, because they remind us of our own mortality (Martens et al.).

Objectives: Our hypothesis is that death anxiety, ageing anxiety and ageism (negative attitude to elderly people) are related and lead to a negative attitude to medical care for elderly patients.

Methods: A systematic review was conducted searching PubMed, Ebsco/PsycInfo, Ebsco/ERIC and Embase from inception to September 2019. Articles about medical students' attitude to medical care for elderly patients related to death anxiety, ageing anxiety and/or attitude to elderly people were found eligible.

Results: The search yielded 3690 different studies; 10 studies were found eligible for inclusion. Seven studies reported that a positive attitude to elderly people was related to a more positive attitude to medical care for elderly patients in medical students. One study found that students' attitude to medical care for elderly patients could only be explained by their attitude to elderly people for a small proportion. Two studies found that students with higher death anxiety had a more negative attitude to medical care for elderly patients. One study reported that students with higher fear of death and ageing had a more positive attitude to medical care for elderly patients.

Conclusion: There was insufficient evidence to confirm our hypothesis. Only three studies described the relationship between death anxiety, ageing anxiety and attitude to medical care for elderly patients. No study showed the relationship between death anxiety, ageing anxiety and attitude to elderly people in medical students. Future research should further examine the relationship between medical students' death anxiety, ageing anxiety, ageism and their attitude to medical care for elderly patients. Subsequently, results could be used for developing an educational intervention aimed at improving medical students' preparation for providing medical care to elderly patients.

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Disclosure of Interest: None Declared

Keywords: ageism, death anxiety, geriatric medicine, medical education, systematic review

Abstract Submission Professional

Academy for Gerontology in Higher Education (AGHE)

IAGG2021-PROFESSIONAL-1530

FUNCTIONAL DECLINE IN THE ELDERLY WITH SARCOPENIA CORRELATED WITH FRAILTY SYNDROME

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Preferred presentation method:: Poster Presentation

Introduction: Sarcopenia is a major component of frailty syndrome (FS), both being considered as strong predictors of morbidity, disability and death in older people. It is defined as a combination of low muscle mass with low muscle function. FS refers to the elderly prone to frequent decompensations with the installation of an increased state of vulnerability and negative prognosis. Sarcopenia, a geriatric disease characterized by a progressive loss of skeletal muscle mass and loss of muscle function, constitutes a rising, often undiagnosed health problem. Its prevalence in the elderly population is largely considered variable, depending on gender, age, pathological conditions as well as diagnostic criteria.

Objectives: To assess the functional status of frail elderly patients with sarcopenia correlated with frailty syndrome.

Methods: The epidemiological study included 152 patients (74,46±0.57 years), the sarcopenia determined according to SARC-F score and the FS – by Fried criteria. Functional decline was assessed through scores - autonomy (Katz, Lawton), gait and balance (Tinetti) and muscle strength (dynamometry). The results were analyzed in the software program Statistics 7.

Results: All the elderly included into the study had sarcopenia, according to the results of FS screening - robust elderly people – 13,15%, pre-fragile people – 24,34% and fragile elderly – 62,5%. The functional aspect of FS was determined – dynamometry, mean value – 11,88±0,86 kg, Tinetti score – 18.10±0.57, Katz score – 9.48±0.20, Lawton score – 10.73±0.33. The mean values of the SARC-F score had a direct correlation with decreased muscle strength (Rr=0.3; p<0.05), low autonomy - Katz score (Rr=0.45; p<0.05), Lawton score (r=-0.54; p<0.05), Groningen Frailty Index (r=0.36; p<0.05), SPPB (r=-0.27; p<0.05), MNA (r=-0.49; p<0.05). Correlations between mean values of SARC-F score and Fried frailty criteria were established: general weakness (Rr =0.31; p <0.05), reduced walking speed (Rr=0.29; p <0.05) and weight loss (Rr=0.31; p <0.05).

Conclusion: The results of the study reveal the functional status as one of the most affected aspects of sarcopenia on the background of altered physical condition, such as fragility syndrome.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Academy for Gerontology in Higher Education (AGHE)

IAGG2021-STUDENT-1570

EXTENSIONIST ACTIONS IN HEALTH WITH THE ELDERLY AND THEIR CAREGIVERS AT HOME: EXPERIENCE REPORT

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Preferred presentation method: Poster Presentation

Introduction: Since 1996, the Federal University of Bahia has developed an extension program called Curricular Action in Community and Society. The university's School of Nursing offers the program: "Home Care for People with Dependence in the Community", which aims to intensify the contact of students with the elderly and caregivers in their homes through multidisciplinary, interdisciplinarity and transdisciplinarity.

Objectives: To report the experience of a university extension activity carried out with the elderly and their caregivers at home.

Methods: The experience took place in 2019, in a community in a peripheral neighborhood in Salvador, Bahia, Brazil.

Results: Fifteen households took part in the action, where elderly people with dependency for basic and instrumental activities of daily living and their caregivers were accompanied and guided by the health team composed of five undergraduate students, graduate students, and a teacher. In the community, the group met the family and their home, raised demands for care and adaptations in the environment, discussed an intervention plan with the family and implemented it, after group discussions. General information was also provided, related to hydration, nutrition, memory stimulation, mobility, autonomy, independence, among others. Caregivers were instructed about self-care, the care offered to the elderly, changes in the environment to make them safer, such as grab bars, non-slip adhesive tapes, reorganization of furniture, ventilation and lighting. Educational material was produced and distributed in the community.

Conclusion: The activity contributed to the learning of those involved, provided health education and necessary referrals to the Basic Health Unit. University extensions are important to bring academia closer to the community and promote better training of students in dealing with problems in their context.

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Disclosure of Interest: None Declared

Keywords: Elderly health; Caregivers; Interdisciplinary Practices; Home health care.

Abstract Submission Students

Academy for Gerontology in Higher Education (AGHE)

IAGG2021-STUDENT-1673

PALLIATIVE CARE REQUIREMENTS IN THE POPULATION OVER 70 YEARS OF AGE IN THE INTERNAL MEDICINE SERVICE OF THE NMC GENERAL HOSPITAL "LA RAZA CDMX

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Preferred presentation method:: Poster Presentation

Introduction: What is the prevalence of Palliative Care requirements in the population over 70 years of age in the Internal Medicine service of the General Hospital of the NMC(national medical center)"La Raza" CDMX?

Objectives: Determine the prevalence of palliative care requirements in the population over 70 years of age in the internal medicine service of the General Hospital of the NMC "La Raza" in Mexico City.

Methods: An observational, descriptive, retrospective and cross-sectional study will be carried out, in the evaluation period from January 1, 2016 to December 31, 2018; through a systematic review of clinical records of patients admitted to the internal medicine service. The NECPAL CCOS-IC questionnaire will be applied, which is an instrument that allows the identification of palliative care requirements in patients according to their survival of less than 12 months, in addition to the geriatric assessment of patients admitted for medical care in phase acute.

Results: A total of 323 patients were integrated, where the average age was 78 years (+/- 6), being 47.4% women and 52.6% men. General clinical indicators (nutritional decline, functional decline and cognitive decline and severe dependence) were measured in relation to the last 6 months of the patients lives; getting 57.6% of cases with nutritional decline, 54.5% with functional decline and 22.3% with cognitive decline. While 18% of the cases presented severe dependence. Determining that 53.3% of the population studied needs medical care based on palliative care.

Conclusion: The geriatric syndrome identified with the most predisposition was falls; while anorexia and weakness were the symptoms most frequently referred by the patients and their caregivers. At least 53.5% of the patients required palliative care; with a demand of 62% of the therapeutic effort; In the same way, half of the population has a functional nutritional decline, serving as prognostic markers.

Disclosure of Interest: None Declared

Keywords: Palliative Care, Geriatric Patient, Geriatric Syndromes.

Abstract Submission Students

Biological Sciences (BS)

IAGG2021-STUDENT-1048

CLUSTERING OF CARDIOMETABOLIC RISK FACTORS AND DEMENTIA INCIDENCE: A CROSS-COUNTRY COMPARISON IN ENGLAND, THE USA AND CHINA.

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Preferred presentation method:: Oral Presentation

Introduction: There is mixed evidence for an association between cardiometabolic risk factors with dementia incidence.

Objectives: This study aimed to determine whether different latent classes of cardiometabolic risk factors were associated with the risk of dementia in older adults across England, the USA and China.

Methods: Data were used from three nationally representative studies, the English Longitudinal Study of Ageing (n=4511), Health and Retirement Study (n=5112) and China Health and Retirement Longitudinal Study (n=9022). Latent class analyses were performed across each dataset utilising seven baseline cardiometabolic indicators: obesity, low high-density-lipoprotein cholesterol, systolic and diastolic blood pressure, hyperglycaemia, diabetes, and inflammation. Confounder-adjusted Cox proportional hazards regressions were conducted to examine the association between cardiometabolic latent classes with dementia incidence.

Results: Three similar cardiometabolic latent classes were identified across all countries: 1) 'relatively healthy/healthy obesity', 2) 'obesity-hypertension' and 3) 'complex cardiometabolic' class. Across the three samples a total of 1,230 individuals developed dementia over a median of 6.8 to 12.2 years. Among English and American participants those people in the 'complex cardiometabolic' group had a higher dementia risk when compared to people in the 'healthy obesity' groups (England: *AdjHR*=1.62: 95%CI [1.11 – 2.37]; USA: *AdjHR*=1.31: 95%CI [1.02 – 1.68]). However, in Chinese participants the 'obesity-hypertension' group had a significantly higher risk of developing dementia when compared to the 'relatively healthy' group (*AdjHR*=1.28: 95%CI [1.04 – 1.57]).

Conclusion: This study provides evidence that in Western populations, complex cardiometabolic clusters are associated with a greater risk of dementia, whereas in an Eastern sample, a different cardiometabolic profile seems to be linked to a greater risk of dementia. The results have important implications for extrapolating findings on dementia risk from Western populations to non-Western populations.

Disclosure of Interest: None Declared

Keywords: cardiometabolic risk factors, cross-country comparison, dementia, longitudinal

Abstract Submission Professional

Biological Sciences (BS)

IAGG2021-PROFESSIONAL-1199

TISSUE-SPECIFIC INTERACTION BETWEEN VITAMIN C AND VITAMIN E IN SENESENCE MARKER PROTEIN-30 KNOCKOUT MICE

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Preferred presentation method:: Oral Presentation

Introduction: Vitamin E (α -tocopherol; VE) is known to be regenerated from VE radicals by vitamin C (L-ascorbic acid; VC) *in vitro*. However, their *in vivo* interaction in various tissues is still unclear.

Objectives: This study aims to clarify the *in vivo* interaction of VC and VE by measurement of their concentrations in various tissues of senescence marker protein-30 (SMP30) knockout (KO) mice as a VC synthesis deficiency model.

Methods: Male SMP30-KO mice were divided into four groups (VC+/VE+, VC+/VE-, VC-/VE+, and VC-/VE-), fed diets with or without 500 mg/kg VE and given water with or without 1.5 g/L VC *ad libitum*. Then, VC and VE concentrations in the plasma and various tissues were determined by an HPLC. Further, the gene expression levels of transporters associated with VC and VE, such as α -tocopherol transfer protein (α -TTP) and sodium-dependent vitamin C transporters (SVCTs), were examined. Glutathione levels in tissues were also measured.

Results: The VE levels in the VC-depleted (VC-/VE+) group were significantly lower than those in the VC+/VE+ group in the liver and heart; the VC levels in the VE-depleted (VC+/VE-) group were significantly lower than those in the VC+/VE+ group in the kidneys. The α -TTP gene expression in the liver and kidneys were decreased by VC and/or VE depletion. Moreover, SVCT1 gene expression in the liver was decreased by both VC and VE depletion. Additionally, glutathione levels in the VC-depleted (VC-/VE+) and simultaneously VC and VE-depleted (VC-/VE-) groups were significantly higher than those in the VC+/VE+ group in the liver.

Conclusion: These results indicate that VC spares VE mainly in the liver and heart, and that VE spares VC in the kidneys of SMP30-KO mice. Thus, interaction between VC and VE is likely to be tissue specific.

Disclosure of Interest: None Declared

Keywords: mice, SMP30, vitamin C, vitamin E

Abstract Submission Students

Biological Sciences (BS)

IAGG2021-STUDENT-1398

A NOVEL ADULT SD RAT MODEL OF SARCOPENIA OBESITY BASED ON HIGH FAT DIET INTERVENTION

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Preferred presentation method:: Poster Presentation

Introduction: Knowledge about the molecular pathomechanisms of sarcopenia obesity is still sparse. However, there is a lack of adequate preclinical models for their study.

Objectives: The aim of this study was to establish a new rat model of sarcopenia obesity by the way of high-fat-diet intervention for adult male SD rats, and identify the validity of this rat model by determining changes in the quantity and quality of the quadriceps muscle, adiposity, development of metabolic disturbances, inflammation and so on.

Methods: Twenty 12-month-old male SD rats were randomly subdivided into model group and diet control group, received either a high-fat-diet (5.86 kcal/kg) or a normal diet (3.2 kcal/kg) for 28 weeks. At the age of 20 months, all rats underwent MR at 1.5 T. T1-weighted images to measure the maximum cross-sectional area (CSA) of the quadriceps muscle, and 1 H-MR spectroscopy to measure the lipid content of the quadriceps muscles. Furthermore, foreleg grip, body weight, visceral fat, as well as glucolipid metabolism related indicators and PGC-1 α were also detected.

Results: After 28 weeks intervention, model group showed significantly decrease of relative foreleg grip and CSA/BW of quadriceps muscles; while significantly increased lipid content of quadriceps muscles, visceral fat, body fat ratios, triglyceride levels, total cholesterol, FFAs and HOMA-IR comparing with the diet control group, HOMA- β , HOMA-IR and PGC-1 α was decreased.

Conclusion: Rats of 12month with HFD for 28 weeks showed decreased quadriceps muscles mass and strength accompanied with high levels of quadriceps muscles lipid content, as well as obesity and the metabolic disorder of insulin resistance. And those characteristics fitted into the pathophysiological hypothesis of SOB. Our study provided a new adult SD Rat model of SOB by the way of natural ageing and HFD Intervention.

Disclosure of Interest: None Declared

Keywords: Animal model; SD rats; Sarcopenia obesity

Abstract Submission Professional

Biological Sciences (BS)

IAGG2021-PROFESSIONAL-1453

ANTI-INFLAMMATORY PROPERTIES OF ARTEMISIA TILESII LEDEB EXTRACT

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Preferred presentation method:: Oral Presentation

Introduction: Inflammation is the cause of many chronic diseases of various human body systems. Neurodegenerative disorders, including Alzheimer's disease, which directly linked to inflammation, are one of the leading causes of disability in Europe.

Enzymatic and non-enzymatic ways of formation of lipid peroxidation metabolites play a significant role in the formation and progress of inflammatory processes, initiating oxidative stress and provoking secondary alteration as a mediator of inflammation. One of the key enzymes of lipid metabolism is 15-lipoxygenase.

Objectives: Investigation of substances that inhibit 15-lipoxygenase activity based on extracts from biotechnological plant raw materials of the rare plant *Artemisia tilesii* Ledeb.

Methods: FTIR spectroscopy, UV spectrophotometric study of the kinetics of 15-lipoxygenase inhibition.

Results: The study of the extract from *Artemisia tilesii* Ledeb using FTIR spectroscopy revealed that the main part of the extract substances has an aromatic nature, a small amount of substances contains aliphatic groups with a branched structure. In comparison with rutin, this water-ethanol extract (30:70%) *Artemisia tilesii* Ledeb, contains about 34% flavonoids. It was also proved that this extract effectively inhibits the enzyme 15-lipoxygenase ($IC_{50} = 17.94 \pm 1.20 \mu\text{m}$), because this effect is manifested in the studied concentration range for rutin 25-100 μm . Probable mechanism of inhibition of 15-lipoxygenase extract from *Artemisia tilesii* Ledeb – mixed (partial). Mixed (partial) inhibition occurs when the inhibitor binds both in the active site of the enzyme and externally, and the enzyme substrate complex retains partial activity compared to the native enzyme. The mechanism of inhibition established in this study fully accord to the essence of the extract composition as a mixture of different biologically active and inert substances. Thus, it can be argued about the potential anti-inflammatory properties of the extract of *Artemisia tilesii* Ledeb in vitro.

Conclusion: The results indicate that the extract of *Artemisia tilesii* Ledeb can be used as an active pharmaceutical ingredient in the development of new anti-inflammatory drugs for the treatment of neurodegenerative diseases.

Disclosure of Interest: None Declared

Keywords: 15-lipoxygenase, anti-inflammatory properties, *Artemisia tilesii* Ledeb, extract, inhibition

Abstract Submission Students

Biological Sciences (BS)

IAGG2021-STUDENT-1552

ASSOCIATION BETWEEN FOUR CRITERIA OF THE FRIED FRAILTY PHENOTYPE AND THE MOTORIC COGNITIVE RISK SYNDROME

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Preferred presentation method:: Oral Presentation

Introduction: Frailty is a condition of high prevalence in older adults, according to Fried's phenotype (FFP), this is defined as the presence of three or more of the following criteria: weakness, involuntary weight loss of 4.5 kg or more in the last year, exhaustion, slow gait speed and low physical activity. Motoric cognitive risk syndrome (MCR) is a syndrome characterized by slow gait speed, absence of overt dementia or impaired mobility and the presence of subjective cognitive complaints.

Objectives:

To determine the association between the presence of any of the four criteria of FFP and the development of MCR in adults over 60 years of age treated in the geriatrics service of the Naval Medical Center, Callao, Peru between 2010 and 2015.

Methods: Observational, analytical, cross-sectional, and retrospective study. Data from 1294 older adults were analyzed according to selection criteria and univariate and bivariate analysis of the four criteria of FFP and covariates with outcome (MCR) were performed. Then, compliance with the statistical assumptions was verified and five Poisson regression models were constructed. The Physical Activity Scale for the Elderly (PASE) was used to determine low physical activity, a hand dynamometer to assess weakness, the Barthel index to assess mobility, and the Short Portable Mental State Questionnaire (SPMSQ) to establish the presence of subjective memory complaints.

Results: After the adjusted analysis it was determined that the probability of having MCR in those with low physical activity represented 2.47 times more than those with moderate and intense physical activity (PR=2.47; 95% CI:1.51–4.02). Other variables that maintained the association in the last adjusted model were age (PR=1.07; 95% CI:1.04–1.09), polypharmacy (PR=4.86; 95% CI:3.10–7.63) and falls in the last year (RP=3.61; 95% CI:1.87–6.98).

Conclusion:

Of the four criteria of FFP studied, low physical activity was significantly associated with the risk of developing MCR.

Disclosure of Interest: None Declared

Keywords: Exhaustion, Motoric Cognitive Risk Syndrome, Muscle Weakness, Physical Activity, Weight Loss

Abstract Submission Students

Biological Sciences (BS)

IAGG2021-STUDENT-1585

ASSOCIATION BETWEEN OBESITY AND RECURRENT FALLS IN COMMUNITY-DWELLING OLDER ADULTS

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Preferred presentation method:: Poster Presentation

Introduction: Population aging is a worldwide phenomenon that directly impacts the current epidemiological pattern, increasing the morbidity and mortality rates, besides rising health costs. Obesity has been recognized as a risk for falls among older people. However, there is scarce data among older fallers living in low-and middle- income countries

Objectives: To investigate the association between recurrent falls and obesity in community-dwelling older people living in Brazil.

Methods: We used cross-sectional secondary data from the multicenter randomized clinical trial PrevQuedas Brazil. We investigated older people (≥ 60 years old) with obesity (BMI $> 27 \text{ kg/m}^2$) and with a history of falls in the previous 12 months. Sociodemographic data, health conditions, anthropometric measures, disability using the Brazilian Version of Multidimensional Function Assessment (BOMFQ) and mobility using the Timed up and go Test (TUG) were collected., and Fall Screening. Pearson's chi-square test and logistic regression were conducted to evaluate the association between obesity and falls adjusted for covariates.

Results: The prevalence of recurrent falls was 68% (n=715). Of them, 60.2% were obese and presented 1.27 the likelihood of being a recurrent faller compared to non-obese individuals (p=0.417)

Conclusion: According to the present study, older people with obesity don't have a higher risk of recurrent falls than non-obese individuals

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Disclosure of Interest: None Declared

Keywords: Aging, Obesity, Recurrent falls

Abstract Submission Professional

Biological Sciences (BS)

IAGG2021-PROFESSIONAL-1613

MITOCHONDRIAL DNA HAPLOGROUP B IS ASSOCIATED WITH PHYSICAL AND COGNITIVE FUNCTION AND WHITE MATTER MICROSTRUCTURAL INTEGRITY IN ELDERS

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Preferred presentation method:: Poster Presentation

Introduction: How to maintain physical and cognitive function among elders is very important. These functional states are affected by mitochondria through mechanisms of cellular energy production and control of oxidative stress, etc.

Mitochondrial function, being linked to relations between brain, cognition, and physical function, may be affected by mitochondrial DNA variations or haplogroups.

Objectives: The objective of this study is to assess the relationship between mtDNA haplogroups and physical and cognitive function among elders and further to assess the white matter microstructural integrity measured by diffusion magnetic resonance imaging (MRI).

Methods: This study was a community-based cross-sectional study. A total of 110 elders aged 65 years and older completed the assessments, including the mtDNA sequencing, physical and cognitive function tests, and MRI scans. Using HaploGrep 2 software to classify the mtDNA haplogroups. White matter microstructural integrity was scanned by 3T MRI.

Results: The mean age of study subjects was 77.4 years. The distribution of mtDNA haplogroups was 27.3% in F, 25.5% in M, 11.8% in D, 10.0% in R, 9.1% in B, and 16.4% in others. After adjusting for age, gender, and history of heart disease, the adjusted means of short physical performance battery (SPPB) and mini-mental state examination (MMSE) score among the haplogroup B group were lower than other haplogroups. In addition, adjusted mean fractional anisotropy (FA) or mean diffusivity (MD) of the right superior longitudinal fasciculus and corticospinal tract among the haplogroup B group was significantly different than other haplogroups.

Conclusion: Mitochondrial DNA haplogroup B was associated with poor physical and cognitive function among community-dwelling elders and was also related to altered white matter microstructure. These changes in brain microstructure may reflect compensatory neuroplasticity. Early detection of mitochondrial DNA haplogroup B can help health professionals for provision of early intervention on delaying the physical and cognitive function decline. The findings of this study provide new insights into the gap of this line of research, and there is a need for scientists venturing into this line of research questions.

Disclosure of Interest: None Declared

Keywords: cognitive function, mtDNA haplogroups, physical function, white matter microstructural integrity

Abstract Submission Professional

Biological Sciences (BS)

IAGG2021-PROFESSIONAL-1633

AGE AGREEMENT BETWEEN EPIGENETIC CLOCKS AND FRAILTY IDENTIFICATION TOOLS: EVIDENCE FROM THE IRISH LONGITUDINAL STUDY ON AGEING (TILDA)

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Preferred presentation method:: Oral Presentation

Introduction: In older adults, there is marked heterogeneity between chronological and biological age. Epigenetic clocks aim to estimate biological age based on DNA methylation. A variety of epigenetic clocks exists. Frailty identification tools aim to capture biological age at physiological and/or functional level. A variety of frailty identification tools also exists. There is a gap in understanding as to how biological age measures at different levels of analysis relate to each other.

Objectives: We compared how different epigenetic clocks map onto different frailty identification schemes in The Irish Longitudinal Study on Ageing (TILDA).

Methods: A sub-sample of the cohort (n=490) underwent measurement of DNA methylation age (years) according to four epigenetic clocks: Horvath, Hannum, PhenoAge and GrimAge. Frail status was identified as per four schemes: frailty phenotype (FP), FRAIL scale, Clinical Frailty Scale (CFS) classification tree, and a self-reported 32-item frailty index (FI). We ranked epigenetic clocks according to how closely they matched mean chronological age for each frailty classification.

Results: 484 TILDA participants had full information for both epigenetic clocks and frailty measures. Those classified as frail by FP (n=9) had a mean (SD) age of 73.2 (9.7) years. Frail by FRAIL (n=13) were a mean of 71.3 (5.8) years, frail by CFS (n=46) 66.4 (9.8) years, and frail by FI (n=58) 67.9 (8.5) years. The Horvath clock estimated DNA methylation age of 72.3 (15.1) years for FP, 68.3 (10.8) for FRAIL, 65.5 (12.4) for CFS, and 66.1 (12.3) for FI. The Hannum clock estimated DNA methylation ages of 72.1 (15.6), 67.4 (10.0), 64.7 (12.3), and 65.6 (12.6), respectively. For PhenoAge, they were 70.2 (9.9), 72.2 (6.8), 67.1 (10.0), and 68.0 (9.9), respectively; and for GrimAge, they were 68.7 (8.1), 70.5 (4.8), 66.4 (7.9), and 66.9 (7.2), respectively. The best agreement with the mean chronological age of the FP was with the Horvath clock (-0.9 years), FRAIL had best agreement with GrimAge (-0.8), CFS also agreed best with GrimAge (0.0), and FI seemed closest to PhenoAge (0.1).

Conclusion: DNA methylation ages by second generation clocks (i.e. PhenoAge and GrimAge) seemed more closely related to frail chronological ages in TILDA.

Disclosure of Interest: None Declared

Keywords: ageing, clocks, epigenetic, frailty

Abstract Submission Professional

Biological Sciences (BS)

IAGG2021-PROFESSIONAL-1654

NICOTINIC CHOLINERGIC REGULATION OF BLOOD FLOW RESPONSES IN THE OLFACTORY BULB IN ADULT AND AGED RATS

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Preferred presentation method:: Oral Presentation

Introduction: The olfactory bulb, the first olfactory center, receives cholinergic basal forebrain input, as does the neocortex. Our previous study showed that activation of nicotinic acetylcholine receptors (nAChRs) in the brain potentiates olfactory bulb blood flow response to odor in adult rats.

Objectives: This study aimed to clarify the effects of aging on the nicotinic cholinergic regulation of olfactory bulb blood flow response to olfactory stimulation.

Methods: The experiments were conducted using adult (4-8 months) and aged (24-27 months) male rats under urethane anesthesia. Regional blood flow in the olfactory bulb and the frontal cortex was measured using laser Doppler flowmetry or laser speckle contrast imaging. Blood flow response to electrical stimulation of unilateral olfactory nerve (0.5 ms, 300 μ A, 2-100 Hz, 5 s) was measured.

Results: In both adult and aged rats, unilateral olfactory nerve stimulation produced frequency-dependent (≥ 5 Hz) increases in blood flow in the olfactory bulb ipsilateral to the stimulus, without changes in frontal cortical blood flow or mean arterial pressure. In adult rats, the intravenous injection of nicotine (30 μ g/kg), a nicotinic cholinergic agonist, potentiated the olfactory bulb blood flow response to nerve stimulation when tested at 2 Hz and 20 Hz. The potentiating effect of nicotine shown in adult rats was greatly reduced in aged rats. That is, in aged rats, intravenous injection of nicotine (30 μ g/kg) did not affect the olfactory bulb blood flow response to nerve stimulation at 2 Hz, and it augmented the blood flow response to nerve stimulation at 20 Hz only marginally.

Discussion: We have reported previously that nicotine, when injected intravenously, can increase regional cerebral blood flow in the neocortex, independent of systemic arterial pressure. This vasodilative response in the neocortex was marginally attenuated in aged rats of 23-26 months and was much reduced in aged rats of 32-36 months, when compared to adult rats of 3-10 months.

Conclusion: Considering the present data and our previous report, it is concluded that vasodilative responses to nAChRs activation in the olfactory bulb as well as in the neocortex decline with age.

Disclosure of Interest: None Declared

Keywords: olfactory bulb, aging, cerebral blood flow, nicotinic receptor, olfactory stimulation

Abstract Submission Students

Biological Sciences (BS)

IAGG2021-STUDENT-1677

DEVELOPMENT OF A NOVEL MULTI-DIMENSIONAL MEASURE OF AGING TO PREDICT MORTALITY AND MORBIDITY IN THE PROSPECTIVE MJ COHORT

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Preferred presentation method:: Oral Presentation

Introduction: Although biological aging has been proposed as a more accurate measure of aging, few biological aging measure has been developed for Asians, especially for young adults.

Objectives: We aimed to construct a novel measure of biological aging from a large prospective cohort and to evaluate its application in identifying subpopulations that were at higher risk of all-cause mortality and chronic diseases.

Methods: A total of 521,656 participants were enrolled into the MJ cohort (1996 -2011) and were followed until death, loss-to-follow-up, or Dec 31, 2011, whichever came first. We selected 14 clinical biomarkers including chronological age using random forest algorithm and developed a multi-dimensional aging measure (MDAge). Model performance was assessed by area under the curve (AUC) and internal calibration. We evaluated the associations of MDAge and residuals from regressing MDAge on chronological age (MDAgeAccel) with mortality and morbidity, and assessed the robustness of our findings.

Results: MDAge achieved an excellent AUC of 0.892 in predicting all-cause mortality (95% confidence interval [CI]: 0.889-0.894). Participants with higher MDAge at baseline were at a higher risk of death (per 5 years, HR=1.671, 95%CI: 1.662–1.680), and the association remained after controlling for other variables and in different subgroups. Furthermore, participants with higher MDAgeAccel were associated with shortened life expectancy. For instance, compared to men who were biological younger (MDAgeAccel \leq 0) at baseline, men in the highest tertiles of MDAgeAccel had shortened life expectancy by 17.23 years. In addition, higher MDAgeAccel was associated with having chronic disease either cross-sectionally (per 1-SD, OR=1.564, 95%CI: 1.552-1.575) or longitudinally (per 1-SD, OR=1.218, 95% CI: 1.199-1.238).

Conclusion: MDAge accurately predicted mortality and morbidity, which has great potentials in early identification of individuals at higher risk, and therefore promoting early intervention.

Disclosure of Interest: None Declared

Keywords: Aging measure; Biomarkers; Mortality; Lifespan

Abstract Submission Professional

Biological Sciences (BS)

IAGG2021-PROFESSIONAL-1706

ABILITY OF COMMONLY USED FRAILITY SCREENING INSTRUMENTS TO PREDICT MORTALITY AT 12 AND 24 MONTHS: A STUDY OF OLDER AUSTRALIAN GENERAL PRACTICE PATIENTS

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Preferred presentation method:: Oral Presentation

Introduction: Frailty, a condition of heightened vulnerability to external stressors, exposes older people to increased risk of a range of negative outcomes, including mortality. Although general practice clinics are frequently proposed as ideal locations for screening and assessment of older people for frailty, insufficient predictive validity studies have been conducted within general practice settings, particularly within Australia.

Objectives: We aimed to assess the ability of several commonly applied frailty screening instruments to predict mortality within a general practice population over 12 to 24 months.

Methods: We administered several commonly applied frailty screening instruments (Frailty Phenotype [FP], Frailty Index [FI], PRISMA-7, Frail Scale Questionnaire, Groningen Frailty Index, Gait Speed Test) to 243 community-dwelling general practice [GP] patients aged 75 years or over at a baseline appointment conducted over 2017 – 2018 at their local clinic. Mortality status at 12 and 24 months was reported by the attending GP clinic and/or determined by obituary search.

Participants were excluded from follow-up if they had excessive missing items (>20%) on any screening instrument, had entered a residential care facility, were unable to be contacted or were patients of a withdrawn clinic.

Results: We conducted assessments for 243 patients at baseline (mean age = 80.2 years [SD=4.6], 55.6% female). There was no significant difference between excluded (n=68, or 28%) and included clients with respect to age, sex, highest education completed, or frailty status according to the FP, although excluded clients were significantly more frail according to the FI (p<.001). Of the remaining 175 included clients, logistic regression analyses based on commonly applied thresholds for each screening instrument were used to generate age-sex adjusted Receiver –Operator Curves (ROC). All frailty instruments analysed showed good predictive validity (area under the curve [AUC] = 0.8-0.9) for both 12 and 24 month mortality within this population.

Conclusion: GPs have access to a wide range of valid frailty screening instruments that can be applied to support older people's health and wellbeing, provided they can be incorporated into existing funding models. However, clinicians also need to consider appropriateness to context (e.g. feasibility of administration, acceptability to health service providers and patients) when making decisions on instrument selection.

Disclosure of Interest: None Declared

Keywords: frailty, general practice, Older people, primary care, screening

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1139

TAKING THE GOOD WITH THE BAD: POSITIVE AND NEGATIVE EXPERIENCES OF DEMENTIA CARE PARTNERING DURING COVID-19

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Preferred presentation method:: Oral Presentation

Introduction: The COVID-19 pandemic posed unique challenges to informal caregiving, while also exacerbating known difficulties. In this study, we interviewed informal care partners about their positive and negative experiences of care partnering with people living with dementia during the early stages of the COVID-19 pandemic.

Objectives: We aimed to document the experiences of dementia care partners providing informal care, identifying key positive and negative experiences that may affect care partners' wellbeing.

Methods: Two allied health professionals conducted semi-structured interviews with 26 informal carers of people living with dementia across Australia. Responses were coded based on the type of experience and its valence.

Results: Thematic analysis produced 7 negative themes: (1) Service and support availability and uptake were highly variable, (2) Informal care partners have a lot to manage, (3) Paid care has been insufficient and problematic, (4) COVID care partnering has come at a personal cost, (5) Care partners faced tough decisions around care partnering and COVID compliance, (6) Care partners have been ignored, forgotten or undervalued, and (7) Informal care partners want paid care for people living with dementia that is high quality, communicative and connected.

Seven positive themes were interpreted from the data: (1) respecting personhood; (2) connecting with virtues and values; (3) improving relationships; (4) seeking and receiving support; (5) prioritising self-care; (6) being protective and proactive; and (7) making practical changes.

Conclusion: COVID-19 placed enormous pressure on informal care partners, yet pressure was not evenly distributed and further polarised inequalities within the Australian community. Moreover, negative experiences further inflamed tensions arising from aged care crises under investigation in Australia pre-pandemic. However, in addition to negative experiences, participants reported a range of benefits and positive experiences, many of which were unexpected and appreciated. In many instances, participants spoke of hoping that some of the positive experiences would continue once the pandemic has abated, especially closer relationships and connection with the values and virtues of themselves and their communities. Generally, negative experiences were related to integration with external parties and a cutting off from broader communities, while positive experiences were linked to more inward reflection and closer ties to more immediate networks.

Disclosure of Interest: None Declared

Keywords: care partners, caregiving, COVID, dementia, wellbeing

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1141

"WE ARE GOING BACK TO CLASS". FACTORS ASSOCIATED WITH QUALITY OF LIFE AFTER GOING BACK TO THE UNIVERSITY PROGRAMS FOR OLDER ADULTS

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Preferred presentation method:: Oral Presentation

Introduction: The COVID-19 situation could be considered as an uncontrollable stressful life event. Online classes or the interruption of studies provoked a disruption of daily life on older adults who attended a university program. University programs for older adults play a socializing role and they may exert an impact on their quality of life (QoL). Due to the pandemic all face to face classes remained suspended until September 2021 in Spain for older adults.

Objectives: This study aims to assess the association between QoL and sociodemographic characteristics (gender, age), levels of health, COVID-19 related variables (having got infected, having lost a loved person, being hospitalized or having had a loved one hospitalized), appraisal (fear of COVID-19 outbreak), personal resources (family function, resilience, acceptance and gratitude), emotional distress (anxiety and depression) and psychological well-being (personal growth and purpose in life).

Methods: QoL was assessed in all participants who were going back to the university programs using CASP-19. A regression model was tested. The survey was conducted when the face to face classes returned after September 2021. 361 older adults who are going back to the university programs in Spain participated in this study. The average age was 68.44 (SD= 5.31) and 62.8% were women (N= 227) and 58.2% were married (N= 210).

Results: The results suggest that the nature of the COVID-19 may not be as relevant for the older adults' QoL as their levels of health, personal resources for managing COVID related and emotional status. We found that the older adults QoL increased when increased the levels of health, acceptance, gratitude, personal growth and purpose in life and when there were lower scores in anxiety and depression. This model explained 66.4% of variance. In contrast, COVID-19 variables or appraisal did not show any association with QoL.

Conclusion: A better understanding of the factors associated with QoL could help health professionals to develop interventions that enhance it. Efforts to address older adults' QoL focusing on older adults' personal resources, perceived health and emotional status should be considered.

Disclosure of Interest: None Declared

Keywords: quality of life, university programs

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1188

JAPANESE OLDER IMMIGRANTS' EXPERIENCES OF ACCESSIBILITY AND AVAILABILITY OF INFORMATION AND SERVICES DURING THE COVID-19 PANDEMIC

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Preferred presentation method:: Oral Presentation

Introduction: Disease control strategies to manage the COVID-19 pandemic in Canada have presented various challenges for community-dwelling older adults, such as social isolation and restricted access to essential supports for aging in place. Many support systems and services became available only online, immediately rendering older adults without technical skills or access to technologies vulnerable. Additionally, older immigrants who do not speak English fluently may have had particularly challenging experiences. Japanese older immigrants generally have a higher risk of experiencing social isolation and difficulty accessing services because of the small proportion of Japanese people in Canada and relative lack of resources designed to meet their specific needs.

Objectives: This study aimed to explore how Japanese older immigrants experienced accessing information and resources to help them meet their daily needs during the COVID-19 pandemic.

Methods: In this community-based qualitative study, we conducted semi-structured interviews with seven Japanese older immigrants and five staff from Tonari Gumi, which provides services and programs to Japanese Canadian older adults. The interviews were designed to elicit how Japanese older adults were experiencing accessing information about COVID-19 and resources and services to meet their daily needs; what services and support could have helped them in this respect; and what would help in the future. The interviews were digitally recorded, transcribed, and thematically analyzed.

Results: Thematic analysis generated three themes. First, some participants struggled with adapting to having empty calendars, and experienced shock and emptiness when events and programs were cancelled at the outset of the pandemic. Second, participants recounted both positive and negative experiences of using technologies for communicating with their loved ones and getting information. Tonari Gumi staff identified their primary priority as helping Japanese older adults learn to use communication technologies and putting a support system in place. Third, several older adults revealed that their concerns about their health and future life were exacerbated, and staff emphasized the importance of helping Japanese older adults with meeting their day-to-day needs.

Conclusion: We discuss the need to develop policies and services to address diversity and inclusion when helping older adults meet their needs to age in place.

Disclosure of Interest: None Declared

Keywords: Accessibility, Immigrants, Japanese, Services

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1235

ELDERLY INFECTED AND NON-INFECTED WITH COVID-19. VACCINATION MAKE THEM EQUAL AT THE END.

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Preferred presentation method:: Poster Presentation

Introduction: The elderly was the first group to be vaccinated against COVID-19. More than a year has passed since the first dose. Data on the duration of antibodies and the serological efficacy of the third dose are already available.

Objectives: The aim of this study is to evaluate the kinetics of antibodies against SARS-CoV-2 in an elderly population vaccinated at the beginning of 2021, and the humoral effect of the third dose

Methods: A multicenter prospective study was conducted in two nursing homes of Valladolid, Spain. Serum samples were collected 25 days after the first dose of Comirnaty vaccine(T1), 25 days after the second dose(T2), and then 2 months(T3) and 6 months(T4) after the first dose. An additional sample was collected two months after the third dose(T5). An analysis of IgG antibodies against the S1 antigen and RBD of the S protein (included in the vaccine), and additionally against N protein (indicator of natural infection). The antibodies were analyzed through a Luminex 100 system using the 3PLEXS1-n-RBD-SARS-CoV-2-IGG reagents (Palex Medical, Madrid, Spain).

Results: A total of 98 elderly patients were recruited, 53(54.1%) previously had COVID-19 (group C). The mean age was 80.8 years(CI95%,78.0-53.5) and 83.3 years(CI95%,81.1-85.3) (NC group) for those who had not. Group C showed a significantly higher amount of antibodies than NC in all samples except T4 and T5 (Student T, p<0.05). A greater amount of antibodies against N was observed at T4 in the NC, showing that they had been in contact with the virus between said shot and the previous one. The third dose(T5) increased the amount of antibodies in both groups to the same level.

Conclusion: The dynamics of antibodies after vaccination is different between those elderly who had suffered COVID-19 and those who have not. After half a year, the amount of antibodies between both groups is the same, and even exceeds those of the NC group, probably due to natural infections after vaccination that have acted as a booster. The third dose increases antibodies in both groups to a similar level to that achieved after the second dose in C

Disclosure of Interest: None Declared

Keywords: COVID-19; SARS-CoV-2; Nursing homes; Elderly; Antibodies; Vaccine

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1262

GRATITUDE IN TIMES OF PANDEMIC

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Preferred presentation method:: Oral Presentation

Introduction: According to the data of epidemiological studies, the impact of COVID-19 provokes harsher symptoms, more severe consequences, and has a faster evolution and a higher risk of mortality than other similar viruses. And it shows a bigger threat to older adults. The studies about aging and COVID-19 are mainly focused on older adults' negative consequences and risk factors. However, not the whole group of older adults has been affected negatively. Several biopsychosocial variables could play an important role as risk and protective factors of mental health. Gratitude is a protective variable that dampens the impact of stress.

Objectives: The aim of this study is to analyse the relationship among gratitude and COVID-19 related-stressors as well as their physical, mental and social characteristics and which of them have a significant role on gratitude.

Methods: 356 Spanish people aged 60 and over completed an online survey that included sociodemographic characteristics, direct or indirect affectation by COVID-19, resilience, personal growth, purpose of life, experiential avoidance, anxiety, depression, family functioning, quality of life, loneliness and posttraumatic growth. Gratitude was assessed using Gratitude subscale of the Values in Action Inventory of Strengths-Short Form. The average age was 68.44 (SD= 5.31) and 62.9% were women (N= 227) and 58.2% were married (N= 210). A regression model was tested.

Results: The results point out that on the one hand, the more gratitude the more resilience, personal growth, purpose in life, family functioning, quality of life and posttraumatic growth. On the other hand, the more gratitude the lower experiential avoidance, anxiety, depression and loneliness. COVID-19 direct or indirect affectation do not influence on the results. This model explained 38,7% of variance.

Conclusion: This study provides a shift in the aging image, focusing on the importance of gratitude as a process that helps to promote the process of coping with adversities, like COVID-19. And it emphasizes the need for developing intervention programs that promote older adults 'gratitude to protect their physical and psychological health from disasters and adversities.

Disclosure of Interest: None Declared

Keywords: adversities, older adults, protective factor, strengths

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1317

FRAILTY AND POST-ACUTE COVID-19 SYNDROME IN OLDER FILIPINO ADULTS 1-6 MONTHS AFTER HOSPITALIZATION: A CROSS-SECTIONAL STUDY

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Preferred presentation method:: Poster Presentation

Introduction: The Philippines is one of the hardest hit countries in the Western Pacific region in terms of COVID-19 cases and deaths - 60% of which are comprised of Filipinos 60 years and older^{1,2}. There is a paucity of local data that characterizes the incidence of frailty and post-acute COVID syndrome especially among this vulnerable population.

Objectives: To determine the short-term quality of life of elderly COVID-19 survivors previously admitted to the St. Luke's Medical Centre Quezon City by the following indicators: functional status, incidence of geriatric syndromes especially frailty, and other physical and/or neuropsychological effects of post-acute care through telephone interview.

Methods: This is a cross-sectional single-center descriptive study of COVID-19 survivors aged 60 years and older who were previously admitted in a private tertiary hospital from March 1 until October 2020. Data collected through a structured interview over telephone was done.

Results: Participants (N=132) were mostly young-old (mean age 68.96 ± 7.63 years), males (56.82%), living with family, with good compliance to discharge instructions. Half were taking 5 medications of more per day and 90.23% had at least 1 comorbidity, commonly hypertension (79.17%) and diabetes (54.17%). Half of the participants had moderate COVID-19 while a third (34.85%) suffered from severe disease. The mean length of hospital stay of 20.00 ± 19.11 days. At the time of the interview, 58.3% patients reported at least 1 or more residual symptom: fatigue (31.06%), dyspnea/shortness of breath (23.48%), and anxiety (15.91%). Screening for cognitive impairment (via the AD8) and depression (via the PHQ-2) was positive in 23.48% and 17.42%, respectively. One-fifth of patients reported an impairment in at least 1 activity of daily living while half had an impairment in at least 1 instrumental activity of daily living. Robustness fell when comparing pre- to post-admission FRAIL scores (83.33 % to 45.45%) while rates of pre-frailty rose (13.64% to 49.29%). The predominant factors that led to the 51 robust elderly to become pre-frail after discharge were weight loss (60.78%) and fatigue (45.10%). Age, disease severity, and length of hospital stay were all increased in the frailer respondents. Half of patients (52.27%), when asked regarding the most challenging aspect of their experience, remarked about their mental health and adjusting to the "new normal".

Conclusion: Given the myriad of symptoms one still faces after hospital discharge from COVID-19, close follow up with a dedicated multi-disciplinary healthcare team to address physical and neuropsychological symptoms may improve the well-being of older adults.

References: ¹ World Health Organization <https://www.who.int/philippines/emergencies/covid-19-response-in-the-philippines>. (Accessed February 13, 2022)

² DOH COVID-19 Tracker. Republic of the Philippines Department of Health. <https://doh.gov.ph/covid19tracker>. (Accessed February 13, 2022)

Disclosure of Interest: None Declared

Keywords: Elderly, frailty, Post-acute covid syndrome

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1328

CHARACTERISTICS OF COVID-19 INFECTION NECESSITATING HITH ADMISSION AMONGST RESIDENTS OF RESIDENTIAL AGED CARE FACILITIES: A RETROSPECTIVE COHORT STUDY

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Preferred presentation method:: Oral Presentation

Introduction: The coronavirus disease 2019 (COVID-19) pandemic is an international public health emergency that continues to afflict residents of Australian aged care facilities (ACFs) with consequent high rates of mortality and morbidity. Whilst it is known that COVID-19 infection commonly produces symptoms of fever and dyspnoea in the general population, numerous studies have shown that COVID-19 presents differently in aged populations with atypical symptoms of falls, delirium and gastrointestinal symptoms. We report on the use of Hospital-In-The Home (HITH) services within a tertiary metropolitan hospital in Melbourne, Australia to deliver acute inpatient-level medical care to residents of aged care facilities as an adjunct to primary care within the residential care environment.

Objectives: 1. To examine presenting symptoms and characteristics of COVID-19 infection amongst residents of local aged care facilities admitted with COVID-19 to the Royal Melbourne Hospital's HITH unit in 2020.

2. To analyse comorbidities amongst residents that might have contributed to requirement for HITH admission and/or increased morbidity from COVID-19.

Methods: Retrospective cohort study of residents from local aged care facilities admitted to the HITH unit between 1st January to 31st December 2020. The main outcome measures reported include timeline from diagnosis to HITH admission, presenting symptoms necessitating admission, and characteristics of comorbidities amongst admitted residents.

Results: Overall, 63 ACF residents were admitted to HITH with COVID-19, with an infection median time from diagnosis to admission of 4 days; 7 patients were subsequently escalated to hospital-based care.

There was a wide range of reasons for HITH admission; with the most common presentation being respiratory distress followed by a form of behavioural disorder i.e., delirium or anorexia. Dementia is identified as a common pre-existing comorbidity within this cohort.

Conclusion: This study highlights the importance of recognizing the wide range of COVID-19 presenting symptoms in older adults and accentuates the need for proactive care in the aged care facility setting to optimise health outcomes of residents in aged care facilities during a COVID-19 viral outbreak.

Disclosure of Interest: None Declared

Keywords: COVID-19, Hospital-In-The-Home, Residential Aged Care, Retrospective Cohort Study

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1347

THE IMPACT OF THE COVID-19 PANDEMIC ON THE PHYSICAL ACTIVITY PRACTICE OF ELDERLY RESIDENTS IN THE CITY OF JOINVILLE, BRAZIL

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Preferred presentation method:: Poster Presentation

Introduction: With the emergence of the COVID-19 pandemic and its rapid spread, numerous authorities have decreed the total blocking of all activities, including physical activity, one of the most effective therapies for health maintenance as well as for disease treatment [1,2], and thus resulted in a longer period of sedentary lifestyle causing harmful effects to health, especially among the elderly population.

Objectives: To evaluate the impact of the COVID-19 pandemic on the practice of physical activity in the elderly in the city of Joinville, Brazil.

Methods: This is a cross-sectional quali-quantitative study in which community-dwelling elderly individuals participated. We used an evaluation protocol consisting of a general anamnesis, mini nutritional evaluation and screening for cognitive screening and depression. The main measurements were grip strength (GS) and quadriceps femoris strength (QFS) of the dominant limb, sit and stand test (SST), gait speed (GS), timed up and go test (TUGT), calf circumference (CC) and abdominal circumference (AC), besides the total muscle mass index (TMMI) by Lee's equation [3] and body mass index (BMI).

Results: 162 elderly people participated in the study (102 women) with average age 70.6 ±6.9 years. It was observed that about 52.8% of the elderly practiced physical activity before the pandemic, and 56.5% of the elderly who practiced physical activity during the pandemic. It is worth mentioning that elderly women who practice physical activity have better physical performance through the TUGT ($p<0.002$) and GS ($p<0.004$) tests, have lower BMI ($p<0.014$) and AC ($p<0.022$). However, men showed improvement in physical performance and have more strength with the GS ($p<0.027$) and QFS ($p<0.018$) tests when compared to women. It was also identified that 24.5% of the studied population had a positive diagnosis for COVID-19.

Conclusion: The results found in the present study were positive regarding the practice of physical activity, which had a slight increase during the pandemic of COVID-19, which can be explained due to communication and social media that include and encourage the practice of physical activity [4]. Another important factor is that older adults who engage in physical activity have better functional performance and may have a better prognosis when infected.

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Disclosure of Interest: None Declared

Keywords: COVID-19; Physical activity; Elderly.

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1351

COVID-19 AND THE 70 YEAR OLD WOMAN: A STORY OF RISK AND RESILIENCE

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Preferred presentation method:: Oral Presentation

Introduction: The COVID-19 pandemic was associated with an outpouring about vulnerabilities of older people, with people over 65 years being identified as among those most at risk of death if they were to catch the infection. These older people were also potentially affected due to increased isolation and reduced help in caring for others or to care for their own needs.

Objectives: Over 2020, the Australian Longitudinal Study on Women's Health surveyed women across Australia every two weeks to gain insight into the effects of COVID-19 and the public health response.

Methods: Email and text messages were sent to ALSWH participants inviting them to complete 14 on-line surveys, each covering a different topic in relation to COVID-19 and the effects of the pandemic response on women's lives. The oldest women surveyed were aged 69-74.

Results: Compared to young women, older women were generally less stressed (around 50% were not at all stressed) and less affected in terms of housing, finance, and employment. However, many women experienced anxiety over money, caring for ill husbands or disabled parents, living without seeing their grandchildren, anxiety about the risk of infection, difficulty accessing health care, and many other matters. After accounting for demographic factors and prior abuse, women aged 69-74 who had poor mental health before 2020 were six times more likely to experience high or very high psychological distress during COVID-19 (RR=6.51, 95%CI=4.57, 9.28). Women aged 69-74 also reported a substantial increase in health risks, 28% reported doing less physical activity, about 24% of the women aged 69-74 were eating more high carbohydrate and high fat foods, and around 40% of women aged 69-74 believed that they had gained weight since the start of the pandemic. Around 50% of women reported difficulty sleeping sometimes or often, and 21% who had needed health care reported delaying a visit to a general practitioner.

Conclusion: This paper will present qualitative and quantitative data on the impacts of COVID-19 on the health and wellbeing of women in this 69-74 age group, and consider the potential effects on their longer-term health and their prospects for healthy ageing.

Disclosure of Interest: None Declared

Keywords: covid-19, health risks, healthy ageing

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1364

PSYCHOLOGICAL STATUS AND COGNITIVE FRAILITY DURING COVID-19 IN THE TRANSFORMING COGNITIVE FRAILITY INTO LATER-LIFE SELF-SUFFICIENCY (AGELESS) STUDY

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Preferred presentation method:: Oral Presentation

Introduction: Cognitive frailty is defined as the co-occurrence of cognitive impairment and physical frailty and is classified into reversible and irreversible phenotypes. Data on the impact of the pandemic on psychological status of cognitively frail older adults remain scarce. However, psychological symptoms have been widely reported in frailty research, including cognitive frailty.

Objectives: To determine the relationship between depression, anxiety and stress with cognitive frailty during the COVID-19 pandemic among older Malaysians.

Methods: The Transforming Cognitive Frailty into Later-Life Self Sufficiency (AGELESS) study recruited older Malaysians aged above 60 years. Virtual interviews were conducted during the COVID-19 Movement Control Order between September 2020 to January 2022. Cognitive frailty were assessed using the Fried Frailty Index (FFI) and the blind version of the Montreal Cognitive Assessment (MOCA-Blind). The 15-item Geriatric Depression Scale (GDS-15), 21-item Depression, Anxiety and Stress Scale (DASS-21) and 4-item Perceived Stress Scale (PSS-4) were used to measure depression, anxiety and stress, respectively. Each variable were defined using established cut-offs. Multinomial logistic regression analyses were then conducted.

Results: A total of 745 participants, age(SD)=73.24(7.03)y and 56.2% women, were interviewed. The cognitive frailty categories included robust (N=291), mild cognitive impairment (MCI) (N=118), pre-frail (N=132), pre-frail+MCI (N=90), frail (N=61) and frail+MCI (N = 53). Using robust as the reference group, depression was significantly associated with pre-frail (Odds ratio,OR=1.185, 95% confidence interval,CI=1.052,1.335), MCI+pre-frail(OR=1.202, 95%CI=1.037,1.393), frail (OR=1.675,95%CI=1.459,1.923) and frail+MCI (OR=1.754,95%CI=1.495,2.059) following adjustments for potential confounders which includes age, ethnicity, education level, number of illnesses, hypertension, cholesterol, diabetes, joint problem, heart disease, cataract/glaucoma, chronic lung disease, thyroid, gastric, problem urinating, new medical problems. Similarly, anxiety was associated with MCI+pre-frail(OR=1.172,95%CI=1.065,1.291), frail (OR=1.267,95%CI=1.156,1.391) and frail+MCI (OR=1.271,95%CI=1.141,1.416) groups. Stress was also associated with MCI+pre-frail(OR=1.256,95%CI=1.132,1.395), frail (OR=1.408,95%CI=1.259,1.575) and frail+MCI (OR=1.259,95%CI=1.106,1.432) groups.

Conclusion: Cognitive frailty is associated with depression, anxiety and stress in older adults during the COVID-19 pandemic. However, few effective strategies are currently available to address psychological issues in cognitive frailty, especially during the pandemic. Psychological interventions should be considered for the reversal of cognitive frailty and need to be evaluated as a matter of urgency.

Disclosure of Interest: None Declared

Keywords: Anxiety, Cognitive frailty, COVID-19, Depression, Stress

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1404

THE WILLINGNESS OF TAIWANESE ELDERS TO ACCEPT COVID-19 VACCINES AFTER THE FIRST LOCAL OUTBREAK

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Preferred presentation method:: Oral Presentation

Introduction: Vaccination is the most effective preventive strategy against SARS-CoV-2. The elder people are more vulnerable to SARS-CoV-2, especially when they have pre-exist chronic illness. Although most countries put older people at the top priority in the vaccine rollout, the real willingness and attitudes of the elders are still unclear.

Objectives: The aim of our study is investigating the willingness of COVID-19 vaccination in the Taiwanese elders and factors may affect the willingness.

Methods: A cross-sectional study was conducted to investigate the willingness, attitudes, awareness and knowledge of COVID-19 vaccination in Taiwanese elders through web-based questionnaires after the first COVID-19 local outbreak in Taiwan. The odds ratio and 95% confidence interval were estimated by a multiple logistic regression model for evaluating the correlation between variables and willingness of COVID-19 vaccination.

Results: A total 957 questionnaires with completeness of responses were collected, and 74.9% elders had positive likelihood to receive COVID-19 vaccines. The elder people who need to visit out-patient department and those who highly care the safety of COVID-19 vaccines prone to be unwilling to accept COVID-19 vaccine. Those at the ages of 80-89 years old had higher positive willingness to get vaccine shots. Several factors belonging to the section of "the awareness of COVID-19 pandemic and attitudes to receive COVID-19 vaccines" had significant relationship with positive willingness of vaccination: understanding the risk to be infected by SARS-CoV-2, understanding the effectiveness of COVID-19 vaccines, and being willing to accept COVID-19 vaccine for protecting others. Furthermore, there was a positive association between the positive willingness of COVID-19 vaccination and the likelihood of getting boost dose.

Conclusion: Our web-based questionnaire showed the willingness of COVID-19 vaccination in Taiwanese elders, which is similar with the acceptance rate in real world. The factors affecting the willingness provided a reference to healthcare providers and policy makers for further design of vaccination rollout program to increase the vaccination rate in Taiwanese elders.

Disclosure of Interest: None Declared

Keywords: COVID-19, elder, Taiwan, vaccine, willingness

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1438

COVID-19 INFECTION PREVENTION AND CONTROL IN THE LONG-TERM CARE FACILITY SECTOR IN ARGENTINA

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Preferred presentation method:: Oral Presentation

Introduction: At the onset of the pandemic, Argentina's National Institute of Social Services for Retirees and Pensioners (INSSJP-PAMI) implemented a comprehensive infection prevention and control (IPC) policy to prevent and mitigate SARS-CoV-2 transmission in its 568 partner long-term care facilities (LTCF) nationwide. This study aims to review its impact on the sector from March 2020 to November 2021.

Objectives: This study looks at COVID-19 outcomes (cases and deaths) in INSSJP-PAMI's partner LTCFs, as well as the policy responses undertaken during the pandemic.

Methods: A narrative review investigating policy responses that have prevented or mitigated SARS-CoV-2 transmission in LTCFs, using data collected from ongoing oversight of on-site policy implementation and LTCFs reporting of confirmed COVID-19 cases and deaths.

Results: The study found a high rate of on-site compliance to IPC policy outlined by the Residencias Cuidadas programme, based on the evaluation of key areas such as organization and planning; a safe and healthy work environment; equipment and supplies; cleaning, disinfection and waste disposal; training and education; and communication. Out of a total population of approximately 22000, 9356 COVID-19 cases and 1404 deaths were reported from March 2020 to November 2021. The incidence of COVID-19 cases per 1000 across the 568 LTCFs was 286 and 71 before and after the introduction of COVID-19 vaccines, respectively. The case fatality rate during the same period was 21.2% and 4.5%. 67 LTCFs reported COVID-19 outbreaks, with a case fatality rate of 20.2% and 5.6% during the same period. COVID-19 vaccination was rolled out in January 2021 and, despite it being voluntary, 100% of LTCFs received both doses within the recommended timeframes.

Conclusion: In the context of a highly fragmented and federal health system, and the scale of the affiliate population in its partner LTCFs, the low morbidity and mortality associated with COVID-19 observed could be the result of the timely implementation of the Residencias Cuidadas programme and vaccination roll-out.

Disclosure of Interest: None Declared

Keywords: argentina, covid-19, long-term care institutions

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1459

PATIENT-CENTERED OUTCOMES: FRAILTY AND DISABILITY TRANSITIONS DURING ONE YEAR AFTER HOSPITALIZATION FOR COVID-19

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Preferred presentation method:: Oral Presentation

Introduction: As the pandemic advances, management improved, with millions of people recovering from COVID-19, the interest grew regarding the long-lasting consequences of the infection. However, few studies have explored patient-centered outcomes in those who survived hospitalization for COVID-19.

Objectives: This study investigated frailty and disability transitions in COVID-19 patients admitted to the hospital during one year after discharge.

Methods: We conducted a prospective cohort comprising survivors of COVID-19 admissions at a large academic medical center receiving patients from 278 secondary hospitals from the metropolitan Sao Paulo area, Brazil. We assessed frailty through the Clinical Frailty Scale (CFS), defining frail for CFS scores ≥ 5 . We evaluated disability as the need for help in five basic activities of daily living (ADL), including bathing, dressing, toileting, grooming, and eating. Baseline frailty and disability considered the period 2-4 weeks before the onset of COVID-19 infection. Trained physicians also registered information on age, sex, race/ethnicity, Charlson comorbidity scores, delirium in the hospital (CHART-DEL), admission to intensive care, mechanical ventilation use, and length of stay. Our outcomes were frailty and disability assessed using structured telephone interviews every three months one year after discharge. We examined transitions in frailty and ADL functional status. We used linear mixed models to investigate the predictors of new-onset ADL disability after discharge.

Results: We included 1,030 patients with a mean age of 65 years, 55% males. Overall, 17% were frail at baseline. The prevalence of frailty was 38%, 32%, 21%, 16%, and 15% at one, three, six, nine, and 12 months after discharge. Of note, 70% of those who became frail during the first six months after discharge were non-frail before the infection. The prevalence of ADL disability doubled at 12 months after discharge compared to baseline (21% vs. 12%; $p < 0.001$). Older age, female sex, Charlson comorbidity scores ≥ 3 , baseline frail status, delirium in the hospital, and length of stay ≥ 14 days were associated with new-onset ADL disability one year after discharge.

Conclusion: Frailty and disability were frequent in COVID-19 patients after hospital discharge. Our results show that most patients who survive hospitalization for COVID-19 transition to poorer health status, highlighting the importance of long-term care for this population.

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Disclosure of Interest: None Declared

Keywords: covid-19, frailty, Functional disability, Rehabilitation, transitional care

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1547

CHANGES IN BODY WEIGHT AFTER PREVENTIVE AND MANDATORY SOCIAL ISOLATION IN INSTITUTIONALIZED ELDERLY

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Introduction: The prevalence of malnutrition in elderly ranges between 1% and 24.6%, being 20% in institutionalized older adults. Social isolation has a negative impact on the mental health, which contributes to their elevated risk of undernutrition

Objectives: To evaluate the percentage of body weight change that occurred among the months of preventive and compulsory social isolation in assisted-living residents in Buenos Aires.

Methods: Descriptive, retrospective, observational and longitudinal study. Nutritional status was assessed by the Mini Nutritional Assessment. Body weight was measured in the months of March 2020 and August 2021. Weight measurement was performed by nurses with a digital scale. The variable under study was the percentage of body weight change between the 1st and 2nd measurement. In addition, during the study period, nutritional monitoring and food surveillance were carried out and new processes were implemented to promote adequate intake.

Results: A total of 34 elderly were included with a mean age 85 years. The nutritional status previous to isolation was 8% malnourished, 53% at risk of malnutrition and 39% normal nutritional status. Regarding weight change, 12 (35%) lost weight, 2 (6%) residents maintained their weight, while the remaining 20 (59%) residents (59%) registered an increase. The median % weight change was 6.75% (SD 2.1-31.8%) for those who lost weight and 7% (SD 1.4-21.7%) for those who gained weight. Among residents who lost weight, 30% required partial or total assistance with feeding. Regarding this same group, 50% had a nutritional status of malnutrition or risk of malnutrition. Of the residents who gained weight, 48% started from a state of risk for malnutrition.

Conclusion: Although the prevalence of malnutrition and risk of malnutrition in this population is high, more than half presented a weight increase during isolation, this being favorable in most of the residents. The strict monitoring and the adaptations in the diet according to the needs of each resident, allowed not to suffer considerably the impact of the pandemic. Individualized nutritional monitoring is considered extremely important, avoiding excessive weight gain and loss of muscle mass.

References: Cruz-Jentoft AJ, Bahat G, Bauer J, Boirie Y, Bruyère O, Cederholm T, et al. Sarcopenia: revised European consensus on definition and diagnosis. *Age Ageing* 2019;48(1):16-31. DOI: 10.1093/ageing/afy169/5126243

Prevalence of malnutrition and analysis of related factors in elderly patients with COVID-19 in Wuhan, China *European Journal of Clinical Nutrition* volume 74, pages871–875 (2020)

Yunier Broche-Pérez Evelyn Fernández-Castillo Darlyn Alejandra Reyes Luzardo

Psychological consequences of quarantine and social isolation during COVID-19 pandemic

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Disclosure of Interest: None Declared

Keywords: Elderly, Isolated, Malnutrition

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1550

COVID-19 PANDEMIC EXPERIENCES ACROSS THE SHELTER-CARE CONTINUUM

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Preferred presentation method:: Oral Presentation

Introduction: To date, considerable information has been gathered on the impact of the pandemic on Canadians age 55+ living at the two endpoints of the shelter-care continuum: independent market housing and long-term care. Information is limited on the pandemic's impact on older adults living at the mid-point of the shelter care continuum – i.e. in seniors housing (SH) or assisted living (AL).

Objectives: This study compares British Columbians living in SH and AL with community dwelling (CD) older adults in independent market housing.

Methods: The CD sample derives from a national online mixed-methods survey conducted between August-October 2020 that included 1486 from British Columbia (BC). Questions about pandemic mitigation behaviours, pandemic-related stressors, physical and mental health changes, and future care planning were included. The same survey, but with an option of answering online or on paper, was conducted between November 2020 and July 2021 with 82 SH residents and 27 AL residents, from 6 different housing projects.

Results: Data show a significant increase in mean age across the three groups (CD<SH<AL), in proportion living alone, proportion requiring assistance with one or more activities of daily living, and those using one or more assistive devices. Older adults in SH were more likely to follow COVID-19 protocols and report greater disruption to extended family and non-family support access, followed by AL residents. On the other hand, CD adults were more likely to report severe changes to their daily routines compared to SH and AL older adults. AL residents were more likely to engage in advance care planning discussions before and since the COVID-19 outbreak with their physician and were more likely to prepare advance care planning documents before and since the outbreak.

Conclusion: Despite SH/AL residents feeling more isolated and reporting more change to support access, the COVID-19 pandemic appears to have had a greater negative impact on the routines of CD older adults. Reasons may include successful COVID-19 mitigation strategies employed by SH/AL residences and a greater proportion in the CD group who were still in the workforce. These data are important for improving response to the current and future pandemics across the shelter-care continuum.

Disclosure of Interest: None Declared

Keywords: advanced care planning, assisted living residents, COVID-19 pandemic, self-reported impact, seniors housing residents

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1559

PREDICTORS OF COVID STRESS IN NURSING HOMES IN PUERTO RICO

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Preferred presentation method:: Poster Presentation

Introduction: The COVID-19 pandemic has presented a complicated scenario that has been difficult for nursing homes to manage. Nursing home staff have been on the front lines of the COVID-19 response from the beginning. They have had to work under pressure to save lives and, at the same time, put their own lives and those of their family members at risk. This uncontrollable stressful life event that may have contributed to the development or increase of burnout in these workers.

Objectives: The purpose of this study was to examine the stress of nursing home workers during the COVID-19 pandemic and associated variables.

Methods: This study examined a sample (N = 900) of professionals working in nursing homes in Puerto Rico. Participants completed a survey and reported on their sociodemographic and professional characteristics, and perceived stress, dimensions of Burnout (emotional exhaustion, depersonalization, and personal accomplishment), experiential avoidance and anxious feelings and thoughts were assessed.

Results: A multiple linear regression models were performed using the enter method. Given that the objective was to study which variables during the COVID-19 pandemic could predict perceived stress in formal caregivers, all variables assessed were included. Depersonalization was not significant and was removed from the model. A new model was carry out, and was significant. The stress model explained 42.6% of the variance. The regression analysis of stress showed that anxious feelings and thoughts ($t = 7.696$) was the variable that explained it to a greater extent with a positive sign; the same sign was obtained for the variables experiential avoidance ($t = 4.822$) and emotional exhaustion of Burnout ($t = 3.462$); personal accomplishment of Burnout ($t = -3.096$) were also significant with a negative sign.

Conclusion: In nursing homes, anxiogenic thoughts and feelings have been the most stressful variable during the COVID-19 pandemic; moreover, experiential avoidance has interfered with the achievement of objectives together with significant emotional exhaustion of Burnout. Personal accomplishment may be a stress buffering variable.

Disclosure of Interest: None Declared

Keywords: COVID-19 pandemic, nursing home, Stress

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1563

PLANNING, PROTECTION, AND PROPORTION: BALANCING PANDEMIC RESPONSES AND CARE IN RESIDENTIAL SETTINGS

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Preferred presentation method:: Oral Presentation

Introduction: Aged care homes are high risk environments for COVID-19 infection, with a mobile workforce and a vulnerable resident population. The public health response has been to restrict visitors, strict infection control practice and personal protective equipment, and to isolate residents to protect themselves or others from infection.

Objectives: This study explored the views and experiences of residents, families and staff about the COVID-19 protections.

Methods: Twenty one individual interviews were conducted across four residential care facilities, using telephone or videoconferencing. Recordings were transcribed and analysed using interpretative phenomenological analysis.

Results: Participants experienced rapid changes to visiting and activities, with physical and emotional impact. However most understood the need for the restrictions and appreciated the efforts made by care staff to enable interactions between residents and their families. However, none of the virtual or distance measures replaced the closeness of “face-to-face”, particularly when residents had sensory or cognitive difficulty. Sometimes meeting at a distance was described as “cruel” causing distress for the older person. Family members also expressed concern about decline in residents’ physical and mental wellbeing. Residents who could participate in interviews were more accepting of the changes, and expressed concern for overburdened staff. Some staff reported stress, worry and a negative impact on both their professional and personal lives. Family and residents valued the empathy and care provided, despite the overburdened workforce. Good leadership supported implementation of public health advice, but stressed that the severity of measures should be proportionate to local risk.

Conclusion: Better pandemic planning that includes clear responsibilities, training and evaluation is important.

Consultation with residents, family and health workers throughout a pandemic will help identify those most at risk of social isolation and physical decline and develop strategies to minimise their impact. The rights and welfare of residents must be respected at all times.

Disclosure of Interest: None Declared

Keywords: COVID-19, Human Rights, Pandemic Planning, Residential Aged Care, Social Isolation

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1571

COVID-19 IN A UNIVERSITY HOSPITAL IN RIO DE JANEIRO/BRAZIL: DO ELDERLY PEOPLE REALLY HAVE A WORSE EVOLUTION?

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Preferred presentation method:: Poster Presentation

Introduction: COVID-19 represents a challenge for healthcare professionals worldwide. Public health policies aim to reduce morbidity and mortality, prioritizing the protection of more vulnerable groups. However, there are controversies regarding the vulnerability of elderly patients.

Objectives: To compare the morbidity and mortality of COVID-19 between elderly and non-elderly patients admitted to the Intensive Care Center (ICU) of a University Hospital in the city of Rio de Janeiro/Brazil.

Methods: Prospective, quantitative, analytical study, with patients consecutively admitted to our ICU from April/2019 to September/2021. Fisher's Exact Test was used to compare categorical variables and the Mann-Whitney Test to compare numerical variables between groups (G.I = Age \geq 60 years and G.II < 60 years).

Results: During the analyzed period, 145 patients were admitted to our ICU, 66 of whom were elderly (45.5%). There was a similarity between the groups in the distribution of sex (51.5% in G.I x 53.2% in G.II). Among the evaluated comorbidities, we observed a difference only in the frequency of systemic arterial hypertension (G.I = 59.1% x G.II = 40.51%), with no difference in the frequency of diabetes mellitus (30.3% x 22.8%), obesity (36.4% x 48.1%), smoking (3.0% x 1.3%) and chronic obstructive pulmonary disease (7.6% x 1.3%). The length of stay of the elderly was significantly longer (14.7 ± 1.8 x 8.3 ± 0.9 days), as was the occurrence of acute renal failure (21.2% x 3.80%).

Conclusion: Elderly people had higher mortality, length of stay and frequency of acute renal failure. Our data corroborate what is recommended by public policies in our country, prioritizing the elderly in relation to preventive measures against this infection.

Disclosure of Interest: None Declared

Keywords: covid-19, COVID-19 pandemic, Elderly

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1578

THE IMPACT OF THE COVID-19 PANDEMIC ON PHYSICAL ACTIVITY FOR OLDER PERSONS IN A MUNICIPAL CONTEXT

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Preferred presentation method:: Oral Presentation

Introduction: Many municipalities today offer physical group activities and exercises for the older population, with a focus on promoting good health. During the Covid-19 pandemic, physical activities continued to some extent.

Objectives: The objective of this study was to contribute with knowledge about how the Covid-19 pandemic affected physical activities organized in a municipal context for the older population and about the lessons to be learned from the pandemic.

Methods: The study had a qualitative inductive approach. Six online focus group interviews were conducted with head of units for health promotive activities, physical activity coordinators and training leaders from a municipal context, private stakeholders and non-profit associations that collaborated with the municipality to offer physical activity. The participants (n=25) were from seven different municipalities in Sweden. Data were analyzed using focus group method according to Krueger & Casey (2015).

Results: Covid-19 *changed the prerequisites for physical activity and the reduced opportunity to participate in physical activity affected health, participation and empowerment of the older person.* The pandemic required adaptation to new physical activities and digital solutions. Organizers of physical activities perceived that the older persons health deteriorated because of passivity due to restrictions during the Covid-19 pandemic. Likewise, social fellowship was perceived to diminish, affecting health, empowerment and participation. Initiatives concerning physical activities taken by the older persons themselves were perceived as positive but involved only a few.

Conclusion: In the event of changed prerequisites in the future, a faster adjustment is needed where physical activity is made possible to a greater extent for older persons to maintain health and with continued empowerment and participation.

References: Krueger, R.A., & Casey, M.A. (2015). *Focus groups: a practical guide for applied research* (5 ed.). Sage Publications.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1586

SEDENTARY BEHAVIOR IS ASSOCIATED WITH DISABILITY AND MULTIMORBIDITY IN OLDER ADULTS DURING THE COVID-19 PANDEMIC: A CROSS-SECTIONAL SURVEY

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Preferred presentation method:: Poster Presentation

Introduction: Social isolation during the pandemic has been associated with negative lifestyle changes, such as insufficient physical activity and increased sedentary times. It is still necessary to understand the sedentary habits during the social distancing among older people and whether this is associated with other biopsychosocial aspects, especially in low- and middle-income areas.

Objectives: We described sedentary behavior during the COVID-19 pandemic in Brazilian older adults and explored whether highly sedentary behavior was associated with multimorbidity, physical activity levels, adoption of physical distancing, perceived social isolation, disability, and depressive symptoms.

Methods: We surveyed 184 older adults and gathered self-reported information on sedentary behavior, multimorbidity, physical activity, adoption of social distancing, perceived social isolation, disability, and depressive symptoms. Then, we investigated the association between highly sedentary behavior and these factors. First, we investigated unadjusted associations between sedentary behavior and all variables using univariate logistic regression models. Second, we included in the multivariate logistic regression models only variables that were identified in the literature or showed a potential association with sedentary behavior in the univariate analysis ($p < 0.2$).

Results: Approximately 85% of respondents reported practicing some level of social distancing and feeling socially isolated. From our total sample, 26% of participants reported high levels of sedentary behavior, spending 5 hours per day in sitting (median). Highly sedentary behavior during COVID-19 pandemic was associated with multimorbidity (OR: 2.78, 95% CI 1.12-6.89) and disability (OR: 1.08, 95% CI 1.02-1.16).

Conclusion: During the COVID-19 pandemic, the prevalence of highly sedentary behavior was 26% among older adults. Highly sedentary behavior was associated with disability and multimorbidity in them. These findings may be useful to develop interventions to mitigate the negative effects of sedentary behavior in older adults with multimorbidity and disability during and beyond the pandemic.

Disclosure of Interest: None Declared

Keywords: Aged, COVID-19, sedentary behavior, disability

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1594

AGED CARE EMPLOYEE CRISIS: MULTIPLE JOBHOLDING'S INFLUENCE ON ATTRACTION AND RETENTION

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Preferred presentation method:: Oral Presentation

Introduction: In response to the residential aged care workforce crisis exacerbated by the Covid-19 pandemic, industry stakeholders in Australia agreed to adopt novel work practices to reduce infection between facilities. Most notably, residential aged care providers implemented guiding principles for employees to work in a single site only and to support their employees to not work in a second residential aged care facility/home. This investigation of multiple jobholding raised a number of issues important to the residential aged care workforce beyond the Covid-19 crisis. In particular, the study provides insights into why the sector has such high employee turnover.

Objectives: The aged care workforce crisis requires insight into employee attraction, selection and retention attitudes. The Covid crisis enabled specific attention to the issue of employees with multiple jobholdings. This paper presents our observations of the links between multiple jobholding and employee retention. Our objective is to highlight how these human resources and management practices interact, so future employers may introduce strategies to increase attraction and retention and reduce their employee turnover.

Methods: We conducted a study of around 75 interviews with a range of stakeholders in residential aged care at the height of the Melbourne-centered residential aged care Covid-19 crisis in October and November 2020. We interviewed peak bodies, providers, unions, advocates, government, experts and employees around Australia including many facilities that had experienced Covid-19 outbreaks and associated staff shortages.

Results: A model of multiple jobholding is proposed. This model includes employee wages, casual and part time work contracts, shift rostering and unscheduled absenteeism as factors influencing attraction and employee retention.

Conclusion: Attention is required to profile aged care workforces to better understand their varied and changing needs so we have a workforce of sufficient size and skill to care for our elders in the short, medium and long term.

Disclosure of Interest: D. Jepsen Conflict with: Research funded by industry peak body, T. Barker Conflict with: Research funded by industry peak body

Keywords: Eldercare, Human resources, Infection control, Multiple jobholding, Workforce

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1597

SOCIAL ISOLATION DURING THE COVID-19 PANDEMIC AND ITS REPERCUSSIONS ON HOSPITALIZATIONS FOR FALLS IN THE ELDERLY

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Preferred presentation method:: Poster Presentation

Introduction: In 2020, isolation and social distancing measures were taken in order to contain the new coronavirus, leaving the elderly more susceptible to trauma in their homes.

Objectives: to compare the profile of hospitalizations due to falls that occurred in 2019, before the pandemic, with those of 2020 in the context of social isolation in the elderly who were admitted to an Emergency Hospital.

Methods: This is a retrospective observational study in which data were collected from patients of both sexes, over 60 years old, who were admitted to the hospital due to falls in the years 2019 and 2020. In addition to the sample characterization, information about the type of trauma, type of injury or fracture generated, location where the trauma occurred, month of the year, patient outcome and previous comorbidities were also analyzed.

Results: Most patients were women (71,3%) over 80 years of age (36,9%) who suffered a fall from their own height (76,8%) and resulted in a proximal hip fracture (2019: 56,7%; 2020: 57,9%), in their own homes (92,4%) in both years. There were more emergency discharge in 2019 (2019: 26,8%; 2020: 14,2%) and more transfers in 2020 (2019: 60,7%; 2020: 70,1%). As for seasonality, there were more drops in the months corresponding to winter in 2019 ($p=0,004$), while in 2020 the distribution was homogeneous throughout the year. The sample characterization data are consistent with other findings in the literature. The injuries that occurred in 2020 were more serious, requiring surgical intervention in another hospital.

Conclusion: The homogeneous distribution of falls in the year of the beginning of the pandemic demonstrates that isolation and staying at home influenced the occurrence of trauma of this type.

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Disclosure of Interest: None Declared

Keywords: Accidents from falls, Elderly, Social Isolation, COVID-19

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1616

STRATEGIES USED IN LONG-TERM CARE SETTINGS IN BRAZIL TO REPLACE FACE-TO-FACE VISITS DURING THE COVID-19 PANDEMIC

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Preferred presentation method:: Oral Presentation

Introduction: Most Long-Term Care Facilities (LTCFs) in Brazil are low-income and philanthropic (65,2%) (Camarano, 2010), which makes the use of technological resources difficult. Therefore, the visits received by the residents are mostly in person, but with the social distance of the COVID-19 pandemic, adaptations were necessary to prevent health risks in the older adults from the social isolation (Chu, 2020) by maintaining the family bond and social support, but with the low use of technologies in these facilities, this task becomes challenging.

Objectives: To list the strategies used in Brazilian low-income LCTFs to replace face-to-face visits during the COVID-19 pandemic.

Methods: This is an observational, exploratory, cross-sectional study, with a quantitative approach of self-administered semi-structured interviews, approved by the Ethics Committee. The target population consisted of 3,514 Brazilian institutions applying for an emergency aid budget. The 1,061 eligible LTCFs were contacted in up to 5 attempts for answer a questionnaire regarding the alternatives adopted to replace face-to-face visits, contact with the family, and use and access to technologies.

Results: Strategies to replace face-to-face visits were adopted and considered relevant by the 59 LTCFs that compound the sample. The majority (94,9%)(n=56) believe that the use of technologies can help the institution and it is widely used by the work team for different purposes, being the largest one connecting residents to their families (96.6%)(n=57) and management (79.7%)(n=47). All LTCFs in the sample held videoconferences (with image and voice); over half used telephone/cell phone calls (voice only) (66.1%) (n=39) and resorted to the use of exchanging messages through cell phones (42.4%)(n=25). LTCFs also reported exchanging letters (27.1%)(n=16), drive-thru visits (13.6%)(n=8), use of physical barriers such as the hug curtain (3.4%)(n=2) and glass-walled rooms (1.7%)(n=1).

Conclusion: The majority of LTCFs recognize the importance of visits and adopt safe alternatives adapted to each reality during the pandemic, using technologies and other available resources to best deal with the negative outcomes of isolation that arise in the psychological sphere, mainly through the maintenance of family bonds and social support of residents. We thank all the institutions that participated and the support of the FAPESP through process No. 2021/07051-6.

References: Camarano,A.A., Kanso, S., (2010). As instituições de longa permanência para idosos no Brasil. *Rev. bras. estud. Popul.*, 27(1), 233-235. <https://doi.org/10.1590/S0102-30982010000100014>.

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Disclosure of Interest: None Declared

Keywords: COVID-19, Long-Term Care Facilities, LTCFs, Social Isolation

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1646

SOCIAL SUPPORT FOR CAREGIVERS OF SPOUSES AND PARENTS(-IN-LAW) AGED 60+ YEARS DURING THE COVID-19 PANDEMIC IN GERMANY

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Preferred presentation method:: Oral Presentation

Introduction: Social support is an important resource for informal caregivers and is expected to be of particular importance during the COVID-19 pandemic. However, the pandemic situation and its restrictions may obstruct social support and this may differ based on whom is providing care and based on the type of social network.

Objectives: This study therefore analyzed the level of social support by friends and family for spousal and adult child caregivers during the pandemic and whether the impairment they perceived by the pandemic influenced these social support levels.

Methods: Participants (≥40 years) were randomly drawn from the population-based German online panel forsa.omninet. Between the 4th and 19th March 2021, 337 adult child caregivers and 55 spousal caregivers were questioned about their social support in general, from their family and from their friends (Lubben's social network scale), their perceived impairment by the pandemic, their health and their sociodemographic background. Adjusted regression analyses and moderator analyses were conducted.

Results: Findings indicated that adult child caregivers had in general more social support than spousal caregivers during the pandemic. When focusing on the type of social network, adult child caregivers had more support from friends than spousal caregivers but did not differ in the level of family support. Perceived impairment moderated the differences in support in general and in support from friends between spousal and adult child caregivers.

Conclusion: Informal caregivers seemed to have a supportive informal network during the pandemic, though this was mainly found for adult child caregivers. Spousal caregivers only had similar support levels as adult child caregivers if they perceived high impairment by the pandemic. Thus, spousal caregivers may benefit most from actions to support caregivers and these should focus on support opportunities from their wider social network.

Disclosure of Interest: None Declared

Keywords: adult children, informal caregiving, older care recipients, social support, spouses

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1652

STUDY OF IMPACT OF DAY CARE SERVICE CLOSURE BY COVID-19 PANDEMIC ON OLDER PEOPLE WITH DEMENTIA OR DISABILITY IN A DAY CARE CENTER IN TAIWAN

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Preferred presentation method:: Poster Presentation

Introduction: The coronavirus disease 2019 (COVID-19) pandemic not only affects medical care system, but also has great impact on daily living and psychological health in the society.

Objectives: This study aimed to evaluate possible changes in cognition and physical function before and after restriction due to COVID-19 pandemic in older people receiving day care services.

Methods: In the study, we examined a sample of comprehensive geriatric assessment (CGA) data from older adults in our day care center before and after lockdown of day care center service due to COVID-19 outbreak. The cognitive dysfunction was assessed by the mini-mental state examination (MMSE), and functional disabilities by the activities of daily living (ADL) questionnaires. Moreover, nutritional status by the mini -nutritional assessment-short form (MNA-SF), upper extremity strength by hand grip strength (HGS), and lower extremity function mobility by timed up and go (TUG) test were determined.

Results: The 17 participants with a median age of 81.0 (interquartile range (IQR) 74.5 – 86.0 y/o) and 58.8% were female enrolled and followed up for 3 months. Based on the clinical dementia rating (CDR), disease stage was very mild in 6 participants, mild in 7, moderate in 3, and severe in 1. The MMSE and ADL were decline without significant difference but MNA-SF and TUG were deteriorated significantly while COVID-19 restriction.

Conclusion: This study showed that nutritional status seems to be a more noteworthy issue than the impact of cognition and physical function impairment.

Disclosure of Interest: None Declared

Keywords: cognitive impairment, covid-19, day care service, functional decline, nutritional status

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1690

WHAT INFLUENCED OLDER ADULTS PHYSICAL ACTIVITY DURING THE COVID-19 PANDEMIC? A QUALITATIVE STUDY

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Preferred presentation method:: Oral Presentation

Introduction: Due to the global COVID-19 pandemic, public health restrictions were set in place to protect public safety. These restrictions limited access to community activities and physical activity (PA) programs, particularly for older adults who were at greater risk with COVID-19.

Objectives: This study aimed to explore older adults' i) PA experiences before and during the pandemic, ii) how older adults adopted and used technology to support PA, iii) uptake and perceived effectiveness of remote PA supports, and iv) perceived facilitators and barriers to engagement in remote PA during the pandemic.

Methods: One-on-one semi-structured remote interviews were conducted with community-dwelling older adults (60+). Questions were guided by the behaviour change wheel framework. Interviews were recorded and transcribed verbatim. Inductive and deductive thematic analyses were performed by 4 researchers to identify patterns of themes/meaning across data.

Results: 15 older adults (12 females; M=67.4±5.8 years) participated in the interviews. Thematic analysis identified three overarching themes: i) Individual knowledge, equipment, and space enhanced or constrained PA opportunities, ii) Motivation for PA was driven by individual, social, and community factors and iii) Remote supports help to promote PA uptake, with limitations.

Older adults' previous exercise experience increased perceived self-efficacy to partake in remote PA programming. Availability of indoor and outdoor resources also influenced one's ability to engage in PA. Older adults' motivation for PA participation was driven by physical and mental health benefits of exercise, encouragement from family/peers, and/or support from exercise trainers. Various remote PA supports were provided to older adults; however, their perspectives on the effectiveness of remote PA programming varied depending on the level of social and trainer interaction of the provided resources.

Conclusion: Restrictions to in-person PA programming due to the pandemic required a shift in the way older adults participated in PA. Although more PA was performed at home during COVID-19, older adults' uptake was often influenced by existing PA knowledge and resources. Participants expressed clear preferences for interactive virtual PA supports that provided social opportunities and encouragement from trainers; however, availability of technology and confidence influenced uptake. Improving access to technology and technology skills could better support at-home PA in the short- and long-term.

Disclosure of Interest: None Declared

Keywords: COVID-19 pandemic, health and well-being, older adults, physical activity, technology

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1705

COMPARISON BETWEEN THE PROFILE OF HOSPITALIZED PATIENTS IN PALLIATIVE CARE OF THE FIRST AND SECOND WAVE DE COVID19 IN A HOSPITAL OF FORTALEZA

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Preferred presentation method:: Poster Presentation

Introduction: It is expected that the COVID19 pandemic has generated an impact on the profile of patients with an indication for evaluation and monitoring of the palliative care team.

Objectives: This study aims to compare the profile of hospitalized patients in palliative care in the first and second wave of COVID19 in a tertiary hospital in Fortaleza/Ce. This study aims to compare the profile of hospitalized patients in palliative care in the first and second wave of COVID19 in a tertiary hospital in Fortaleza/Ce.

Methods: This is a descriptive cross-sectional study that compared two evaluation periods of patients in palliative care in the first and second wave of COVID19. The data were collected through the analysis of the electronic medical records in August 2021, collecting the data of the requested opinions and the opinion made by the team. The data were analyzed in the SPSS®.

Results:

In the last 4 years, we evaluated 410 patients. To assess just the wave period, we excluded evaluations of 2018, 2019 and January and February 2020. There was a greater number of patients in the second wave, with an increase in cancer diagnoses. This fact can be associated with the fact that there was a greater supply of rooms for non-COVID diseases¹⁹ or the fact that we may be witnessing the third wave of the pandemic. The indication of palliative care was on hospital admission, probably because patients with non-COVID diseases¹⁹ have already been admitted to the hospital quite severely. The performance by means of the Palliative Performance Scale had its average similar among the waves, around 30%. The main symptom to be controlled was pain, a common

factor in palliative care literature. Proportionally, the number of hospital discharges was considerably higher in the second wave, which may suggest learning to manage and treat coronavirus disease or because the profile of patients infected by COVID19 in the second wave was of younger people, including pregnant women.

In the last 4 years, we evaluated 410 patients. To assess just the wave period, we excluded evaluations of 2018, 2019 and January and February 2020. There was a greater number of patients in the second wave, with an increase in cancer diagnoses. This fact can be associated with the fact that there was a greater supply of rooms for non-COVID diseases¹⁹ or the fact that we may be witnessing the third wave of the pandemic. The indication of palliative care was on hospital admission, probably because patients with non-COVID diseases have already been admitted to the hospital quite severely. The performance by means of the Palliative Performance Scale had its average similar among the waves, around 30%. The main symptom to be controlled was pain, a common factor in palliative care literature. Proportionally, the number of hospital discharges was considerably higher in the second wave, which may suggest learning to manage

and treat coronavirus disease or because the profile of patients infected by COVID19 in the second wave was of younger people, including pregnant women.

Conclusion:

The difference between the two waves of COVID19 was the increase of cancer disease, and the majority requested on hospital admission due to the severity of the disease. The difference between the two waves of COVID19 was the increase of cancer disease, and the majority requested on hospital admission due to the severity of the disease.

Disclosure of Interest: None Declared

Keywords: COVID-19 pandemic, palliative care

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1735

PSYCHOLOGICAL IMPACT DIFFERENCES DUE TO THE PANDEMIC AND CONFINEMENT BETWEEN YOUNG AND OLDER ADULTS IN ARGENTINA

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Preferred presentation method:: Poster Presentation

Introduction: The coronavirus pandemic has had a serious and worldwide impact. The increase in psychopathological symptomatology has affected people regardless of their age but has been observed mainly in the elderly population due to the characteristics of the virus.

Objectives: The aim of this study was to analyze and compare the psychological impact, as measured by the presence of depressive and anxiety symptoms, in a group of young and older adults at three time points during the pandemic.

Methods: Virtual surveys were used to measure participants' symptomatology and collect socio-demographic information.

Results: The results showed a significant increase in anxiety and depression in general population. However, when comparing the two groups, statistical differences were observed. Younger adults showed higher mean anxiety and depression than older adults, which was sustained across the three times for both groups. Nevertheless, the increase in depressive symptomatology slows in young people between the second and third waves, while it continues to increase in older adults.

Conclusion: Those results are a contribution to the study of individual differences in the psychological impact of the COVID-19 pandemic.

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Disclosure of Interest: None Declared

Keywords: Coronavirus, Depression and anxiety symptoms, mental health, older adults, Young adults

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1737

COVID-19 CHALLENGES AND SOLUTIONS

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Preferred presentation method:: Oral Presentation

Introduction: The COVID–19 pandemic lasting for over a year by now continues its severe impact on health and social care systems around the world. Older persons are most vulnerable groups of population. They are facing significant risks from COVID-19 because their immune system underwent certain age-related changes and often cannot resist aggressive influence of the virus.

Objectives: The aim of the study was to find out the best remedy capable to prevent and/or amend immune shift caused by Covid-19.

Methods: There have been analyzed the effects of numerous immune drugs which were supposed to restore disrupted immunity.

Results: Thus, Thymalin, based on a complex of natural peptides, regulated the amount and ratio of T- and B lymphocytes, stimulated the response of cellular immunity and improved metabolism in the cells. The animals exposed to Thymalin manifested the increase of life span and a decreased incidence of tumors. Using well-known safe drugs for new purposes, including COVID-19 treatment, is of utmost importance. Thymalin is one of such drugs employed in treatment of diseases accompanied by immunity shifts which often occur in older age. For example, the peptide complex was instrumental in cases of cavernous tuberculosis, influenza, pneumonia of various etiology. The indices of cellular and humoral immunity, including the level of pro- and anti-inflammatory cytokines came to normal; moreover, it decreased the intensity of intravascular blood curtailment. Thymalin did not cause any side effects in patients.

Conclusion: Thymalin could be prescribed to patients to prevent cytokine storm.

Disclosure of Interest: None Declared

Keywords: COVID-19 pandemic, Geroprotective drugs, Immunity, Thymalin

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1741

STUDY OF FACTORS RELATED TO THE NUMBER OF COVID19 CASES AND DEATHS

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Preferred presentation method:: Oral Presentation

Introduction: The Covid19 pandemic beginning at the end of 2019 is a global challenge, changing global society and people's daily lives. Older, poverty, and education level are said to be independent risk factors for the outcomes of infection and death.

Objectives: The purpose of this study was to examine factors affecting the number of cases and deaths due to COVID19.

Methods: From WHO-COVID-19-data and open data from national ministries of health (1) The total number of patients and the number of deaths are extracted and compared with the percentage of elderly deaths.(2) Factor analysis will be examined in relation to the following three items.(1) GDP data(2) Economic disparity index (Gini coefficient)(3) OECD Adult Literacy Survey

Results: (1) The proportion of patients and deaths among the elderly is high in the United States, the United Kingdom, Japan, and Finland.(2) Results of factor analysis (i) Cumulative number of patients and GDP per capita in each country were both weakly and significantly correlated ($r = -0.34$ to $-0.32, p = 0.05$). (ii) Analysis of the relationship between the number of deaths and economic disparity index (Gini coefficient) for the six major countries showed a very strong positive correlation ($r = 0.81, p = 0.02$). (iii) A significant negative strong correlation ($r = -0.58, p = 0.01$) was found between adult literacy surveys and the number of coronavirus cases in countries with a high percentage of their citizens literate below the secondary education level. The number of deaths was significantly negatively and strongly correlated ($r = -0.73, p = 0.0003$) with countries with a high percentage of their citizens literate below the secondary school level.

Conclusion: 1. The country GDP and economic disparity strongly affect the number of deaths. 2 . Being elderly is a risk factor for Covid19 deaths. 3 . Japan is a special country with large economic disparity but a fairly low number of deaths.4. A larger percentage of the adult literacy rate of the population with less than secondary school literacy is associated with lower transmission pandemic control.

Disclosure of Interest: None Declared

Keywords: COVID19, COVID19 deaths, GDP, economic disparity index, literacy rate

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1743

ADAPTATION OF SAINT PETERSBURG OLDER CITIZENS TO THE CORONAVIRUS PANDEMIC CHALLENGES

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Preferred presentation method:: Oral Presentation

Introduction: The ratio of older population grows worldwide. According to the data of the World Health Organization the number of older people will go up from 900 million to 2 billion persons in the period of 2015-2050. Saint Petersburg is one of the demographically oldest cities with the share of population over the working age around 25%, thus the challenges brought by COVID-19 pandemic are most acute for them.

Objectives: This research aimed at identification of the level of preparedness and willingness of the main actors to achieve the required balance of an older person's interests in self-preservation and the requirements of the coronavirus environment in Saint-Petersburg.

Methods: The elderly's adaptation to the situation of COVID-19 pandemic has been studied from the standpoint of a holistic approach. This includes the interaction between older persons, their social environment, and the regulators of this interaction. The typology of older persons according to their adaptation to the conditions of the pandemic is presented.

Results: It was found out that a significant part of the older ones did not sufficiently adapt to the conditions of self-preservation, therefore, technologies for teaching them to rational behavior, optimization of the social and city environment, improvement of their regulators are needed.

Conclusion: According to the experts' opinion, the readiness of older people to master and use new technologies may appear a driving force in the economy.

Disclosure of Interest: None Declared

Keywords: COVID-19 pandemic, new technologies, older persons, regulators, social environment

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1767

SURVIVAL GUIDE: HOW TO KEEP CONTACT WHEN YOU SHOULD BE KEEPING DISTANCE AND HOW TO MAINTAIN GROUP MEETINGS WHEN YOU ARE NOT SUPPOSED TO MEET

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Preferred presentation method:: Oral Presentation

Introduction: Slovenian Network for Quality Ageing, coordinated by Anton Trstenjak Institute of Gerontology and Intergenerational Relations, was established 35 years ago to tackle the isolation of elderly and improve their quality of life. With the outbreak of COVID-19, the Network with its 623 volunteers was put to the test.

Objectives: When pandemic started, Institute aimed to develop an alternative, safe way to preserve more than 1500 personal social contacts among older people that thrive within the Network and ensure that work for quality and healthy ageing continues in groups and through companionship.

Methods: We adapted group and working in pairs methodology to be used long-distance and outdoors. Special edition meeting manual, containing methodological steps and holistic health prevention topics tailored to COVID-19 was distributed among volunteers and members of their groups. Regular training for volunteers was organized online and expanded to include ICT training. We helped people stay in touch and supported them using, among others, phone, printed materials, social platforms and online lectures. Finally, when restrictions were eased, we organized group events and visits. Analysed materials compose of the records of implemented work and observation notes by scientific leaders of the model (authors 1 to 3) and volunteer coordinators, evaluation questionnaires at the end of each year (2020, 2021) and quantitative data on number and meetings of volunteers.

Results: Remarkably, 124 out of 163 closely monitored groups maintained regular meetings and ~75% of volunteers continued their work despite difficult and constantly changing circumstances. They reported that our regular contact and professional support helped them overcome fear and provided motivation and knowledge to continue. Furthermore, the majority of long-lasting groups and volunteers that stopped their activities during the pandemic, continues to stay in touch with the Network with aim of resuming their activities, which underlies the sustainability of the system. Moreover 68 new volunteers that will form new groups at the end of Spring 2022 were recruited and trained in hybrid form. Newly introduced communication channels proved valuable in facilitating knowledge, support and feeling of belonging and will be used to connect volunteers also in the future. Finally, we observed a shift to the positive attitude towards the usage of technology within the Network. More than 100 volunteers and group members asked for ICT consultation, virtual supervision meetings and online lectures were regularly attended also by senior members (the oldest lady being 86 years old) and even more importantly, older people used acquired knowledge also in their primary setting, to communicate with their family and other friends.

Conclusion: Even though negative impact of COVID-19 pandemic on older people and volunteer field work is indisputable, pandemic also encouraged a successful development and implementation of new methods of communication and connectivity among older people within the Network. It seems the main key factors were motivation and defensive energy born due to the crisis. Benefits and limits are further discussed.

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Disclosure of Interest: None Declared

Keywords: digital ability, healthy ageing, methodology development and evaluation, social isolation, volunteers

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1774

TELEMETRY MONITORING SYSTEM IN THE CARE OF OLDER COVID-19 PATIENTS AT THE HOSPITAL OF THE MINISTRY OF INTERIOR AND ADMINISTRATION IN BIALYSTOK

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Preferred presentation method:: Poster Presentation

Introduction: Among people with the SARSCoV2 infection, about 1/3 require hospitalization, and about 10% - intensive care. This especially applies to elderly patients with cardiovascular disorders. Recommendations for monitoring vital functions twice a day may be insufficient, but continuous direct contact with the patient significantly increases the risk of infection of medical personnel.

Objectives: The goal of the project was to develop a hospital telemetry system that allows to determine the optimal algorithms of the control of hospitalized patients and rapid diagnosis of symptoms predicting clinical deterioration

Methods: 400 patients hospitalized in 3 selected wards within 3rd -5th wave of Covid-19 were assigned to standard (2 timed daily) or telemetric continous monitoring of vital signs (HR, body temperature, number of breaths, Sat O2, MEWS scale and ECG monitoring in high cardiovascluar risk patients). Monitoring centres were located in nurses desk of each ward and additional centre of all monitored patients in intensive care unit (Early Response Team)

Results: The number of telemetry alarms requiring an intervention of Early Response Team was higher than number of interventions in control group. Telemetry monitoring allowed faster medical response and had an impact on the number of transfers to the ICU. The crucial parameter was Sat O2 and supraventricular tachyarrhythmia. The degree of acceptance of telemetry devices by patients was high, lower in the elderly, with dementia, however, missing telemetry signal in these patients was a sign of clinical deterioration. Telemetry allowed additionally to monitor vital signs in terminal patients and to provide care in the last minutes of their life.

Conclusion: Telemetry continous monitoring system has a positive impact on prognosis of Covid-19 patients and quality of care if terminal patients. The acceptance of monitoring devices was high in patients and medical personnel.

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Disclosure of Interest: None Declared

Keywords: telemetry, Covid-19, elderly people, palliative care

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1776

ACUTE KIDNEY INJURY IN ELDERLY HOSPITALIZED PATIENTS WITH COVID-19 DIAGNOSIS AND ASSOCIATION WITH MORTALITY

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Preferred presentation method:: Poster Presentation

Introduction: Acute kidney injury (AKI) is a commonly known complication of COVID-19, and it has been associated with the increase of morbidity and mortality.

Objectives: It was proposed for this study to analyze the presence of AKI in elderly hospitalized patients with COVID-19 and its association with hospital mortality.

Methods: Observational case-control study in patients over 60 years of age hospitalized between April 01, 2020 and April 31, 2021 at the infirmary and ICU designed for patients with COVID-19 diagnosis. The frequency of AKI in COVID-19 patients was studied. A binary logistic regression was made to associate the mortality in a model with and without adjustments for the previous risks variables. The gravity of AKI (KDIGO) was stratified.

Results: Three hundred and ninety-eight patients aged 60 years or older were included among 897 patients aged 19 to 107 years. The acute kidney injury was observed in 220 patients (55,3%), being 25,9%, 5,5% and 23,9% were of stages 1, 2 and 3, respectively. Seventy-three patients with AKI (33,2%) required a dialysis, most of them on stage 3 (91,89%). Fifty-four patients in dialysis treatment passed away (43,2%). The increase of AKI gravity showed an association with mortality, even after it was removed the influence of associated risks factors (Odds ratios 1,78; 2,35 and 3,51), respectively on stages 1,2 and 3.

Conclusion: The AKI was very common in patients aged sixty years or older hospitalized with COVID-19 and presented a progressive association between its severity and hospital mortality.

Disclosure of Interest: None Declared

Keywords: Acute kidney injury, COVID-19, elderly people, hospital mortality

Abstract Submission Students

Covid-19 (COVID)

IAGG2021-STUDENT-1779

ASSOCIATION OF INFLAMMATORY BIOMARKERS AND IMMUNE COAGULATION WITH MORTALITY IN PATIENTS 60 YEARS OF AGE OR OLDER WITH COVID-19

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Preferred presentation method:: Poster Presentation

Introduction: The pathophysiological mechanisms and clinical manifestations of COVID19 are strongly influenced by aging (defined as a decline in physiological integrity over time) and frailty (an indicator of biological age rather than chronological age). Several biomolecular markers, such as those of inflammation, have increased levels with aging and may also indicate an increased risk of developing the severe form of COVID-19. Frailty has been associated with an accelerated loss of homeostasis and, although typically exhibited at older ages, the absence of frailty at an older age may indicate a younger biological age. Several biomarkers have been proposed and contribute, in part, to the many complex factors that determine an individual's likelihood of developing a severe presentation of COVID-19.

Objectives: To investigate the association of inflammatory and coagulation biomarkers in mortality within people aged 60 years or older hospitalized with COVID-19.

Methods: Analytical, observational ecological study, historical cohort type of 206 patients aged 60 years or older hospitalized in ICU, designated to patients with COVID-19. The analyzed variables were age, gender, length of hospital stay and the biomarkers: c-reactive protein (CRP), neutrophil-lymphocyte ratio (NLR), procalcitonin, fibrinogen, ferritin and d-dimer. A ROC curve was used binary logistic regression (OR: CI 95%) in the Generalized Linear Model (GLM) for data analysis.

Results: The average age was 72 (± 8) years. There were 101 deaths (49% of the total sample), distributed by age group: 37.5% (60-69); 50% (70-79); 67.5% (80-89) and 75% over the aged of 90 years and older ($p = 0.006$). One hundred and fifty-two patients (73.8%) required mechanical ventilation; 73.9%, 68.6%, 80% and 87.5%, respectively in the age groups: 60-69, 70-79, 80-89 and over 90 years. Ninety-four of the patients (61.8%) who required mechanical ventilation died ($p < 0.001$) with OR 10.8 (CI 95% 4.61-25.68) $p = < 0.001$. Patients who did not survive presented higher values of procalcitonin, NLR, PCR and d-dimer and lower fibrinogen value and NLR occupied a larger area under ROC curve in the (AUC 0.859) in this group.

Conclusion: Patients aged 80 years or older required more invasive mechanical ventilation and showed higher mortality rate. Inflammatory biomarkers were associated with mortality and NLR presented better accuracy.

Disclosure of Interest: None Declared

Keywords: biomarkers, covid-19, Elderly, MORTALITY

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1782

AMIA SOCIAL SERVICE STRATEGY FOR THE ELDERLY IN TIMES OF PANDEMIC: SAFEGUARDING SOCIAL WELLBEING

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Preferred presentation method:: Oral Presentation

Introduction: This paper presents the approach of the AMIA Social Service with the elderly in times of pandemic and the impact that COVID-19 has had on their living conditions.

Objectives: To assess the impact that the COVID-19 pandemic has had on the living conditions of elderly people served by AMIA Social Service.

To analyze whether the benefits offered by AMIA adequately complement the State social coverage.

To identify if it is necessary to strengthen the assistance of a specific population profile.

Methods: Between January and March 2020, a survey of 700 households served by the AMIA Social Service was carried out, to learn about the living conditions of this population from a multidimensional approach.

In order to assess the impact of the COVID-19 pandemic, a second stage of data collection was completed between September and October 2020, where the information of a randomized sample of 280 households was updated.

Between February and May 2021, a new survey was carried out on nearly 600 households.

In this way, it has been possible to analyze the impact that COVID-19 has had on this population, differentiating between family households and households made up exclusively of elderly people.

In addition, qualitative interviews were conducted to deepen the analysis.

Results: The report shows that, due to the crisis generated by the health emergency, the most affected population group was that of households with children under 18 years of age, while the impact was less severe in households made up exclusively of people over 60, since they have pension coverage and they have received a reinforcement in their benefits since the beginning of the pandemic for having been considered a risk group.

However, single-person and non-home-owning households of older persons were comparatively more affected than households made up of two or more people or who own their own home.

Conclusion: Beyond the deterioration in the material living conditions caused by the COVID-19 pandemic in the population served by the AMIA Social Service, the in-depth interviews carried out make it possible to account for the psychosocial impact that isolation had on the elderly and the need to generate socio-community reconnection strategies.

Disclosure of Interest: None Declared

Keywords: COVID-19 pandemic, elderly people, Social and Cultural Practices, Social wellbeing

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1790

EXPERIENCES DURING THE COVID 19 PANDEMIC WITHIN THE FRAMEWORK OF COMPREHENSIVE AND PERSON-CENTERED CARE.

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Preferred presentation method:: Poster Presentation

Introduction: We consider the gerontological cases that occur within the framework of the long-term retirement homes, as a complex phenomenon referred to bio-psycho-social structure, both subjective and historical. In this sense, we focus our work in the interpersonal relationships, the interdisciplinary studies and the applicability of the MAICP, for its initials in Spanish) as part of our team's base work. The aforementioned topics have been proven as fundamental pillars during patients' episodes of crisis, caused by the Covid-19 pandemic, and have been of fundamental importance as well for the psychological and physical safekeeping of senior people.

Objectives: 1. To question the subjective positioning regarding the pandemic and, particularly, isolation conditions among the seniors who reside in the RLE. 2. To value the effects of their integral health. 3. To explore whether if the network generated in the retirement home has, to some extent, softened the impact on the group of individuals caused by the crisis.

Methods: A longitudinal study was carried out on elderly people who reside in the RLE. We conducted semi-structured interviews alongside personal life stories, and the following were applied: Addenbrooke's Cognitive Examination (ACE). Geriatric Depression Scale de Yesavage (GDS). Health Status Questionnaire. Barthel Scale. WHOQOL-BREF Scale, among others.

Results: The definitive results will be presented at the seminar. Partial results indicate that there are common aspects regarding the before and after variations derived from the obligatory lockdown and the closure of the RLE; the subjective variable is also relevant during a time of crisis. It is inferred, as well, that the support linking network has had an important role in both an individual and group levels.

Conclusion: This study has permitted to get to know each person that resides with us in depth, and at the same time respecting the diversity. Furthermore, we were also able to test for the applicability of the bio-psycho-social articulation when analyzing the effects of different interventions during the pandemic.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1799

RETROSPECTIVE DESCRIPTIVE STUDY OF THE SARS - COV-2 VIRUS INFECTION THAT OCCURRED AT THE "DR. L. PIÑEYRO DEL CAMPO", BEFORE AND AFTER IMMUNIZA

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Preferred presentation method:: Poster Presentation

Introduction: Was a decrease in the prevalence and mortality due to SARS-CoV-2 virus infection, after immunization against COVID 19, in institutionalized patients in HCGPC?

The HCGPC depends on the State Health Services Administration (ASSE). It has long, medium and short stay services. It cares for 220 elderly people who are vulnerable from a medical, functional, mental and social point of view.

- Average age: 82 years
- 53% women
- 47% men.
- 44% have severe and total functional dependence.
- 45% have severe cognitive impairment.
- 84% have chronic pathology.

Uruguay prioritized for vaccination against covid-19 older people living in long-stay establishments and their workers. He assigned them the Pfizer-BioNtech RNA vaccine.

HCGPC Immunization:

First dose -March 2021

Second dose - April

Complete immunity 14 days after the second dose.

Objectives: Identify from December 2020 to June 2021:

- Cases of SARS-Cov -2 infection in non-immunized and post-immunization residents
- Mortality due to covid-19 in non-immunized and post-immunization infected residents

Methods: Observational, descriptive, cross-sectional, retrospective study of the institutionalized population in the HCGPC in Montevideo-Uruguay.

Resident target population who had SARS-CoV -2 infection. between December 2020 and June 2021.

Diagnosis :

December 2020. PCR

February 2021 antigen test and/or PCR.

Data collection: review of clinical history, vaccination certificate and death certificate.

Variables used: sex, age, immunization, duration of the outbreak, number of deaths from covid-1 and pre-existing chronic pathologies.

Frequency measures used, prevalence, mortality rate.

Results: Infected residents 68 of 220

SPROUTS:

- December 2020 - 53 cases, 12 deaths. Duration 43 days.
- April 2021 - 4 cases, 1 deceased. Duration 21 days.
- May 2021 - 10 cases, 1 deceased. Duration 24 days.

Immunization against covid -19 in March and April 2021

Conclusion: After complete immunization of the residents with the Pfizer-BioNtech RNA vaccine, the following was observed:

- Decreased prevalence of infection
- Lower mortality
- Shoots of shorter duration

It is considered relevant:

- Access to testing (antigenic test and PCR).
- Quick action with a contingency plan already established

Disclosure of Interest: None Declared

Keywords: covid 19, INMUNIZATION, MORTALITY, Older people, outbreaks

Abstract Submission Professional

Covid-19 (COVID)

IAGG2021-PROFESSIONAL-1807

VITAMIN D LEVELS ASSOCIATED TO COVID-19 MORTALITY IN OLDER ADULTS ADMITTED IN A 3RD LEVEL MEXICAN HOSPITAL.

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Preferred presentation method:: Poster Presentation

Introduction: The favorable immunological effects of vitamin D have been described in viral infections such as influenza, dengue and SARS-CoV-1. This arises the idea of investigating whether there is an association between vitamin D deficiency and mortality in older adults with COVID-19. If such association exists, supplementation could be justified in patients with deficiency and insufficiency to prevent poor outcome if they develop COVID-19. To date, the strategy against COVID-19 relies on prevention, which is why any pharmacological approach to lower morbimortality due to severe pneumonia remains desirable.

Objectives: To determine if vitamin D levels at admission can predict outcome in older adults hospitalized with SARS-CoV2 pneumonia.

Methods: Observational, descriptive, longitudinal study. Geriatric patients diagnosed with COVID-19 pneumonia, who met the selection criteria, were recruited, obtaining sociodemographic, clinical and laboratory parameters, including vitamin D levels upon admission. Evolution of the disease until hospital discharge was observed.

Results: The population (n=72) had a median age of 70 years, 65.3% (n=47) were male. The prevalence of polypharmacy was 50%. Presence of comorbidities were found 88.9%, the most frequent being arterial hypertension (65.3%), diabetes mellitus type 2 (27.8%) and atrial fibrillation (12.5%). From the functional point of view, the population median was evaluated as independent for basic activities of daily living.

At the time of being evaluated in the emergency department, the most frequent symptoms were fever greater than 38 degrees in 59.7% (N=43), cough in 52.8% (n=38), headache in 25% (n=25%) and dyspnea in 22% (n=16). For the association analysis, Fisher's exact association statistic was used, determining the association between the ranges of deficiency (57.4%) and insufficiency of vitamin D (32.4%) with mortality (p=0.020), together with admissions to therapy intensive or some vasopressor medication (p=0.008).

Conclusion: Our study shows significant relationship between low vitamin D levels and mortality due to COVID19 pneumonia. Due to our small sample, the results cannot represent the general population, however this may propose new lines of investigation regarding benefit in supplementation of vitamin D in the general elderly population.

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Disclosure of Interest: None Declared

Keywords: covid 19, Elderly, MORTALITY, vitamin D

Abstract Submission Students

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-STUDENT-1128

THE SOCIAL AND CULTURAL PRACTICES OF INDIGENOUS PEOPLE IN RESIDENTIAL AGED CARE FACILITIES, SOUTH-EAST QUEENSLAND, AUSTRALIA

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Preferred presentation method:: Oral Presentation

Introduction: Across the globe, ethnic mobility has resulted in the rapid growth of Indigenous populations in urban environments, including South East Queensland, Australia. However, the health of Indigenous Australians continues to lag behind the mainstream population because of socioeconomic and environmental factors in addition to health behaviours. As a result, Indigenous Australians can access aged care services from 50 years of age compared to non-Indigenous Australians, who must wait until they are 65 years old. While the purpose of residential aged care is to support the health and wellbeing of the elderly, there is a lack of cultural representation in current studies of residential aged care environments. The available studies largely focus on dominant cultural groups driven by Western biomedical models of health and care environments.

Objectives: This thesis aims to establish empirical evidence about Indigenous people's social and cultural practices in residential aged care and how architectural design can be used to improve the living experiences and wellbeing of Indigenous residents and their connections to Country, culture, family, kin, and the community.

Methods: Using a qualitative case study approach this thesis documents four residential aged care facilities in South East Queensland, Australia: two facilities in urban Brisbane and two in Indigenous communities. The research methods include architecture documentation, participant observations, physical trace observations, activities mapping, open ended survey, and semi-structured interviews, and focus interviews.

Results: The study revealed urban Indigenous people's preferences for a single bedroom; however, Indigenous female residents will consider sharing a room with another resident when social and cultural factors are met, contributing to Indigenous female residents' sense of safety and companionship. Additionally, Indigenous residents' cultural practices and social ties to family, kin and community inevitably result in a large influx of visitors to the facility during large-scale event celebrations, end-of-life care and the finishing-up phase. The study identified how physical environments and outdoor spaces across the facilities have been adapted to accommodate the large influx of visitors and allow Indigenous families and kin to engage in their cultural and social practices during the residents' end-of-life care and finishing up. These patterns of interaction are played out differently across facilities located in Indigenous communities from their urban counterparts. Simultaneously, the study discovered residents' self-directed activities are extensively impeded and frustrated by the constant spatial changes in the interior communal spaces which greatly reduces residents' opportunities to socialise and to carry out activities of personal choice.

Conclusion: This thesis presents the first empirical study on Indigenous people's social and cultural practices in urban residential aged care settings. More importantly, this thesis has documented distinctive cultural and social practices of First Nations people in residential aged care settings. The spatial implications identified in the study can help architects and organisations that provide housing for aged care make more informed design briefings, frameworks, and environments that sustain cross-cultural practices and activities for Indigenous people and their communities.

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Disclosure of Interest: None Declared

Keywords: Architecture environments, First Nations , Residential Aged Care , Social and Cultural Practices, Urban Indigenous

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1144

INTERVENTION AND COGNITIVE REHABILITATION IN OLDER ADULTS WITH ARTERIAL HYPERTENSION AND MILD COGNITIVE IMPAIRMENT

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Preferred presentation method:: Oral Presentation

Introduction: The increasing prevalence of mild cognitive impairment (MCI) comorbid with arterial hypertension (AHT) needs to be studied in its interaction with the available interventions. The aim of the study was to compare the effect of cognitive rehabilitation (CR) and other forms of stimulation on brain functions.

Keywords: hypertension-cognitive impairment-cognitive rehabilitation-remission-free stimulus.

Objectives: To compare the effect on cognitive functions of cognitive rehabilitation (CR) with that of other forms of stimulation, in controlled interventions.

Methods: The design of this study is quasi-experimental, descriptive-comparative four free stimuli (physical activity, cognitive activities, hobbies, and work activity) longitudinal (pre-post). In 129 patients older than 55 years old, hypertensive, with proven deterioration, selected by convenience sampling, were evaluated with at least 2 areas of performance under the NINDS-AIREN criteria for AHT. Of these, 44 participated in CR sessions.

The effects of CR and free stimuli were compared four cognitive functions: three language processes (denominative, comprehensive, and verbal fluency), global memory (immediate, working, retrograde), attention (sustained and selective) and executive functions (EF). These functions were evaluated with the ACE Test (attention, memory, verbal fluency, and language domains), comprehension was evaluated with the Token Test, and EF with INECO Frontal Screening and the TRAIL MAKING Test forms A and B (Attention sustained, selective and alternating). The comparison was made using a multivariate model for repeated measures with age as covariate.

Results: Age presented inverse and statistically significant ($p < .007$) linear correlations (Pearson's r) with the pre-treatment values of the following DV: the two ISF: Digits ($r = -0.294$), and Corsi Cubes ($r = -0.347$), three of the ACE, memory ($r = -0.374$), language ($r = -0.231$) and verbal fluency ($r = -0.389$) and also with Token-verbal comprehension ($r = -0.235$). However, age was not significantly correlated with any gain (difference post value – pre value).

In addition, younger ages are predictors of a better initial level in almost all DV.

The results obtained by ANCOVA for differences in gains in RV associated with each form of stimulation, independently of the others and controlling for age, indicate that the form of stimulation that produces gains in greater quantity is CR sessions, modifying (with $p < .005$ and a partial η^2 between 8 and 18%) three DVs of the ACE Test: attention, memory and verbal fluency and the two of the ISF: Digits and Cubes.

Performing mental activities and physical activities are the other forms of stimulation that show a certain positive effect on earnings, but they do so only on the ACE test- on the verbal fluency scale, which, in turn, is the only DV in appear modified by more than one factor. Having hobbies only differentially gains on the ACE Test- language scale; while it is noteworthy that work activities were not associated with any positive variation in earnings in DV.

Conclusion: The results show that CR improved the evolution of different cognitive functions, clearly favoring free stimuli. Cognitive Rehabilitation, having a hybrid format, is not only effective but also adapts to the context of the COVID-19 pandemic.

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Disclosure of Interest: None Declared

Keywords: cognitive impairment, cognitive rehabilitation, free stimulus, hypertension, remission

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1171

THE EVOLUTION OF HEALTHCARE TECHNOLOGY: AUTOMATED DOSE DISPENSING (ADD) IN A NURSING HOME.

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Preferred presentation method:: Poster Presentation

Introduction: The ADD is a pharmaceutical methodology that allows automatic preparation and availability of the drugs prescribed for the elderly in packages. It is performed by an ADD pharmacy, licensed to operate in accordance to defined protocols with a quality system, ensuring the full traceability of individual doses dispensed, based on a safe supply chain.

ADD involves automated technology process (robotics) and informatics database (site) that has adequate information: patient's identification, contact information, product and dosage information, batch number and expiry date. Medicinal products included in packages are solid oral forms. Products excluded from ADD are non-oral and non-solid forms; physically unstable products; hygroscopic, thermos or light sensitive tablets; high risk for cross-contamination forms; uncoated or poorly coated tablets and highly active, toxic or highly sensitizing tablets. However, to be safe, ADD requires guarantee of storage conditions, special instructions, validated checking systems with security and protection video records and performance of audits. So, the ADD system enables nursing teams to correctly distribute the medications prescribed.

Objectives: Evaluate the satisfaction grade of institutionalized elderly and nurses regarding the use of ADD. Understand the importance and positive impact of using this system in nursing homes.

Methods: On November 2021, two anonymous surveys were carried out on the degree of satisfaction with ADD use, to two samples of a population: institutionalized elderly and nurses of S. Francisco Porto nursing home.

Results: 15 institutionalized patients and 6 nurses of S. Francisco Porto nursing home were enquired, with a response rate of 100%. All the seniors (100%) had favorable responses, considering ADD service useful to take medication correctly and easily. All the nurses (100%) consider that ADD shorten the medications preparation time, improves the organization of other care tasks and the handling hygiene in medication, and reduces the errors in administrations.

Conclusion: ADD is a safe and effective method that might be used in nursing homes. It minimizes errors and improves the work effectiveness, the stock management and the therapeutic adherence of elderly people. Therefore, it contributes to better elderly medical care increasing health promotion and disease prevention.

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Disclosure of Interest: None Declared

Keywords: ADD, Nursing homes, Therapeutic adherence

Abstract Submission Students

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-STUDENT-1178

WORKING MECHANISMS OF GREEN CARE FARMS FOR PEOPLE LIVING WITH DEMENTIA

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Preferred presentation method:: Oral Presentation

Introduction: Green Care Farms are a relatively new type of care environment for older people with intensive care needs. Especially for people living with dementia, they can be a valuable alternative to regular nursing homes. Green Care Farms are radically different not only in the physical environment where they incorporate animals and gardens. Also in the social environment, i.e. the interactions taking place, and in the organizational environment, describing facility specific processes, the leadership style or the shift planning, they differ from traditional nursing homes. Previous research has suggested positive effects for residents; however, their specific working mechanisms are still unknown.

Objectives: This study aimed to identify potential working mechanisms in the organizational, physical and social environment of Green Care Farms.

Methods: A case study in one Green Care Farm in Netherlands was conducted, using mixed ethnographic methods. Over the course of two months, the primary researcher (KR) observed 129 hours of the daily life of the residents (n=48) at the Green Care Farm. The observations were combined with 24 semi-structured interviews with the managers, and with staff members, family members and residents. Lastly, a focus group was held with staff members. Data was analyzed thematically and triangulated.

Results: Several working mechanisms of Green Care Farms could be identified. The analysis revealed a crucial role of the organizational environment. A clear vision and low organizational barriers like little fixed routines and an accessible management simplify the staff's work processes. The physical environment was specifically designed to stimulate the senses and activities and is easily and openly accessible for residents. At the same time, the built environment supports staff in guaranteeing the security of residents. Staff members are actively encouraged to plan the days in their department independently, creatively and with a strong focus on residents' needs.

Conclusion: Green Care Farms employ a different care philosophy and actively integrate natural environments into daily care. Their success depends on the interaction of working mechanisms in the organizational, physical and social environment.

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Disclosure of Interest: None Declared

Keywords: dementia, Green Care Farm, Innovative housing, nursing home

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1208

A STUDY OF POLICY PROMOTING AND PLANNING AND DESIGN REGULATIONS OF SENIOR HOUSING

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Preferred presentation method:: Poster Presentation

Introduction: In the face of the rapid expansion of the aging population, the general residential environment is unable to meet the huge living needs of the elderly. Building senior housing has become an active strategy implemented by countries around the world.

Objectives: The purpose of this study is to explain the difficulties encountered in the promotion, design and planning of senior housing and the available countermeasures from the perspectives of policy, management and planning.

Methods: By means of literature review, in-depth interviews and expert discussions, this study discussed the norms and evolution of promoting the housing development for the elderly in the United States, Japan and Taiwan, and conducted interviews and meetings with cross-field scholars and people of the industry to explore the strategic directions for the development of senior housing planning.

Results: The research results show that the focus of the development of senior housing can be explained from two perspectives: policy management and planning design. In terms of policy management: (1) promote social housing style, existing residential style and newly-built residential style; (2) incorporate property management and care services for cross-industry integration; (3) review funding subsidy for construction, management, leasing, and medical care; (4) take the community range as the service distance. In terms of design: (1) meet the core values of safety, security, and stability; (2) ensure privacy, provide single rooms for the elderly; (3) take hardware equipment that supports medical care into consideration in the early stage of planning; (4) provide more personal options, such as keeping pets; (5) incorporate healing theme planning and design.

Conclusion: To sum up, to enable the elderly to obtain a good living environment, only by making the development policy of senior housing complete and by making the environment itself a power to support the elderly to live their lives can the elderly obtain complete care, and achieve the possibilities of healthy aging and self-realization.

Disclosure of Interest: None Declared

Keywords: aging in place, building regulations, Senior Housing

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1258

FACTORS RELATED TO THE CARE MANAGEMENT PRACTICE FOR OLD LOW-INCOME INDIVIDUALS IN OSAKA CITY OF JAPAN

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Preferred presentation method:: Poster Presentation

Introduction: Osaka City has the largest number of households on welfare. In the case of Old Low-Income Individuals who require support or nursing care, care managers in the community comprehensive support centers or the home-based care centers are responsible for providing consultation and support for living at home, including the use of home-based care services.

Objectives: The objective of the present study was to examine the relationships of the factors related to the Care Management Practice for Old Low-Income Individuals in Osaka City.

Methods: The survey was conducted in 2021 by self-administered questionnaires mailed to 800 randomly selected comprehensive community support centers and home-based care centers in Osaka City. The response rate was 19.1% (N=153).

The Structural Equation Modeling was performed for the examinations of the relationships between the factors in care management practice. The independent variables were: obtaining the qualification of a Senior Care Manager (SCM), who was a qualified care manager that acquired advanced knowledge and skills in care management by advanced training; experience years in Social Work (SW); experience years in care management; experiences in Training programs for Old Low-Income Individuals (OLII) ; and experiences in training programs for supporting .

The dependent of variables were the categorized contents in the Care Management Practice for Old Low-Income Individuals. They were: Arrangements in Financial supports for Formal service costs(AFF) ; Care planning and Implementation ; Financial Support and Evaluation (FSE); Explanations in care management; Assessment; and Contract and Coordinating Informal support and Formal services in Care planning.

Results: As a result, the goodness of the fit indices was acceptable, and we retained the models.

In correlational analyses, AFF was significantly correlated with SCM ($p < .05$) and SW ($p < .05$). In addition, FSE was significantly correlated with SW ($p < .01$) and OLII ($p < .05$).

Conclusion: In conclusion, the results implied that advanced qualification of a Senior Care Manager, abundant social work experience and a specified training program for supporting were effective in providing appropriate care management services Old Low-Income Individuals.

Disclosure of Interest: None Declared

Keywords: Old Low-Income Individuals, care management

Abstract Submission Students

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-STUDENT-1334

EFFECTS OF THE USE OF MOBILE EXERCISE APPLICATIONS WITH AND WITHOUT THERAPEUTIC SUPERVISION ON THE FUNCTIONAL CAPACITY OF THE ELDERLY. A PILOT STUDY

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Preferred presentation method: Poster Presentation

Introduction: One of the main problems that affect the older population is the loss of functional capacity, making the elderly more fragile and dependent. It is important to encourage the elderly to perform physical exercises to maintain and improve their functional capacity, currently facilitated through technological resources such as exercise apps for cell phones aimed at the elderly. However, the effects of this resource on functional capacity in elderly people are not clear

Objectives: To verify the effects of the physical exercise application for cell phones, with and without therapeutic supervision, on the functional capacity, lower limb strength, and postural balance of the elderly.

Methods: Pilot study for a clinical, controlled, randomized, and blinded trial. Participated in study 10 older people, age 71 ±5, female. Participants were randomized into 2 groups: Control group GC (training with mobile application with face-to-face supervision by the therapist), Experimental group GE (training with the mobile application without face-to-face supervision by the therapist). The training was done with the free application "Exercise for the elderly", available on the Android and IOS platform, installed on the participants' smartphones. The exercises was performed 3 times a week for 8 weeks, totaling 24 sessions. The evaluations was done in person pre-training and after the 24 sessions; Functional capacity was evaluated with the AVD-Glitter test, postural balance with the Mini Balance Evaluation Systems Test, and lower limb strength with the test of standing and sitting 5 times. To evaluate the results, the ANOVA test with repeated measures was used.

Results: There was an improvement in functional capacity for the GC ($p=0.01$) and GE ($p=0.01$), in lower limb strength GC ($p=0.01$) and GE ($p=0.03$), however without intergroup differences in functional capacity ($p=0.5$) and lower limb strength ($p=0.2$). There was no improvement in postural balance for both groups.

Conclusion: It was concluded that exercises with cell phones, performed with and without face-to-face supervision, improved the functional capacity and strength of the lower limbs of the elderly. However, the study continues to be carried out in order to increase the sample for a better conclusion of these findings.

Disclosure of Interest: None Declared

Keywords: functional capacity, older people, physical exercise, smartphones

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1366

PREDICTIVE ABILITY OF ACCUMULATED LOW INTRINSIC CAPACITY FOR THE INCIDENCE OF POSTOPERATIVE COMPLICATIONS IN OLDER PATIENTS UNDERGOING SURGERY

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Preferred presentation method:: Poster Presentation

Introduction: World Health Organization proposed a new concept of “Intrinsic Capacity (IC)” in the World Report on Ageing and Health (2015), consisting of five capacities on locomotion, cognition, vitality, psychology, and sensory. Several reports showed that low IC could be a predictor of future dependence or mortality, independent of confounding factors. However, so far, it has not been reported whether preoperative IC assessment can predict the incidence of postoperative complications in older patients who undergo elective surgery.

Objectives: The objective of this study was to analyze the predictive ability of IC except sensory capacity for the incidence of postoperative complications in older patients who underwent elective surgery under general anesthesia.

Methods: Participants were ambulant older patients aged 65 years and over, who underwent elective surgery at department of gastroenterological surgery in our hospital. We examined gait speed, cognitive function, psychological state, grip strength, and activities of daily living (ADL) of the participants. The impact of surgical stress was assessed using the Surgical Stress Score (SSS). We considered < 24 of the Mini Mental State Examination, < 1.0m/s of gait speed, < 28kg of grip strength for men and <18kg for women, and ≥ 5 of Geriatric Depression Scale-15 as having low cognitive, locomotive, vitality, and psychological capacity, respectively. We analyzed the relationship between the number of low IC before surgery and the incidence of postoperative complications with logistic regression analysis.

Results: Among 146 consecutive patients, 22 participants were excluded from the analysis because of not having gastrointestinal surgery or younger than 65 years. The number of patients (%) with low IC numbers of 0, 1, 2, and ≥ 3 was 51 (41.1%), 41 (33.1%), 22 (17.7%), and 10 (8.1%), respectively. Forty patients (32.3%) experienced postoperative complications. Logistic regression analysis showed a significant relationship between the number of low IC before surgery and the incidence of postoperative complications with an odds ratio of 1.799 (95% confidential interval: 1.051-3.079), independent of age, sex, SSS, and ADL.

Conclusion: The accumulated number of low IC could predict the incidence of postoperative complications in older patients undergoing elective surgery, independent of confounding factors.

Disclosure of Interest: None Declared

Keywords: elderly, intrinsic capacity, postoperative complications, surgery

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1372

ADVANCING VIRTUAL REALITY REMINISCENCE THERAPY FOR PERSONS WITH DEMENTIA USING A PARTICIPATORY CO-DESIGN FRAMEWORK

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Preferred presentation method:: Poster Presentation

Introduction: This project aims at developing an innovative, non-traditional framework prototype to improve the implementation of reminiscence therapy for persons with dementia through customizable, immersive and interactive virtual reality experiences. Reminiscence therapy is a multi-sensory treatment that uses a combination of sight, touch, taste, smell and sound to help persons with dementia (PWD) remember events, people and places from their past lives¹. Engaging PWD to virtual reality environments can help them recall memories that can reduce their risk of social isolation and enable them to become more connected to the present².

Objectives: To co-design and develop a framework prototype for creating immersive and interactive virtual reminiscence experiences to facilitate the caregiving and management of behaviours and psychological symptoms of dementia (BPSD).

Methods: We have prototyped an immersive and non-immersive VR framework that allowed caregivers to deliver reminiscence therapy to support the persons with dementia with varying stages in their disease progression. These reminiscence therapy sessions were built by employing a narrative storyboard and content management through a series of co-designing sessions with content experts at the Geriatric Dementia Unit in Ontario Shores Centre for Mental Health Sciences, Ontario Canada. A caregiver-led VR framework was adopted to enable the caregiver to guide the persons with dementia to safely navigate through the interactive VR environment, while allowing the patients to engage with the interactive VR elements using a point-and-pinch gesture approach. The evaluation of virtual reminiscence therapy was conducted using data analytics and physiological measures including facial and eye tracking technology using video-recording to provide quantifiable metrics for evaluation of intervention.

Results: Results of pilot test revealed that virtual reality reminiscence therapy facilitated the complementary utilization of pharmacological and non-pharmacological interventions for dementia care. Reminiscing about memories using virtual reality reminiscence therapy was found to positively impact PWD by empowering an increased self-confidence in their strengths and capabilities, as well as providing PWD with the opportunity to explore with their caregivers about what holds meaning for them. At the present, mostly conventional, analog media is being used for reminiscence intervention. Enriching the traditional form of reminiscence therapy with VR was found to empower the caregivers to customize individualized virtual reminiscence experiences, which is expected to help PWD with maintaining and preserving their personal identity during disease progression and challenging circumstances associated with BPSD.

Conclusion: Through a participatory co-design approach, our research suggested that virtual reality technology could enrich traditional reminiscence therapy, foster therapeutic conversations, and support positive interactions between caregivers and PWD. Specifically, exposing PWD to virtual reality environments has shown positive benefits for PWD where the new stimulation provided by the virtual reality tours helped them tap into old memories. For instance, recalling buried memories gave PWD positive mental stimulation and helped the caregivers learn more about their lives in the

past, which in turn can improve the social interactions between the caregivers and their patients by achieving greater empathetic understanding.

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Disclosure of Interest: None Declared

Keywords: caregiving, co-design, Dementia Care , Reminiscence Therapy , Virtual Reality

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1399

UNDERSTANDING THE USER ATTITUDE TOWARD A COMPANION CARE ROBOT FOR OLDER PEOPLE AT THE LONG-TERM CARE SERVICE STATION IN TAIWAN

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Preferred presentation method:: Poster Presentation

Introduction: Information and communications technology could play a pivotal role in aging, where caregivers cannot constantly assist older people. The emergence of robotics is transforming healthcare industries as an assistive tool.

Objectives: Our core motivation was to enhance the virtual interaction between health care professionals and senior users by introducing a mobile social assistive robot. The research goal was to understand the feasibility of using robotic technology to improve the quality of life for community-dwelling older adults in Taiwan.

Methods: The study had a qualitative, exploratory design focusing on understanding older people's attitudes toward the Zenbo robot. Six subjects in a community long-term care station were recruited and interviewed. They first engaged in conversational interactions with the Zenbo robot for five consecutive days. After that, we conducted a focus group qualitative interview with open-ended questions to examine the interaction's meaning and features. Using thematic analysis, we explored the functions they would ask for. We analyzed the transcripts of the interviews, identifying meaning units, which were later grouped in the clustering of themes, and finally in emergent themes.

Results: The interviewees appeared quite open-minded to the companion care Zenbo robot. Robots were considered suitable for entertainment or monitoring older people's health. They expected that the Zenbo robot could provide help in daily life. The ease of use and perceived usefulness will also predict their use.

Conclusion: This research is in an applied setting rather than in a laboratory. As robots cannot take the initiative to ask questions, it hinders active interactions with older people users. The human-robot interaction, such as strengthening voice recognition, is still a developing area. We can consider the unique needs of the elderly and further add the function of identifying and tracking objects.

Disclosure of Interest: None Declared

Keywords: human-robot interaction, long-term care services station, older people, robot

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1422

DEVELOPMENT OF THE INGE-APP, AN APP-BASED ASSESSMENT TOOL FOR GERMAN IN-HOME CARE CONSULTATIONS ACCORDING TO §37.3 SOCIAL SECURITY STATUTE BOOK XI.

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Preferred presentation method:: Poster Presentation

Introduction: In Germany home care consultations are mandatory for informal caregivers receiving care allowances. These visits are carried out by nursing professionals and aim to ensure that care recipients are taken care of appropriately and help to improve or at least stabilize the general home care situation. So far, there are no specific standards for how in-home care consultations should be conducted or documented.

Objectives: The aim of the project is to design an app that supports in-home care consultations.

Methods: A user-centered design approach was used to design the INGE app. In 16 semi-structured expert interviews, care consultants and experts in the field provided information on functional and content requirements for the app. The results were evaluated using qualitative content analysis according to Mayring and translated into specific user requirements. In group-based expert walkthroughs, the instrument was further adapted to user needs.

Results: The interviewees mentioned that the app should be able to record nursing problems and risks, present cases as they progress, show critical conditions and make recommendations of measures based on the assessment results.

Based on the interview-results, group-based expert walkthroughs were conducted to derive further specific user requirements. Two Instruments, the NBA (Neues Begutachtungsassessment zur Feststellung der Pflegebedürftigkeit/ New Assessment Tool for determining dependency on care) and the BICS-D (Berlin Inventory of Caregiver Stress-Dementia) were chosen as a basis for the assessment of the care situation and adapted to the in-home care consultation setting. To support the workflow, flexible access to items, a visualization of the status of a category, a progress display, as well as the possibility to select and manage recommendations for improving the care situation were defined.

Conclusion: The user-centered design approach is a useful method to capture and specify requirements for an app-based assessment tool for in-home care consultations.

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Disclosure of Interest: None Declared

Keywords: App, Assessment, In-home care consultation, Tablet, User-centered design

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1496

"IKIGAI PROGRAM:" DEVELOPING A WEB-BASED GROUP PSYCHOEDUCATIONAL INTERVENTION WITH COMMUNITY SENIOR CITIZENS

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Preferred presentation method:: Poster Presentation

Introduction: Most people now have access to various tele-psychological services due to the development of information and communication technology (ICT) and smart technology. However, senior citizens have very few opportunities to benefit from these developments. It is, therefore, necessary to develop a tele-psychological service for older people, taking into consideration the problems of digital divide and age-related decline in mental and physical functions.

Objectives: This study developed a web-based psychoeducational program named "IKIGAI program" grounded in cognitive behavioral therapy (CBT), to prevent social isolation and improve the quality of life, thereby pursuing a purpose in life of senior citizens.

Methods: We conducted empirical research for the program in face-to-face settings, before the Covid-19 pandemic (Kusaka N., 2013). In this study, the program was developed as a process of three steps: designing web-based program, test trials, and corrections. First, we clarified 18 conditions of active participation in online communities for older adults, from Henry Jenkins' theory of media literacies. This was done through a preliminary study of community building with 71 community senior citizens. The program was based on these 18 conditions, along with reference to the consolidated model for tele-psychology practice (Murtin JN, Millán F., & Campbell, LF, 2020) and the checklist of American Psychological Association (2013). The program comprised nine group sessions during a three-month period and two individual interviews during sessions. Six senior citizens participated in the program remotely. We assessed the outcome with questionnaires consisting of World Health Organization Quality of Life-5 (WHOQOL-5), WHOQOL-OLD and Purpose-in-Life Test (PIL, Crumbaugh JC & Maholick LT, 1964), before and after program implementation.

Results: The results of the interview showed that the individual ICT support during sessions and tangible/visible learning tools helped participants' understanding of the program. The results of paired sample t-tests indicated that participants had significantly higher scores on WHOQOL-5 ($t = -2.79$, $p < .05$) and WHOQOL-OLD "dignity" ($t = 2.59$, $p < .05$) after the intervention.

Conclusion: In future, this program may find application in community health promotion and in educating older adults to build support networks using ICT.

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Disclosure of Interest: None Declared

Keywords: Group Psychoeducation, Online Program, Practice of Community, Quality of Life, Social Isolation

Abstract Submission Students

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-STUDENT-1497

ADAPTATION ISSUES OF USING THE ENVIRONMENTAL ASSESSMENT TOOL-HIGHER CARE (EAT-HC) IN CARE AND NURSING HOMES FOR OLDER ADULTS IN JAPAN

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Preferred presentation method:: Poster Presentation

Introduction: Physical environments influence quality of life of people with dementia. Specifically, dementia-friendly environments promote their participation in residential care and nursing homes. The Environmental Assessment Tool-Higher Care(EAT-HC), developed for dementia care units in Australia, underpins ten key design principles and includes partial dementia-friendly perspectives. With facility diversification in Japan, therapeutic and supportive environment assessment tools have been implemented, but dementia-friendly views are still limited. This study was undertaken in preparation for developing the EAT-HC Japanese multi-facility version.

Objectives: This study aimed to identify the adaptation issues of using the EAT-HC in the Japanese context and to investigate ideas about dementia-friendly residential environments.

Methods: Online interviews involving eight facility managers were conducted with the interview guide, including the Japanese translated version of the EAT-HC. The data were qualitatively analyzed.

Results: Generally, ten principles were agreed upon, but some issues were pointed out in the application of the EAT-HC. The main challenges were: excessive management that deprives residents of the freedom and richness of their lives, variation in standards and structures by facility types, and cultural background influencing residents' preference for a familiar and comfortable environment. The participants also emphasized their expectations for dementia-friendly housing: living with strength and dignity for people with dementia; a comfortable place to live for everyone not just for people with dementia, and a house that will allow continuation of living as before.

Conclusion: Care and nursing homes for older adults in Japan were intended to be a home for its residents. This emphasizes the need to avoid turning a home into a special living or institutional environment for dementia by over-managing the physical environment to help reduce risk and visual clarity. To utilize the EAT-HC in a wide variety of senior housing in Japan necessitates reexamining items that promote risk reduction and recognizability, correct cultural gaps in specific examples of familiarity and comfort, and considering the differences in needs among facility types.

Disclosure of Interest: Y. Yamasaki Conflict with: MEXT KAKENHI Grant Number 19K19730, H. Masaki: None Declared

Keywords: Dementia-friendly, environmental design, expert opinion, long term care facility (LTCF)

Abstract Submission Students

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-STUDENT-1575

EXPLORING THE USE OF A PROACTIVE TELECARE SERVICE AIMED AT SUPPORTING INDEPENDENT LIVING IN OLDER ADULTS: A QUALITATIVE STUDY

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Preferred presentation method:: Poster Presentation

Introduction: Telecare use is currently promoted by UK health and social care services to support independent living in older adults; however, such interventions are yet to be fully utilised by older populations. Low acceptance of technology is widely acknowledged as a key barrier, with previous research indicating telecare systems must fit individual needs. OKEachDay, is a UK-based technological platform used at home, in which users press an 'OK' button to confirm daily well-being. Staff provide low-need social support and notify users' next of kin if no contact can be made. Proactive telecare may offer physical and psychological support for older adults to live independently, however research in this area is scarce.

Objectives: This research aims to explore attitudes towards, facilitators, barriers and potential harms of this proactive telecare approach.

Methods: Thirty-three qualitative semi-structured interviews were conducted with current service users, family, staff, and non-users to gain a holistic understanding of attitudes towards and use of OKEachDay. Data were analysed using inductive thematic analysis.

Results: Preliminary results highlight safety in the home and access to social support as motivators to engage with OKEachDay. The proactive nature of OKEachDay was seen to facilitate personal control, increasing self-efficacy. Daily user-led 'check-ins' were perceived to hold potential to track health deterioration, and telephone support was viewed to offer social connections to isolated individuals. Barriers to use included the requirement for users to have a next of kin, and a potential downfall highlighted was that OKEachDay could not provide 24-hour emergency assistance.

Conclusion: This proactive telecare intervention may offer a sense of security and social connectedness to support independent living in older adults; however, it must be considered in the context of each individual's existing social resources and health-care needs.

Disclosure of Interest: None Declared

Keywords: Independent Living, older adults, telehealth

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1605

RELATIONSHIP-BUILDING FOR CARE MANAGERS' SUPPORT OF OLD PUBLIC ASSISTANCE RECIPIENTS AND OLD LOW-INCOME INDIVIDUALS IN OSAKA CITY, JAPAN

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Preferred presentation method:: Poster Presentation

Introduction: Osaka City has the largest number of public assistance recipients in Japan. In order to support especially old public assistance recipients and old low-income individuals in need of care, care managers have to build a variety of relationships with support personnel. The support people include people in informal and formal care of a local community.

Objectives: The present study aims to clarify the factors related to relationship-building of care managers to effectively support old public assistance recipients and old low-income individuals in Osaka City.

Methods: The research was conducted in January and February 2021 by self-administered questionnaires. They were mailed to 800 randomly selected care management centers and comprehensive community support centers in Osaka City. The response rate was 19.1% (N=153).

The five independent variables were: qualification of Senior Care Manager (SCM); experience in Social Work (SW); experience in Care Management (CM); participating in Team Approach training programs (TA); and participating in training programs for the support of Old Public Assistance Recipients (OPAR).

The four dependent variables consisted of the relationship-building with the informal and formal care support personnel. Informal care referred to Supporters Rather than the client's family (SR) and members of the Client's Family (CF). Formal care referred to institutions that provided daily Monitoring and Money management (MM) and Legal and Financial support (LF).

Structural equation modeling was performed in order to examine the relationships between the independent and dependent variables.

Results: The goodness of fit indices of the result was acceptable, and we retained the model. A correlational analysis showed that CM ($p < .05$) and OPAR ($p < .01$) significantly correlated with SR. In addition, CM ($p < .05$) significantly correlated with, CF and TA ($p < .05$) significantly correlated with MM. Finally, SW ($p < .001$) and OPAR ($p < .01$) significantly correlated with LF.

Conclusion: The results implied that the specified training programs and practical experiences in social work and/or care management were effective for the practice of care manager in supporting old public assistance recipients and old low-income individuals.

Disclosure of Interest: None Declared

Keywords: care management, social resources, old public assistance recipients, old low-income individuals, community care

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1626

SYNERGISTIC IDEAS OF ROBOTICS AND GERIATRIC MEDICINE IN THE AGE OF A PANDEMIC – PROTECT-MED

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Preferred presentation method:: Poster Presentation

Introduction: The BOBOT 2.0 is a robotic medical staff assistant working among infectious ill people in hospital wards.

Objectives: We created it during the PROTECT-MED project supported by National Centre for Research and Development in Poland. The project aims to develop new solutions to improve the safety of patients and medical personnel working in hospitals during the SARS-CoV2 epidemic. Apart from BOBOT 2.0 module, the project consists of two other modules: MedTAB (a system for independent, basic diagnostics at the time of contact with the hospital, limiting direct communications of medical personnel with people suspected of infection), and RobUV (a robot for automated air and surface disinfection using UV-C radiation).

Methods: In the BOBOT 2.0 module, a remote-controlled platform using multimedia systems will allow audio-visual communication with patients, non-contact temperature measurement, pulse diagnostics, and handing over small parcels.

Results: The intuitive operation of the platform is carried out thanks to a dedicated mobile application installed on the operator's tablet. The multimedia systems enable constant and free contact of medical staff with patients, monitoring patient rooms, conducting medical interviews, and remote monitoring of the condition and behavior of patients- all of this without endangering the health of medical workers. Furthermore, an internet communicator implemented on a tablet integrated with the robot's structure will allow for image and sound transmission from onboard cameras and enable communication not only in the form of video calls with medical staff but also with family and loved ones.

Conclusion: Such a solution may significantly reduce patients' sense of isolation, which is felt particularly acutely by older adults hospitalized in wards dedicated to patients with COVID-19.

Disclosure of Interest: None Declared

Keywords: geriatric patients, quality and safety of care, robot

Abstract Submission Professional

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-PROFESSIONAL-1627

FALL DETECTION SYSTEM MONITORING OLDER ADULTS DURING THEIR EVERYDAY LIFE

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Preferred presentation method:: Poster Presentation

Introduction: Locomotion is a significant everyday activity. A proper balance of the human body must be maintained to allow it, as any disturbances in this process can lead to falls and injuries. According to studies, the most commonly reported ailment in human balance is generally called "dizziness", which affects approximately 15-20% of adults [1]. Older people are an especially vulnerable age group; in this case, 10% of them report multiple falls per year [2]. That is why systems monitoring older adults during their everyday life are designed and implemented. For this reason, an important question is if they can monitor human movement and detect actions characteristic for disturbances.

Objectives: For this study, a fall detection system was prepared and examined. The main goal was to evaluate its functioning in terms of registering parameters of human locomotion.

Methods: The proposed prototype was made using sensors measuring kinematic parameters, which were mounted in elastic construction. The system with sensors measured parameters relating to movement, registered them, and classified them as specific activities. The prototype was placed on a tested person performing particular actions in a defined area and time. Measurements were obtained in a three-dimensional space and saved for future analysis on the storage medium attached to the prototype.

Results: Prototype of system with wearable sensors, which allows for the assessment of kinematic parameters, was created and evaluated as functioning with demanded sensitivity and accuracy. Furthermore, there was a possibility of distinguishing movement patterns in registered data and recognizing them as specific activities.

Conclusion: The prepared and presented prototype is a functional device in terms of spatial movement registration and, because of its construction, can be used during everyday activities. Future studies will be expanded with artificial intelligence algorithms to recognize movement patterns like balance disorders in real-time. This feature could be used to detect falls in the case of older persons and monitor three-dimensional kinematic parameters of patients with motion disorders and help in diagnostic and preparing a proper form of treatment.

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Disclosure of Interest: None Declared

Keywords: balance, dizziness, falls prevention, locomotion, spatial movement registration

Abstract Submission Students

Gerontechnology, Urbanisation, and Design for the Elderly (GUDE)

IAGG2021-STUDENT-1758

MACHINE LEARNING BASED CLASSIFICATION OF COGNITIVE FRAILTY IN ELDERLY

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Preferred presentation method:: Poster Presentation

Introduction: One of the most serious age-related conditions in older people is cognitive frailty. It's often recognised as a late-life condition of physiological deterioration, characterised by a high risk of negative health effects. However, no precise practical definition of cognitive frailty has yet been agreed upon. There have been limited research on the identification of cognitive frailty and its relationship to factors. Several of this research have focused on the prevalent risk factors linked with cognitive frailty in the aged population. Predictive data mining can be used to identify potential risk factors and as a clinical decision support system, providing medical doctors with information on the likely cognitive frailty outcome. However, there has also been no comprehensive research into the use of machine learning algorithms to predict cognitive frailty in older adults.

Objectives: The goal of this study is to assess a variety of data analytics strategies for identifying cognitive health variables in community-dwelling older persons utilizing current data.

Methods: In this prospective cohort study, information of a total of 1,100 participants aged 50 and above were successfully retrieved through questionnaire. The questionnaire deployed contain questions that are relatable factors contributing to cognitive frailty defined by University of Malaya (UM). Machine learning algorithm such as Logistic regression, support vector machine, decision tree, random forest and k-nearest neighbors' algorithm were investigated by performing systematic research into the algorithm behavior. Cognitive frailty is defined as combination of physical frailty and mild cognitive frailty impairment (MCI) outcome. Five frailty criteria (Weakness, Slowness, Low Level Physical Activity, Exhaustion, Shrinking) were used to define physical frailty. Montreal Cognitive Assessment (MoCA) were assessed to check mild cognitive frailty. The MoCA has a score range of 0 to 30. Normal is defined as a score of 23 or higher otherwise it is defined as MCI.

Results: Logistic Regression machine learning model was shown to significantly distinguish between cognitive frail and non-cognitive frail person as the model has obtained an accuracy score of 98.9%, followed by recall score of 98.9% and precision score of 99.0%.

Conclusion: To reduce further functional disability and boost independence in elderly persons, potential early prevention efforts for cognitive frailty which contribute to poor consequences are required.

Disclosure of Interest: None Declared

Keywords: Accuracy, Classification, Cognitive Frailty, Elderly, Machine Learning Algorithms

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1692

BODY COMPOSITION AND PHYSICAL PERFORMANCE IN ELDERLY PEOPLE WITH TYPE 2 DIABETES MELLITUS: A CROSS-SECTIONAL STUDY

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Preferred presentation method:: Poster Presentation

Introduction: Diabetes mellitus is one of the most common chronic diseases. The increase of the body fat mass, especially the central adiposity, plays a basic role in the pathophysiology of insulin resistance and diabetes (GOODPASTER et al., 2016). Although the alterations in the corporal composition as age progresses are widely investigated (ALMURDHI et al., 2016) and are linked to the elderly functional incapacity (MORLEY et al., 2014), few studies had investigated the changes in the corporal composition and the physical performance in elderly with DM2.

Objectives: Investigate the association between the corporal composition (fat mass and lean mass) and the physical performance of community elders with DM2.

Methods: We conducted a cross-sectional observational study with convenience sampling of aged people with DM2 who live in the community. Were selected for convenience, individuals aged of 60 years or older, with clinical diagnosis of DM2, residents in the community of the city of Alfenas/Brazil. Body composition was investigated by Bioelectrical Impedance (BIA) and the physical performance was evaluated by the Short Physical Performance Battery (SPPB). To investigate the association between corporal composition and physical performance we used the model of multiple linear regression. This was a cross-sectional study approved by a local ethics committee (CAAE: 82327817.4.0000.5142).

Results: A total of 192 elderly diabetics were included in the study. The greater fat mass and the higher skeletal muscle mass index were associated with a worse performance in SPPB test. The lean mass seems not to be a good predictor of performance in functional tests among the elderly.

Conclusion: The present study evidenced a negative association between the percentage of corporal fat and skeletal muscular mass with the physical performance in elderly people with DM2.

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Disclosure of Interest: None Declared

Keywords: aged, body composition, diabetes mellitus, physical functional performance

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1688

NUTRITIONAL AND HEALTH PROFILE OF ELDERLY BRAZILIANS ADMITTED IN A GENERAL HOSPITAL

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Preferred presentation method:: Poster Presentation

Introduction: In Brazil, in 2055, we will have 70.3 million elderly people (IBGE, 2018), therefore, is expected, an increase in the prevalence of chronic degenerative diseases and their dysfunctions. Malnutrition and nutritional risk in hospitalized elderly people may contribute to the increase in negative health outcomes and hospitalization time in hospital services in this population (CEDERHOLM et al, 2015).

Objectives: Evaluate the clinical nutritional profile of elderly patients admitted to a general hospital in Belo Horizonte, MG, Brazil.

Methods: This is a cross-sectional observational study evaluating 798 elderly people (≥ 60 years) admitted between July 2019 and March 2020. Ethical precepts were observed, in COEP 50773521.3.0000.5136. Clinical and sociodemographic information were obtained from the medical records and the Disease Classification – ICD 10 was used. The revised Mini Nutritional Assessment protocol - MNA[®]-SF (KAISER et al, 2009) was applied within 72 hours after hospital admission. The characterization of the sample was performed using descriptive statistics and the correlation between the MNA-SF and the hospitalization time by the Spearman correlation coefficient ($\alpha \leq 5\%$).

Results: It was found that 401 elderly (50.1%) were male and 397 (49.6%) were female, with a mean age of 77.1 ± 9.05 years. According to the MNA-SF, 285 (35.8%) of the elderly were malnourished and 377 (47.4%) were at nutritional risk and only 134 (16.8%) were eutrophic. The most frequent diseases were of the circulatory system (61.1%), endocrine, nutritional and metabolic diseases (35.9%), nervous system diseases (20.9%) and musculoskeletal system and connective tissue diseases (19, 3%). The average hospitalization time was 17.1 ± 13.1 days (2 to 76 days). There was a statistically significant correlation ($p < 0.005$) between MNA-SF scores and hospitalization time ($r = 0.125$).

Conclusion: This study confirmed that high levels of malnutrition prevalence and nutritional risk are present in Brazilian hospitalized elderly. The generated knowledge can enable care and intervention actions and strategies appropriate to the reality of the institution and, in this way, contribute to the reduction of negative health outcomes for the elderly, reduction of the hospitalization time and reduction of effective health costs.

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Disclosure of Interest: None Declared

Keywords: elderly, hospitalization, malnutrition

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1687

THE ASSOCIATION BETWEEN HYPERKYPHOSIS AND FALLS IN DUTCH GERIATRIC OUTPATIENTS, AND THE COMPARISON OF THREE KYPHOSIS MEASUREMENT METHODS

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Preferred presentation method:: Oral Presentation

Introduction: Hyperkyphosis, an excessive curvature of the thoracic spine, is common in older adults, with a prevalence of up to 55% in geriatric outpatients(1). Hyperkyphosis may be associated with negative health outcomes, like a doubled fall risk (2,3). However, most studies have included relatively healthy older persons, while there is some evidence that the association is stronger among the oldest age group with multimorbidity (1,3,4). Additionally, uniformity in kyphosis measurements is lacking, which constrains drawing clear conclusions.

Objectives: This study aimed to investigate the association between hyperkyphosis and falls during follow-up in Dutch geriatric outpatients. Secondly, three kyphosis measurement methods were compared to investigate which measurement method was best to investigate the association between hyperkyphosis and fall incidence.

Methods: Hyperkyphosis was defined as a Cobb angle $\geq 50^\circ$, ≥ 3.4 cm of blocks and an Occiput-to-Wall-Distance of ≥ 5.5 cm. Fall incidents were reported monthly during 6 months. Cox regression was used to determine the primary outcome: the time-to-first-fall. The association with the number of falls during follow-up was investigated through negative binomial regression analysis, in order to correct for overdispersion.

Results: The mean age of the 337 included patients was 80.0 ± 7.9 years. Hyperkyphosis prevalence ranged from 43-84%, depending on which measurement method was used. Hyperkyphosis was not associated to the time-to-first-fall. Hyperkyphosis, measured with the Cobb angle and blocks method was independently associated to the number of falls (Cobb: IRR 1.75, 95%CI 1.22-2.50; Blocks: IRR 1.45, 95%CI 1.02-2.04; OWD: IRR 1.24, 95% CI 0.85-1.82). [analyses of comparison of kyphosis measurement methods pending]

Conclusion: Hyperkyphosis, present in 43-84% of Dutch geriatric outpatients, is independently associated with fall incidence and not with time-to-first-fall. Because hyperkyphosis is partially reversible, we recommend investigating whether hyperkyphosis is one of the causes of falls and whether decrease of the kyphosis angle may contribute to fall prevention. The wide range of hyperkyphosis prevalence and the difference in association with falls in the current study indicate that the kyphosis measurement methods do not correspond well. Future studies should aim for a uniform kyphosis measurement method.

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Disclosure of Interest: None Declared

Keywords: falls, kyphosis

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1685

DEVELOPING A CLINICAL DECISION SUPPORT SYSTEM AND PATIENT PORTAL FOR PREVENTING MEDICATION-RELATED FALLS IN FALLS CLINIC PATIENTS: ADFICE_IT PROJECT

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Preferred presentation method:: Oral Presentation

Introduction: Withdrawing fall-risk increasing drugs (FRIDs) is a promising intervention for decreasing falls in older adults. Digital interventions, such as a Clinical Decision Support System (CDSS) and Patient Portal, can support physicians and patients in the complex process of FRIDs withdrawal.

Objectives: to develop user-friendly CDSS and Patient Portal for the prevention of medication-related falls in the ADFICE_IT project

Methods: For the CDSS, a prediction model for falls was developed based on the harmonized cohort dataset of several European cohort studies (n=5,722). In addition, we externally validated and updated the models for use in geriatric outpatients in a cohort of geriatric outpatients from the University Medical Center Utrecht (n = 545). The prediction models were validated in terms of discrimination and calibration. Furthermore, guideline- and expert consensus based advice on appropriate use of FRIDs and deprescribing was embedded in the CDSS.

A Patient Portal providing general fall-related information and information to help patients prepare for the falls clinic visit was built. In addition, portal pages with the personalized fall-risk estimate and the treatment plan were built.

The usability of the CDSS and Patient Portal were tested and improved during usability studies.

Results: In the external validation, C-statistics was 0.69 (95% CI 0.64–0.74) for the prediction model of any fall. The model showed good calibration after the intercept was updated.

Usability studies showed that the physicians required a structured and clear layout that enables them to have an overview in one glance. For the patients, difficult words required a definition. Based on the results, the systems were improved and both physicians and patients were enthusiast about the systems.

Conclusion: The next step of the ADFICE_IT project will be to evaluate the effectiveness of a multi-component (CDSS and Patient portal) intervention in preventing injurious falls among older adults. A multi-centre cluster-randomized controlled trial will be conducted among new falls clinic patients of 10 Dutch hospitals.

Disclosure of Interest: None Declared

Keywords: deprescribing, fall-risk-increasing drugs, falls, prediction model

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1684

THE USE OF DIFFERENT FRAILTY ASSESSMENTS IN PATIENTS WITH PARKINSON'S DISEASE

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Preferred presentation method:: Poster Presentation

Introduction: Frailty is an important syndrome in older people which is associated with adverse outcomes. The prevalence of both frailty and Parkinson's disease (PD) increases with age. The prevalence of falls, dementia and social isolation can be increased independently in both patients with frailty or Parkinson's disease. At present, there is no standardised method for diagnosing frailty in PD.

Objectives: This service improvement project assessed the prevalence of frailty in PD patients and compared different frailty assessment tools.

Methods: Consecutive PD patients attending a Geriatric rehabilitation unit were studied. The Clinical Frailty Scale (CFS) and the Groningen Frailty Index (GFI) were employed to assess frailty which was defined as CFS score ≥ 5 (max=9) and GFI score ≥ 4 (max=15). GFI covers broader domains than CFS, including psychosocial frailty. Grip strength (GS) using the GRIP-D (Takei) instrument and walking speed (WS), measured using a stopwatch (4 metres), were also measured, as previous research suggests their use as markers of frailty.

Results: Fifty-two PD patients (34.6% female, mean age (SD) = 72.7(8.6), age range = 48-86 years) were studied. The prevalence of frailty using GFI (65.4%) was significantly higher compared to CFS (52.0%) [$\text{Chi}^2=6.43$; $p=0.012$]. Prevalence of frailty (GFI) in females was higher (83.3% vs 55.9%, $\text{Chi}^2 = 3.92$; $p=0.048$). Twelve patients were classified as frail with GFI but non-frail with CFS. All 12 had some degree of psychosocial frailty (score 1-5). GS was significantly lower in frail compared to non-frail (CFS) in males (25.0kg vs 32.7kg; $p=0.034$) and females (11.8kg vs 18.6kg; $p=0.013$) respectively. Similarly WS was lower in frail compared to non-frail (0.61m/s vs 1.03m/s; $p<0.001$) with no significant sex differences.

Conclusion: Frailty is common, being prevalent in over a half of PD patients and commoner in females with PD. Compared to the GFI tool the commonly used CFS tool underestimated prevalence of frailty, probably because the former included a wider range of frailty domains particularly psychosocial frailty. WS and GS can also be considered as proxy tools for assessing frailty in PD patients.

Disclosure of Interest: None Declared

Keywords: Frailty, Parkinson's disease

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1679

METABOLOMICS SIGNATURES OF DECLINES IN INTRINSIC CAPACITY IN OLDER ADULTS

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Preferred presentation method:: Oral Presentation

Introduction: The intrinsic capacity is a combination of individual physical and mental abilities, the level of which can comprehensively reflect the functional status of a person. However, the mechanisms and metabolic characteristics of the declines in intrinsic capacity in older adults are unclear.

Objectives: To identify metabolic signatures and associated pathways of declining intrinsic capacity based on the metabolomics platform.

Methods: A total of 38 participants aged 66.50±15.20 years were recruited. The five domains of intrinsic capacity were assessed by Short Physical Performance Battery (for mobility), Mini-Mental State Exam (for cognition), 30-item Geriatric Depression Scale (for psychology), self-reported hearing/visual impairment (for sensory) and Mini Nutritional Assessment (for vitality), respectively. The serum of participants was performed liquid chromatography-mass spectrometry-based metabolomics, followed by metabolite set enrichment analysis and metabolic pathway analysis.

Results: There were 16 participants with normal intrinsic capacity, and 22 with decline in at least one domain of intrinsic capacity. A total of 349 metabolites were identified from their serum samples. There were 35 metabolites with variable importance in the projection (VIP) > 1.5 and $p < 0.05$. In pathway analysis, 14 metabolite sets and 23 pathways were associated with the declines in intrinsic capacity.

Conclusion: Intrinsic capacity can effectively reflect the age-related decline of personal functional capacity. Impairment in intrinsic capacity has its unique metabolomics profile. Dysfunction of citrate cycle and some amino acids (such as tryptophan, arginine, phenylalanine and tyrosine) metabolism may have association with decreased intrinsic capacity.

Disclosure of Interest: None Declared

Keywords: metabolomics, intrinsic capacity, citrate cycle, amino acid

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1674

THE EFFECTIVENESS OF COMPUTERISED CLINICAL DECISION SUPPORT SYSTEMS ON DEPRESCRIBING INAPPROPRIATE MEDICATIONS IN OLDER PEOPLE: A SYSTEMATIC REVIEW

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Preferred presentation method:: Oral Presentation

Introduction: Older people worldwide are increasingly exposed to inappropriate polypharmacy. Recent studies have investigated implementing computerised clinical decision support systems (CCDSS) as part of an intervention to deprescribe inappropriate medications.

Objectives: This systematic review of studies that investigate the effectiveness of CCDSS interventions in deprescribing inappropriate medications in older people aims to understand the quality of evidence, effects on prescribing and clinical outcomes, and factors associated with effectiveness.

Methods: A systematic search from inception to January 2022 will be conducted in PubMed, Embase, CINAHL, International Pharmaceutical Abstracts, Cochrane Library, IEEE Xplore and Web of Science to identify relevant studies. Eligibility criteria includes studies of any design and in any setting that report the evaluation of a CCDSS intervention, which aimed to facilitate deprescribing or medication review, or improve appropriateness of prescribing for people aged 65 years or more. Deprescribing will be defined as discontinuation and/or dose reduction of regular, short term and as needed (PRN) medications. Any clinical outcomes and process markers reported by the studies will also be recorded. Relevant tools will be used to assess quality and risk of bias of included studies, depending on the design of the study: the Cochrane Collaboration's Tool for assessing risk of bias in randomised trials for randomised controlled trials; the ROBINS-I (Risk Of Bias In Non-randomised Studies-of Interventions) for nonrandomised controlled studies; the National Institutes of Health's Quality Assessment Tool for Before-After (Pre-Post) Studies With No Control Group for quasi-experimental before and after studies; and the Newcastle–Ottawa Scale (NOS) for assessing observational studies.

Results: This review has currently identified 5802 records after removing duplicates, with 234 studies found to be suitable for full-text review (as reviewed by three authors). Preliminary analyses have identified different variations of CCDSS interventions and therapeutics targets.

Conclusion: Further work will synthesise the available evidence around the potential role of CCDSS in deprescribing inappropriate medications and improving prescribing and clinical outcomes. This work will inform the design and development of future CCDSS for deprescribing inappropriate medications in older people.

Disclosure of Interest: None Declared

Keywords: Computerised decision support, deprescribing, older adults, Polypharmacy, systematic review

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1672

IMPACT OF A NURSE-LED MULTIDISCIPLINARY INTERVENTION USING THE THREE-STEP MODEL ON OLDER HEART FAILURE PATIENTS WITH MULTIMORBIDITY

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Preferred presentation method:: Oral Presentation

Introduction: Recently, the number of patients with multimorbidity has been increasing due to the global aging of the population. The WHO has indicated that multimorbidity will be one of the major medical themes in the near future. The Randomized Controlled Trial (RC) using a patient-centered care model for multimorbidity was conducted for the first time in the United Kingdom in 2018, but it was not able to show the efficacy, and effective intervention methods for multimorbidity are currently unknown.

Objectives: To investigate whether a nurse-led multidisciplinary intervention using three-step model is associated with prognostic improvement in patients with heart failure aged 65 years or older with multimorbidity in the acute care hospital.

Methods: This is a retrospective cohort study conducted at one acute care hospital in Osaka, Japan, comparing the presence or absence of nurse-led multidisciplinary intervention. All patients were admitted to the cardiology ward of the hospital and suffered from heart failure aged 65 years or older. We performed nurse-led multidisciplinary intervention from April 1, 2017 to March 31, 2020 and selected the patients as usual care group matched by sex and New York Heart Association (NYHA) classification from the patients hospitalized from April 1, 2014 to March 31, 2016. Interventions in this study were based on the three-step model, which incorporates recommendations from international guidance on multimorbidity. Primary outcome was mortality at one year post-discharge, and secondary outcome was emergency hospitalization within six weeks post-discharge.

Results: Of the 400 participants, the mean age was 80 years, and 62.0% were male. Nurse-led multidisciplinary intervention reduced mortality by 7% ($P < 0.001$) at one year post-discharge by Log-rank test. In addition, it was found that multidisciplinary by nurse-led intervention reduced emergency admissions within six weeks of discharge (Odds Ratio [OR], 0.25, 95% Confidence Interval [CI], 0.13 to 0.50 $P < 0.001$) and prolonged survival (Hazard Ratio [HR], 0.54, 95% CI, 0.35 to 0.83 $P = 0.005$).

Conclusion: Nurse-led multidisciplinary interventions for older patients with heart failure and multimorbidity may reduce mortality and rehospitalization.

Disclosure of Interest: None Declared

Keywords: Multimorbidity Heart Failure Nurse- Led Multidisciplinary, Nursing

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1671

MULTIMORBIDITY, HEALTHY BEHAVIOR AND QUALITY OF LIFE AMONG OLDER ADULTS ATTENDING PRIMARY HEALTH CARE IN A SOUTHEASTERN BRAZILIAN CITY

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Preferred presentation method:: Poster Presentation

Introduction: Multimorbidity is frequent among older adults and has been related to decreased quality of life. Older adults could maintain satisfactory levels of quality of life despite diseases by accumulating healthy behaviors that protect them against health impairments. However, little is known about these relationships.

Objectives: To investigate the relationships between multimorbidity, healthy behaviors and quality of life among older adults attending Primary Health Care.

Methods: Cross-sectional analysis with 201 older adults from baseline of Longitudinal Investigation of Functioning Epidemiology (LIFE) was performed in a Southeastern Brazilian city. The Healthy Behavior Score (HBS), ranging from 0 to 8, was calculated by the sum of the following life habits: Physical activity practice, healthy eating, water consumption, night sleep time, not smoking, not drinking alcohol, frequent social relations, and spirituality. Quality of life was assessed by WHOQoL brief and multimorbidity comprised the number of health conditions and diseases, such as arterial hypertension, diabetes, osteoporosis, arthritis, and others. A linear multivariate regression was performed in blocks to test whether the influence of multimorbidity on quality of life would be changed by HBS. Confidence interval of 95% was adopted.

Results: The mean age was 68.1 (SD:6.8). 77,1% were women. Each morbidity decrease quality of life in 0.4 times (β : -0.402). In the second block, when adjusted by HBS, the influence of multimorbidity on quality of life was lower, but still significant (β :-0.360). In addition, higher number of healthy behaviors was related to better quality of life (β : 0.390). All models were controlled by sex, age and educational level.

Conclusion: Multimorbidity and HBS are both independently related to quality of life among older adults. The HBS changed the impact of multimorbidity on quality of life, suggesting that the adoption of healthier behaviors may buffer the negative effects of diseases on quality of life in old age. Therefore, Primary Health Care should promote quality of life in old age, encouraging healthy behavior as strategy to deal with population aging challenges.

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Disclosure of Interest: None Declared

Keywords: aging, Chronic health conditions, public health, quality of life

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1668

SELF-REPORTED LIFETIME WEIGHT AND THE RISK OF ALL-CAUSE MORTALITY IN OLDER ADULTS

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Preferred presentation method: Oral Presentation

Introduction: The association between body mass index (BMI), a measure of weight status, and mortality is widely reported, however, weight in early and late adulthood in relation to mortality has not been studied extensively.

Objectives: The objective of this study was to examine the association between the change in self-reported weight status from early adulthood (at 18 years of age) to older age (70 years and over) with the risk of mortality from all causes.

Methods: Data were from 14,853 relatively healthy community-dwelling Australians aged ≥ 70 years enrolled in the ASPREE Longitudinal Study of Older Persons (ALSOP) study. Weight was collected as self-report of weight at age 18 years and at ALSOP study baseline. Height was measured with a stadiometer and was used for calculation of BMI at both timepoints. BMI (weight in kilograms divided by height in meters squared) at each timepoint was categorised as: underweight ($< 18.5 \text{ kg/m}^2$), normal weight (18.5 kg/m^2 to 24.9 kg/m^2), overweight (25 kg/m^2 to 29.9 kg/m^2), and obese ($\geq 30 \text{ kg/m}^2$). Individuals were categorised into one of five 'lifetime' BMI groups: normal weight at early adulthood and older age, overweight at either time, obesity to non-obesity, non-obesity to obesity, and late and early life obesity. Hazard ratios (HRs) and 95% confidence intervals (CIs) relating BMI with mortality risk were calculated using Cox models adjusting for covariates.

Results: During a median 4.7 years follow-up, 715 deaths occurred. Obesity at 18 years, but not in older age ($p=0.98$), was significantly associated with the risk of mortality in later life (HR: 2.40, 95% CI: 1.56-3.65, $p<0.001$), even after accounting for current health status. Compared with participants with normal BMI at both timepoints, obesity at both timepoints was associated with increased mortality risk (HR=2.02, 95% CI: 1.06-3.86, $p=0.03$), and the risk was greater for individuals who were obese at 18 years but normal weight in older age (HR=3.08, 95% CI: 1.68-5.42, $p<0.001$). Participants who were normal weight at 18 years and had obesity in later life, did not have an increased mortality risk ($p=0.78$).

Conclusion: Obesity in early adulthood, and having obesity at both early and later life, were associated with increased mortality risk in later life. This highlights the importance of preventing obesity in early adulthood and of maintaining normal weight over an adult lifespan.

Disclosure of Interest: None Declared

Keywords: Body mass index, Obesity, mortality, older adults

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1662

EFFECTIVENESS OF WORKSHOPS TO TEACH A HOME-BASED EXERCISE PROGRAM FOR PREVENTING FALLS IN COMMUNITY-DWELLING PEOPLE AGED 65 YEARS AND OVER

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Preferred presentation method:: Oral Presentation

Introduction: Falls are a significant public health issue. There is strong evidence that exercise can prevent falls and the most effective programs are those that primarily involve balance and functional exercises, however uptake of such programs is low. Exercise prescribed during home visits by health professionals can prevent falls however would be costly to deliver at scale. We developed a new approach to teach home exercise through group-based workshops delivered by physiotherapists.

Objectives: The primary aim was to determine the effect of this approach on the rate of falls among older community-dwelling people over 12 months. Secondary outcomes included the proportion of people falling, fear of falling, physical activity, lower limb strength, balance and quality of life.

Methods: A randomised controlled trial was conducted among community-dwelling people aged ≥ 65 in New South Wales, Australia. Participants were randomised to either the intervention group (exercise targeting balance and lower limb strength) or control group (exercise targeting upper limb strength).

Results: A total of 617 participants (mean age 73 years, $+SD$ 6, 64% female) were randomly assigned to the intervention group ($n=307$) or control group ($n=310$). There was no significant between-group difference in the rate of falls (IRR 0.91, 95% CI 0.64 to 1.29, $n=579$, $p=0.604$). A significant improvement in the intervention group compared to control group was found for fear of falling at 3, 6 and 12 months (mean difference 0.50, 95% CI 0.2 to 0.8, $p=0.004$; 0.39, 95% CI 0.001 to 0.8, $p=0.049$; 0.46, 95% CI 0.006 to 0.9, $p=0.047$, respectively), and gait speed at 3 months (mean difference 0.09 seconds, 95% CI 0.003 to 0.19, $p=0.043$). No statistically significant between-group differences were detected for the other secondary outcomes.

Conclusion: There was no significant intervention impact on the rate of falls, but a benefit was seen for fear of falling and gait speed. Further investigation is warranted to enhance this model, promote adherence and provide a greater intensity of challenge to balance and strength to ensure that the dose of exercise required to prevent falls is met.

Disclosure of Interest: None Declared

Keywords: Accidental Falls, aged, Exercise, fall prevention, randomized control trial

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1659

THE SAGE YOGA TRIAL: SUCCESSFUL ADAPTATION TO ONLINE DELIVERY DURING COVID19

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Preferred presentation method:: Oral Presentation

Introduction: Falls can have devastating consequences for older people, often resulting in serious injury and lasting disability. Exercise that challenges balance can prevent falls. Yoga can provide a high challenge to balance, however the effect of yoga on falls has not been evaluated. The NHMRC-funded Successful AGEing (SAGE) yoga trial will establish the effect of a yoga exercise program compared to a yoga relaxation program on falls. Recruitment to the face-to-face classes for the trial was, however, interrupted by the COVID19 pandemic.

Objectives: This presentation outlines the key learnings regarding transitioning from face-to-face to online classes, including technology and ongoing support to engage older people and promote ongoing participation.

Methods: Participants (n=700), community-dwellers aged 60+, are randomised to either: (1) the SAGE yoga exercise program, involving twice-weekly supervised classes for 40 weeks, focussed on standing balance postures; or (2) a seated yoga relaxation program, involving 2 supervised classes and then ongoing unsupervised practice. Primary outcome is the rate of falls in the 12 months post randomisation.

Results: Recruitment to the trial is now complete, with 700 participants recruited since the trial commenced in September 2019. Since the start of COVID19 pandemic, classes that were face-to-face are now delivered online via Zoom. The change to online classes has expanded recruitment locations and offered people in regional and remote settings the possibility to join. The public response to this opportunity has been exceptional, with 119 people recruited in 6 months pre-COVID19 and 581 recruited in 14 months during the COVID19 pandemic, showing that access to supervised online physical activity is indeed welcomed and valued. Providing technology support, an initial one-on-one introduction to the yoga instructor and access to class-specific Whatsapp groups to promote social connection, have contributed to the success of the online delivery format.

Conclusion: Considering the uncertainty of the current and future impact of COVID19 on our ways of living, further exploration of online fall prevention exercise programs, such as the SAGE yoga program, is crucial.

Disclosure of Interest: None Declared

Keywords: fall prevention, online exercise, yoga

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1658

OLDER NEW ZEALANDERS' UTILIZATION OF NATUROPATHIC TREATMENT: A QUALITATIVE STUDY

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Preferred presentation method:: Poster Presentation

Introduction: Naturopathy is a traditional and complementary medicine. Naturopathic treatment acknowledges the interrelationship of the mind and body. There is an emphasis on the healing power of nature and treating the whole person. Naturopathy also encompasses herbal medicine. Limited New Zealand-based research exists that has specifically examined older adult's utilization of naturopathic treatment.

Objectives: This study had two main aims. Firstly, to identify the symptoms and conditions for which naturopathic treatment was sought. Secondly, to qualitatively identify individual client reasons for seeking naturopathic treatment.

Methods: Participants were seven female older adults (aged 60 years and older) who sought treatment at a student naturopathic teaching clinic in Auckland, New Zealand during the first year of the global pandemic. An interview schedule was developed for the present study. Questions were open ended and designed to facilitate discussion and elaboration of responses. Questions focused on ascertaining information regarding the symptoms and conditions for which treatment was sought and identifying the reasons why individuals had specifically sought naturopathic treatment. Participants were individually interviewed via Zoom. Interviews ranged in length between 20 and 30 minutes. Interviews were audio-taped and transcribed. An inductive thematic approach was used to analyze the data.

Results: Participants predominately sought naturopathic treatment for the management and support of chronic health conditions. Skin conditions, high cholesterol, high blood pressure and stress and anxiety were the most common conditions. Naturopathic treatment was sought as it provided a holistic approach to healthcare and encompassed lifestyle advice. Herbal medicine treatments were perceived to be less invasive than some forms of pharmaceutical treatments. Some participants were combining naturopathic treatment with pharmaceutical treatment. Previous experience of naturopathic treatment and/or other forms of traditional and complementary medicine were identified as influencing current naturopathic treatment for some participants.

Conclusion: With an increase in life expectancy and higher utilization of healthcare services by older adults, there needs to be a focus on integrating conventional medicine and traditional and complementary medicine treatment in New Zealand. This can aid in supporting the management of chronic health conditions in our aging population.

Disclosure of Interest: None Declared

Keywords: Chronic health conditions, Herbal medicine, Naturopathy

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1650

PROFILE OF PATIENTS HELD AT A HEALTH CENTER FOR THE ELDERLY IN THE MUNICIPAL CITY HALL OF ARAUCÁRIA IN THE YEAR 2021.

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Preferred presentation method:: Poster Presentation

Introduction: The Multidimensional Assessment of the Elderly is necessary, especially for those most susceptible to loss of functional capacity and situations of fragility.

Objectives: To analyze the profile of the elderly assisted at a Health Center for the Elderly in the city of Araucária.

Methods: Data from patients or companions, in the first contact with the nursing team that precedes the consultation with the geriatrician, in the period between January and December of the year 2021. Descriptive statistics were performed.

Results: The sample consisted of 589 elderly people, 431 (73.17%) were female and 158 (26.82%) were male. Age groups: 105 elderly (23.11%) between 60 and 69 years old, 251 (39.73%) 70 to 79 years old, 196 (30.65%) 80 to 89 years old, 34 (5.82%) 90 aged 99 and 3 (0.68%) aged 100 or over. We found: 39 (7.13%) bedridden and wheelchair users, 106 (16.35%) walking with assistance, 436 (74.61%) walking without assistance and 8 unregistered. Found 147 (25.99%) elderly with falls. Females 116 (27.56%) and males 31 (22.31%). The prevalence of falls among the elderly aged 70 to 89 years was 78.23% (115), 19.04% (28) 60 to 69 years, 2.04% (3) 90 to 99 years and 0.68% (1) 100 or more. The number of falls: 18 elderly (2.76%) 4 or more, 43 (7.34%) 2 falls, 86 (15.88%) 1 fall and 395 (71.94%) no falls. Eight elderly people (2.07%) did not respond. The 78 elderly who live alone: 26 (27.68%) fell and of the 465 who do not live alone, 46 (26.02%) fell. 7 did not respond. 39 elderly people were excluded from the total sample, from questions related to falls, because they were bedridden and/or in a wheelchair. Only 255 (45.07%) of the 589 elderly people performed the IVCF-20 scale (Clinical-Functional Vulnerability Index-20) in the basic unit and found: 87 (15.44%) elderly at risk of frailty, 134 (23.18%) fragile and 34 (6.45%) robust.

Conclusion: The Elderly Health Center applies a multidimensional assessment of the elderly with some degree of functional decline by the multidisciplinary team with interdisciplinary action.

References: The Multidimensional Assessment, Elderly

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1649

GERIATRIC SYNDROMES IN HOSPITALIZED OLDER ADULTS: A BIBLIOMETRIC REVIEW

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Preferred presentation method:: Poster Presentation

Introduction: The term “geriatric syndrome” was mentioned in a paper published in 1957.¹ Currently, “geriatric syndromes” are characterized by common health problems in older adults that are associated with negative outcomes. The scientific production on this topic is ongoing, focusing mainly on community-dwelling older adults and outpatient care.

Objectives: To analyze the scientific production on geriatric syndromes in hospitalized older adults.

Methods: This is a bibliometric review. The searches were performed in the MEDLINE/PubMed and LILACS databases. The inclusion criteria were articles published between 2012 and 2022 that addressed the keywords “older adults”, “hospitalization”, and “geriatric syndromes” and related terms. We excluded chapters/books and comments. The following bibliometric indicators were extracted: authors, type of article, study design, number of citations, country, year and language of publication.

Results: The search resulted in 751 records identified in MEDLINE/PubMed and 05 in LILACS. Only 01 duplicate record was removed. Thus, 755 records were screened, and 196 articles were included in the review. A total of 1187 authors who participated in one to nine articles were identified, the majority (86.9%) published only one article. Two authors participated in nine articles. Of all papers, 79.1% were original (N=155; 83.2% observational studies), 17.3% were review (N=34), and 3.1% were protocol/methodology (N=6). There was just one case report (0.5%). Frailty was frequently addressed as a geriatric syndrome (38.8% of papers). The number of citations ranged from 0 to 349 (median=2). The countries with the highest production were Spain (18.8%) and the USA (12.3%). The year with the highest frequency of publications was 2021 (20.9%). Most articles were in English (87.7%).

Conclusion: This bibliometric review showed that the publications related to the topic under investigation are increasing over the last decade. There was a diversity of types, study designs, and health conditions included in geriatric syndromes. The findings of this bibliometric review can provide useful information for future studies.

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Disclosure of Interest: None Declared

Keywords: aged, geriatric syndromes, hospitalized patients, inpatient, older adults

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1644

PREVALENCE OF CARDIOVASCULAR RISK FACTORS IN OLDER PERSONS WITH COGNITIVE FRAILTY AND ITS SUBTYPES

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Preferred presentation method:: Oral Presentation

Introduction: People with dementia presented with higher prevalence of cardiovascular disease. Cognitive frailty, existence of both mild cognitive impairment and physical frailty has higher probability to progress to dementia. Cardiovascular risk factors (CVRF) are associated with having higher blood pressure and blood sugar, hypercholesterol, overweight and unhealthy lifestyle such as poor diet, lower physical activity and smoking. Lack of evidence available on risk of cardiovascular disease among older persons with cognitive frailty.

Objectives: The aim of this study is to identify differences in cardiovascular risk factors among older persons with cognitive frailty, cognitive impairment, physical frailty and robust criteria.

Methods: Participants were recruited through purposive sampling in Kuala Lumpur city, Malaysia. Assessments were conducted abiding to standard operating procedure (SOP), in respect to COVID-19 pandemic. Cognitive frailty (CF) was identified based on Clinical Dementia Rating (CDR) of 0.5 and Fried criteria of more than one. Assessments included an interview for sociodemographic data, medical history, lifestyle information, Physical Activity Scale for Elderly questionnaire (PASE), cognitive test and anthropometry measurements. Data obtained were analysed using descriptive, ANOVA and Chi Square test.

Results: A total of 318(56.6%) women and 244(43.4%) men participated in the screening phase. Upon classification, 198(35.2%) were pre-CF, 51(9.1%) CF, 34(5.8%) mild cognitive impairment (MCI), 216(38.4%) frail and 64(11.4%) robust (no cognitive impairment or physically frail), respectively. The pre-CF and CF groups significantly had higher number of women (34-37%; <0.05), were older (67.6±5.9 and 69.3±8.1 years; <0.05) and also had lower years of education (7±3.5 years and 8±3.9 years; <0.0001). In regard to CVRF and associated medical history, older persons with CF had lower physical activity level (44.3%), higher percentage of body fat 36.3-40.1% and higher prevalence for cerebrovascular disease (stroke) compared to other subtype groups.

Conclusion: Modification of cardiovascular risk factor such as physical activity level, body fat and medical history associated with CF may decelerate deterioration of cognitive and physical function. There is a need to improve the cardiovascular risk on order to prevent CF. Further studies are required to provide evidence about management of CVRF and reducing the risk of CF and dementia in older persons.

Disclosure of Interest: None Declared

Keywords: Cardiovascular Risk Factors, Cognitive frailty, prevalence

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1643

BODY COMPOSITION AMONG ROBUST AND COGNITIVE FRAILTY OLDER ADULTS IN MALAYSIA

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Preferred presentation method:: Poster Presentation

Introduction: Cognitive frailty is a predementia syndrome characterized by the simultaneous presence of both physical frailty and cognitive impairment. Body composition has emerged as a modifiable risk factor for physical frailty and cognitive impairment.

Objectives: The aim of this study was to compare the body composition profile among robust and cognitive frailty older adults in Malaysia.

Methods: This study was carried out as a sub-analysis of the ongoing "AGELESS TRIAL" randomized control trial. A total of 344 Malaysian, community dwelling, older adults aged 60 years and above from two states in Malaysia (Kuala Lumpur and Selangor) were recruited using purposive sampling. Participants were screened for cognitive frailty using Clinical Dementia Rating Score and Fried's Criteria Score. Participants were interviewed to obtain sociodemographic and health status information. The Body Impedance Analyzer (InBody 270) was used to measure body compositions such as percentage body fat, body fat mass, fat free mass and skeletal muscle mass. The obtained data was analysed using descriptive, chi-square and one way ANOVA test.

Results: Results showed that majority of the subject were categorized as cognitively pre-frail (63.4%), followed by robust (21.5%) and cognitively frail (15.1%). The mean age of participants was 67.38 ± 6.21 years old. The majority of the participants were women (56.7%), Malay (81.1%) and married (58.7%). The cognitively pre-frail and cognitively frail group had a significantly lower household income compared to the robust group ($p < 0.001$). The cognitively pre-frail and cognitively frail group had higher percentage of hypertension compared to the robust group ($p < 0.05$). With respect to body compositions, the cognitively frail group had higher body mass index (BMI) ($p < 0.05$), body fat mass and percentage body fat as compared with robust group ($p < 0.01$). The fat free mass and skeletal muscle mass in cognitively frail group were lower compared to those of the robust group ($p < 0.01$).

Conclusion: In conclusion, there was significant mean difference of body composition between the cognitively frail and robust group. These findings can be used as reference in designing and implementing future intervention study to reverse cognitive frailty among older adults.

Disclosure of Interest: None Declared

Keywords: Body Composition, Body Impedance Analyzer, Cognitive Frailty, Malaysia, Older Adults

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1639

THE AUSTRALIAN DEMENTIA NETWORK (ADNET) REGISTRY: A MILESTONE IN AUSTRALIAN DEMENTIA DATA TO DRIVE QUALITY IMPROVEMENTS

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Preferred presentation method:: Oral Presentation

Introduction: The Australian Dementia Network (ADNeT) Registry is a clinical quality registry for people with dementia or mild cognitive impairment (MCI) in Australia. It is part of the broader ADNeT initiative, a multi-institutional consortium of dementia researchers and clinicians from across Australia.

Objectives: The primary aim of the ADNeT Registry is to collect and analyse data to monitor and enhance the quality of care and patient outcomes for people diagnosed with either dementia or MCI and their caregivers to describe, monitor and drive ongoing improvement in dementia care.

Methods: Participating sites of the ADNeT Registry were dementia diagnostic services across Australia, including memory clinics, specialists and aged care outreach services. A baseline minimum dataset was used to collect patient consent, demographic (e.g., age, sex, Aboriginal and/or Torres Strait Islander identification), and clinical (e.g., type of neuro-degenerative disorder, co-morbidities, diagnostic investigations) information. Baseline patient and carer surveys were later administered to collect patient and carer reported experience and outcome at the time of diagnosis.

Results: Data collection for the ADNeT Registry commenced in February 2020. As of February 2022, the registry had 44 contributing sites across five states (n=777 participants). Of these participants, two-thirds (68%) had dementia, and the remaining (32%) had mild cognitive impairment. Contributing sites were provided with their first site-specific reports in December 2021, which included site data on participant demographic and clinical profile and key clinical processes and quality indicators. Each site's data was benchmarked to the registry cohort data to inform local quality improvement actions. The first ADNeT Registry Annual Report is planned to be released in May 2022.

Conclusion: ADNeT Registry is the first Australian initiative to collect systematic and high-quality data on dementia and MCI diagnosis and care. To enable longitudinal data collection, a follow-up clinical dataset and patient and carer follow-up surveys are being developed, and linkage with relevant government datasets, such as aged care data, is being explored. The ADNeT Registry aims to ultimately enrol the entire population of people newly diagnosed with dementia or MCI, and in doing so, systematically drive improvements in quality of care and patient outcomes.

Disclosure of Interest: None Declared

Keywords: Clinical Quality Registry, Dementia Care, Mild Cognitive Impairment

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1638

STAFF EXPERIENCES OF VOLUNTEERS SUPPORTING OLDER ADULTS IN HOSPITAL: A MIXED-METHODS STUDY

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Preferred presentation method:: Poster Presentation

Introduction: A nurse-led volunteer support program for hospitalised older adults was introduced across two wards of a private, metropolitan hospital in Perth, Australia. Volunteers provided cognitive, nutritional, mobility, sensory and orientation support to patients according to an individualised Volunteer Support Care Plan completed by a nurse following an admission assessment. Ward staff are a key stakeholder group whose perspective it is important to consider in introducing volunteer support and who may provide useful feedback to improve the program.

Objectives: To explore ward staff perceptions of the volunteer support program including facilitators and challenges.

Methods: A mixed-methods design was used. Ward staff (nurses, allied health) views of the volunteer support program were assessed by survey pre-implementation and by survey and focus groups post-implementation. Descriptive statistics were used to explore sample characteristics. Independent samples, non-parametric tests were used to compare survey responses pre- and post-implementation. Thematic analysis was conducted on the qualitative data.

Results: The majority of staff were positive about the volunteer program both pre- and post-implementation with no significant difference between the groups. Approximately 88% of staff were in favour of the volunteer program continuing. Challenges identified by the staff included a perceived increase in workload due to interaction with volunteers and a lack of communication about the program.

Conclusion: These results inform the further development of the nurse-led model of volunteer support and may inform the development and implementation of the growing number of volunteer programs to support older adults in hospital.

Disclosure of Interest: None Declared

Keywords: acute care, Nursing, volunteers

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1637

PREVALENCE OF PSYCHOLOGICAL FRAILITY AND ITS' ASSOCIATED RISK FACTORS IN COMMUNITY DWELLING OLDER ADULTS.

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Preferred presentation method:: Oral Presentation

Introduction: Frailty is a heterogeneous condition involving impairments in multiple domains of functioning. Though psychological component of frailty is claimed to be crucial, it is scarcely studied.

Objectives: The aim of this study was to identify the prevalence of psychological frailty and its' associated risk factors among Malaysian community dwelling older adults.

Methods: This was a part of the Malaysian Towards Useful Aging (TUA) and UKM grand challenge study involving community dwelling older adults from four states in Malaysia. A total of 894 (mean age= 69.05±6.23) older adults participated in this cross sectional study. Psychological frailty was defined as the coexistence of physical frailty (based on Fried's criteria) and depression (assessed using Geriatric Depression Scale with a cut-off score ≥ 4). Sociodemographic profiles were obtained through a comprehensive interview-based questionnaire. Cognitive and physical function evaluation was carried out, followed by functional and psychosocial status assessments.

Results: The majority of participants were classified as robust (74.17%), followed by psychologically pre-frail (19.68%) and psychologically frail (6.15%). The psychologically frail and pre-frail groups were combined for comparison with the robust group. A Bivariate Logistic Regression indicated that those living alone (OR=1.79, 95% CI:0.98–3.27, $p=0.05$), scored lower in Mini Mental State Examination (OR=0.94, 95% CI:0.90–0.97, $p<0.01$) and activity of daily living (ADL) scale (OR=0.98, 95% CI:0.96–0.99, $p<0.05$) were at a higher risk of being categorised as psychologically frail. Also, lower scores of digit symbol that shows decreased processing speed (OR=0.98, 95% CI:0.97–0.99, $p<0.001$) and presence of social frailty (fulfilled at least two of the following criteria; 'lives alone', 'visits relatives or friends less frequently', 'no participation in social activities') was also found to be a significant factor associated with psychological frailty (OR=1.34, 95% CI:1.11–1.61, $p<0.05$).

Conclusion: Older adults with decline in cognitive function and lack of social support are at higher risk of developing psychological frailty. Prevention and management strategies for frailty among older adults should include interventions to improve social and cognitive functions.

Disclosure of Interest: None Declared

Keywords: older adults, prevalence, psychological frailty, risk factors

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1635

ASSOCIATION OF SUBJECTIVE AND OBJECTIVE COGNITION WITH CHRONIC DISEASE AWARENESS: EVIDENCE FROM BLOOD BIOMARKERS DATA IN CHINA

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Preferred presentation method: Oral Presentation

Introduction: Cognitive aging has become a global challenge. Existing literature finds that both poor cognitive ability and misperception may contribute to poor decision-making. However, their impact on health-related decisions is less known.

Objectives: To examine how subjective and objective cognition were associated with dyslipidemia and diabetes awareness among older Chinese adults.

Methods: Data were obtained from the China Health and Retirement Longitudinal Study (CHARLS), a nationally representative survey of Chinese middle-aged and older adults. Blood biomarkers were collected in 2015 to identify participants' diabetes and dyslipidemia status. Among participants with identified diabetes or dyslipidemia, disease awareness was defined as self-reported diagnosis of the conditions as of 2018. Objective and subjective cognition were respectively assessed using the Mini-Mental State Examination (MMSE) and self-rated memory. The associations of subjective and objective cognition with chronic disease awareness were determined by weighted multivariate logistic regressions.

Results: Among 4,578 adults aged 60 and over, 1,442 and 759 individuals were identified having dyslipidemia and diabetes, with proportions of disease awareness being 38.0% and 58.1%, respectively. Individuals with mild (Odds Ratio [OR]=0.63; 95%CI: 0.45-0.89) or severe cognitive impairment (OR=0.46; 95%CI: 0.29-0.72) had lower odds of dyslipidemia awareness; and those with severe cognitive impairment had lower odds of diabetes awareness (OR=0.43; 95%CI: 0.23-0.79) than cognitively intact counterparts. However, adjusting for objective cognition, older adults with better subjective cognition had lower odds of dyslipidemia (OR=0.80; 95%CI: 0.63-1.02) and diabetes (OR=0.71; 95%CI: 0.55-0.92) awareness. These associations were stronger for individuals with rural status, lower education, or living without children.

Conclusion: Deteriorated cognitive function and misperception pose great challenges to chronic disease awareness. Targeted supports for older adults are needed, particularly for those more disadvantaged.

Disclosure of Interest: None Declared

Keywords: Chronic disease awareness, Cognitive ability, Cognitive aging, Cognitive misperception, Subjective cognition

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1628

A STUDY TO IDENTIFY THE FACTOR OF ENHANCING THE ASSOCIATION BETWEEN OLDER ADULTS' AND NURSES' QUALITY OF LIFE IN SUSTAINABLE HOME CARE NURSING

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Preferred presentation method:: Poster Presentation

Introduction: Although the quality of life (QOL) of the older adults receiving home care nursing is assumed to be associated with their nurses' QOL, the previous studies have only investigated the individual factors associated with the QOL of each group separately. However, for maintaining a sustainable relationship between the older adults and their nurses, the factors that enhance their associated QOL need to be clarified.

Objectives: The present study aims to investigate the association of the QOL of older adults with that of their nurses, and to identify the factors that enhance them.

Methods: The present study is a cross-sectional study using a self-reported questionnaire. Using randomization, 150 older adults receiving home care nursing and 150 nurses working in 78 such agencies were included in the sample. Based on their respective QOL mean values, the sample was classified into four groups, defined as follows: "High QOL of older adults and High QOL of nurses (Group1)," "High QOL of older adults and Low QOL of nurses (Group2)," "Low QOL of older adults and Low QOL of nurses (Group3)," and "Low QOL of older adults and High QOL of nurses (Group4)." Unadjusted and adjusted binomial logistic regression models were conducted between each group to assess the factors that enhanced the QOL of the older adults and nurses.

Results: From the results, no significant relationship between the QOL of older adults and nurses was found. However, on comparing Group1 with Group4 and examining the factors that enhanced the older adults' QOL in the group with high QOL of nurses, we found a significant association between "Having less than four full-time nurses" and "Having additional clerical staff."

Conclusion: Although no significant relationship was found between older adults' and nurses' QOL, our study was able to suggest goals for sustaining the QOL in each group by investigating the factors that enhanced the QOL of older adults and nurses in the four groups. The working environment for home care nurses may be improved by considering the association between the quality of life of older adults and nurses.

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Keywords: home care nursing, Nursing, older adults, quality of life, questionnaire

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1624

EFFECTIVENESS OF A MULTIDOMAIN INTERVENTION PROGRAM FOR FRAIL HOSPITALIZED OLDER PATIENTS

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Preferred presentation method:: Oral Presentation

Introduction: Hospitalization-associated disability is a major contributor to a decrease in the ability to perform activities of daily living (ADL) among older adults. Older people with frailty are at high risk of developing disability and functional decline. Therefore, preventing the development of hospitalization-associated disability is important for frail older people.

Objectives: This study aims to assess the effectiveness of a multidomain intervention program on the change in functional status of hospitalized older adults.

Methods: This single-arm, prospective, non-randomized interventional study was conducted at tertiary hospital in southern Taiwan, 352 eligible patients sequentially enrolled. Included patients were aged ≥ 65 years (mean age, 79.6 ± 9.0 years; 62% male), scored 3–7 on the Clinical Frailty Scale (CFS), and were hospitalized in the geriatric acute ward. Those receiving standard care (physical rehabilitation and nutrition counseling) during January–July 2019 composed the historical control group. Those receiving the multidomain intervention (cognitive stimulation activity, simple exercises, frailty education, and nutrition counseling) during August–December 2019 composed the intervention group. The primary outcome were the change in CFS and in activities of daily life (ADL), as assessed using the Katz Index and a generalized estimating equation model. The length of hospital stay, medical costs, and re-admission rates were secondary outcomes.

Results: Participants undergoing intervention ($n = 102$; 27.9%) showed greater improvements in the ADL and CFS during hospitalization (ADL adjusted estimate, 0.61; 95% CI, 0.11–1.11; $p = 0.02$; CFS adjusted estimate, -1.11 ; 95% CI, -1.42 – -0.80 ; $p < 0.01$), shorter length of hospital stay (adjusted estimate, -5.00 ; 95% CI, -7.99 – -2.47 ; $p < 0.01$), lower medical costs (adjusted estimate, 0.58; 95% CI, 0.49–0.69; $p < 0.01$), and lower 30- and 90-day readmission rates (30-day adjusted OR [aOR], 0.12; 95% CI, 0.27–0.50; $p < 0.01$; 60-day aOR, 0.04; 95% CI, 0.01–0.33; $p < 0.01$) than did controls.

Conclusion: Participation in the multidomain intervention program during hospitalization improved the functional status and decreased the hospital stay length, medical costs, and readmission rates of frail older people.

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Disclosure of Interest: None Declared

Keywords: Clinical frailty scale, frailty, Hospitalization-associated disability, Hospitalized older patient, Multidomain intervention

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1621

CORRELATION BETWEEN DEPRESSION, POSTURAL BALANCE AND ACTIVITIES OF DAILY LIVING IN COMMUNITY-DWELLING ELDERLY

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Preferred presentation method:: Poster Presentation

Introduction: With the need to promote a more adequate assessment of aging, the World Health Organization created the concept of intrinsic capacity (IC), defined as the compound of all the mental and physical capacities that a person can use throughout their trajectory, presenting as a dynamic construction with a focus on prevention. IC has five domains: locomotion, vitality, cognition, sensory and psychological. Frailty is defined as the result of organic deficiencies that generate changes in the aging process. As the level of dependence of the elderly can interfere in the domains of intrinsic capacity and frailty, it is extremely important to also assess the Activity of Daily Living (ADL) and the Instrumental Activity of Daily Living (IADL).

Objectives: to correlate Frailty with the Psychological Domain (Depression), ADL and IADL.

Methods: Were evaluated elderly people (both genders) living in the community. The instruments used in the assessment were: Edmonton Frail Scale (EFS), Geriatric Depression Scale (GDS), Barthel Scale (AVD) and Lawton Scale (AIVD).

Results: A total of 139 participants were enrolled. Simple linear regression showed that frailty predicts the occurrence of depression [[$r = 0.551$, $p < 0.001$; [$F(1,137) = 59.802$, $p < 0.001$; $R^2 = 0.299$]] and the occurrence of decrease in IADLs [[$r = -0.603$, $p < 0.001$; [$F(1, 137) = 78.145$, $p < 0.001$; $R^2 = 0.359$]]. In addition, a correlation was found between frailty and ADLs ($r = -0.457$, $p < 0.001$), between GDS and ADLs ($r = -0.265$, $p = 0.002$) and between GDS and Lawton ($r = -0.373$, $p < 0.001$).

Conclusion: We concluded that frailty interferes in the occurrence of depression and in the reduction of IADLs. In addition, the results pointed to a relationship between frailty and ADLs and between depression and ADLs.

Disclosure of Interest: None Declared

Keywords: Activities of Daily Living, aging, depression, frailty, intrinsic capacity

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1610

ASSESSMENT OF THE MENTAL HEALTH OF ELDERLY PEOPLE WITH HEPATITIS C

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Preferred presentation method:: Poster Presentation

Introduction: Chronic hepatitis C virus (HCV) infection is related to several extra-hepatic manifestations, including neurocognitive and psychiatric alterations. The risks of cognitive disorders increase in elderly patients, doubling every 5 years after age 60. Therefore, elderly people with HCV have a higher risk of deficits related to mental health. However, even in the face of this reality, it is not a routine practice to search for and treat problems related to mental health in the elderly with HCV.

Objectives: To describe the frequency of cognitive alterations and depressive disorders in elderly patients with HCV and to relate it to biological variables and liver function.

Methods: a cross-sectional, descriptive study with a quantitative approach that evaluated mental health (cognition and depression) using the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and the association with biological variables and liver function in 59 elderly patients with HCV between May 2018 and 2019. Neurocognitive screening and functionality tests and a questionnaire were applied to collect data on sex, age, educational level, comorbidities, route of infection, genotype and viral load of the hepatitis C virus, degree of liver fibrosis, liver function (Child scale -Pugh). All data are tabulated in an Excel® 2013 spreadsheet and for statistical analysis we used the BioStat 5.3® program.

Results: Fifty-nine patients were evaluated, with a distribution of 54.2%(32) female by sex; Schooling was 66.1% (39) with more than 8 years of schooling. The integrated cognitive and depression screening tests were abnormal in more than half of the patients. However, cognitive and depression alterations occurred independently of biological characteristics, such as sex, education, associated comorbidities and liver function, such as fibrosis degree and viral genotype.

Conclusion: The frequency of cognitive alterations and depression in this group of patients is high and there was no statistical relationship with biological characteristics and liver function. We suggest that mental health assessment be part of the routine, as early diagnosis of these changes facilitates interventions and improves prognosis.

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Disclosure of Interest: None Declared

Keywords: cognition, depression, hepatitis C, mental status tests and mental health.

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1609

CULTURAL PERCEPTIONS OF TRUST AND RESOURCE ACCESS DURING POST-ACUTE CARE TRANSITIONS OF OLDER LATINOS LIVING WITH DEMENTIA

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Preferred presentation method:: Oral Presentation

Introduction: The hospital-to-home transition is a high-risk period for adverse events, especially for Latinos living with Alzheimer's disease and related dementias (ADRD). Accessing the appropriate healthcare and informational support can be key to ensuring care transitions proceed smoothly. Difficulties accessing healthcare services during care transitions may be exacerbated by language and cultural differences as well as trust in the healthcare system.

Objectives: This abstract presents findings of a large qualitative substudy whose objective was to elicit barriers to trust and resource access during the hospital-to-home transition for older Latinos living with ADRD and categorize cultural factors shaping these barriers.

Methods: Qualitative study using two longitudinal, semi-structured interviews and participant-solicited diaries with family caregivers of older Latinos with ADRD after hospital discharge. Interviews were conducted via video interview in English or Spanish at the beginning and end of the three-week research period. Caregivers completed three diary entries describing their experiences with the transition home. We used the human factors engineering-informed Systems Ambiguity Framework to guide data analysis. Each interview was transcribed, and two researchers independently coded each transcript and diary entry using a content analysis approach on Atlas.ti software.

Results: We interviewed 21 family caregivers of Latinos >55 years old living with moderate-to-severe ADRD. Recurring themes of trust indicate 1) Aversion to institutional care over family care at home, 2) Concern about over-medication, 3) Wariness to pursue home care services due to privacy concerns, 4) Distrust of providers based on negative experiences, scarcity of culturally specific, and appropriately translated resources, and 5) Preference for trusting family members with backgrounds in health care. These themes were mediated via geographic proximity, gender roles, relationship to loved one, English fluency, and work schedules.

Conclusion: We identified five trust-related barriers to medical service access and four factors mediating these barriers among caregivers of older Latino adults living with ADRD. Study findings suggest a need for further understanding the reluctance to enter institutional care, greater support for home health care, development of culturally tailored care instructions, access to appropriate language services across the care continuum, and outreach efforts to foster relationships among Latino communities and healthcare providers.

Disclosure of Interest: None Declared

Keywords: Dementia Care, health equity, Hispanic older adults, transitional care

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1604

SERIOUS GAME ON DEPRESSION IN OLDER ADULTS: SYSTEMATIC REVIEW AND META-ANALYSIS

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Preferred presentation method:: Poster Presentation

Introduction: Depression is a serious psychological concern that negatively affects health in older adults. Serious games applied in various fields are considered appropriate interventions, especially in mental healthcare. However, there is a lack of evidence regarding the effects of serious games on depression in older adults.

Objectives: This study aimed to investigate the characteristics and effectiveness of serious games on depression in older adults.

Methods: A systematic review and meta-analysis of randomized controlled trials were conducted. Five electronic databases (PubMed, CINAHL, EMBASE, PsycINFO, and Cochrane Library) were searched until July 6, 2021. Two reviewers independently conducted study selection, data extraction, and quality appraisals. The risk of bias was assessed using the JBI Critical Appraisal Checklist. For the meta-analysis, the effect size was calculated as the standardized mean difference (SMD) using the random effect mode.

Results: Seventeen studies with 1280 older adults were included in the systematic review, and fifteen studies were included in the meta-analysis. Serious game interventions are classified into three types: games for physical activity, games for cognitive function, and virtual reality games. Meta-analysis demonstrated that serious games reduced depression in older adults (SMD -0.54, 95% CI: -0.79, -0.29, $P < .001$). Serious games were found to have a larger effect size in community or home settings (SMD -0.61, 95% CI: -0.95, -0.26, $P < .001$), than in hospital settings (SMD -0.46, 95% CI: -0.85, -0.07, $P = .020$); however, the difference between groups was not significant. Additionally, games for physical activity had a significant effect on reducing depression in the older adults (SMD -0.60, 95% CI: -0.91, -0.28, $P < .001$). However, there was no significant correlation between the duration or dose of serious games and depression.

Conclusion: We found that serious games are beneficial in reducing depression in older adults. Regardless of the study setting, serious games appear to reduce depression. Particularly, games for physical activity have a significant impact on reducing depression than games for cognitive function, and virtual reality games. Furthermore, high-quality randomized controlled trials are needed to establish substantial evidence of the effectiveness of serious games on older adults' depression.

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Keywords: depression, meta-analysis, older adults, serious game, systematic review

Abstract Submission Professional

Health Sciences (HS)

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RELIABILITY AND VALIDITY OF DECISION-MAKING SUPPORT SCALE FOR THE FINAL STAGES OF LIFE OF OLDER ADULTS WITH DEMENTIA FOR CARE STAFF

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Preferred presentation method:: Poster Presentation

Introduction: There is an increasing number of older adults with dementia (OwD) in Japan. With the progression of the condition, OwD are prone to developing problems in communication. Therefore, decision-making support by care staffs is necessary for OwD, especially regarding final medical choices and care.

Objectives: This study aimed to develop decision-making support scale for the final life stages of OwD for care staffs (DMSS-F) in geriatric facilities.

Methods: Items of DMSS-F were developed from focus group interviews with care staffs and reviewed by discussions with several experts on dementia care. A questionnaire survey was conducted among care staffs in geriatric facilities from February to March 2021.

Results: The participants included care staffs working as caregivers and nurses in geriatric facilities. The total number of participants was 138 [110 women (79.7%) and 28 men (20.3%)], with a mean age of 41.46 (SD:2.3). Of the 138 participants, 91 (65.9%) were caregivers and 36 (26.1%) were nurses. The DMSS-F was developed using factor analysis. The factor analysis resulted in 11 items and three factors: (1) Support for the realization of the wills of OwD at their final life stages through collaboration with families and multiple professions, (2) Considerations for communication regarding the formation and expression of the wills of OwD at their final life stages, (3) Support for eliciting the wills of OwD during their final life stages according to their decision-making ability and values. The factor loadings ranged from 0.385 to 0.827, and the accumulation contribution ratio was 61.03%. The reliability analysis yielded a Cronbach's α of 0.740-0.855. The first and second factors of the DMSS-F were significantly correlated with Approaches to Dementia Questionnaire sub-scale of Personhood and sub-scale of the scale to measure Nurses' attitudes toward support for decision-making by OwD.

Conclusion: DMSS-F provides useful care methods about the final decision-making of OwD, facilitating an understanding of the relationship between decision-making involvement and the well-being of OwD and care staffs. DMSS-F demonstrated sufficient reliability and validity as a useful scale to assess support by care staffs for OwD in final life decision-making in geriatric facilities.

Disclosure of Interest: None Declared

Keywords: decision-making, geriatric facilities, older adults with dementia

Abstract Submission Students

Health Sciences (HS)

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PHYSICAL PERFORMANCE ON LONG-TERM MORTALITY IN OLDER PATIENTS WITH DIABETIC KIDNEY DISEASE: A RETROSPECTIVE LONGITUDINAL COHORT

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Preferred presentation method:: Poster Presentation

Introduction: Functional frailty, a state of pre-disability, is common with individual heterogeneity in older populations, especially those with diabetes mellitus (DM), heart failure (HF), and diabetic kidney disease (DKD).

Objectives: In older patients with DM, chronic kidney disease (CKD) and corresponding survey of physical function has not been elucidated.

Methods: To explore the impact of frailty and physical performance on older patients with DKD, a retrospective and comparative longitudinal study with comprehensive geriatric assessment (CGA) was conducted in evaluating the long-term mortality between non-CKD and CKD older patients with diabetes from February 2010 to May 2018.

Results: Among 921 enrolled older diabetic patients, their mean age was 82.0 ± 6.7 years. After a follow-up years with median 2.92 (interquartile range [IQR] = 1.06-4.43), the mortality rate in univariate analysis of Cox proportional hazard model was higher in those diabetics with CKD (crude hazard ratio [cHR] = 1.92, 95% confidence interval [CI] 1.25-2.95), greater Charlson comorbidity index (cHR = 1.17, 95% CI 1.00-1.37), poor nutrition (cHR = 0.85, 95% CI 0.81-0.90), higher Rockwood frailty index (RFI) (cHR = 5.47, 95% CI 3.66-8.16), longer timed up-and-go (TUG) test score (cHR = 2.23, 95% CI 1.18-4.22), and lower handgrip strength (HGS) (cHR = 2.66, 95% CI 1.28-5.53). In the Kaplan-Meier plots, older patients with DM with CKD have poor survival (67.6%) than that in patients with DM with non-CKD (85.5%). In the subgroup analysis, older patients with DM with CKD & RFI ≥ 0.346 , low HGS (female < 10.57 /male < 20.4 kg), and long TUG (≥ 21 seconds) had the poorest survival followed by diabetic patients without CKD with high RFI, low HGS, and long TUG, diabetic patients with CKD and low RFI, fair HGS, and fair TUG, and those with no CKD, low RFI, fair HGS, and fair TUG, respectively.

Conclusion: The role of physical functionality is more important than CKD or other co-morbidities in older patients with diabetes.

Disclosure of Interest: None Declared

Keywords: comprehensive geriatric assessment, ejection fraction, handgrip strength, mortality, physical functionality, timed up-and-go test

Abstract Submission Professional

Health Sciences (HS)

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SLEEP DURATION AND ALL-CAUSE MORTALITY IN OLDER ADULTS WITH TYPE 2 DIABETES: A SINGLE-CENTER RETROSPECTIVE COHORT STUDY

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Preferred presentation method: Poster Presentation

Introduction: Previous studies demonstrated that sleep duration was associated with mortality in general population; however, few studies have been conducted among older adults with type 2 diabetes (T2D). It is still controversial whether extreme sleep duration had been associated with an increased risk for all-cause mortality in the older adults, especially with T2D.

Objectives: The objective of this study is to evaluate the associations between sleep duration and subsequent risks of all-cause, expanded and non-expanded cardiovascular disease (CVD) mortality in older adults with type 2 diabetes.

Methods: This hospital-based longitudinal study was performed by using data from 9,612 T2D patients aged 50 years and older with follow-up period ≥ 3 years, enrolled in the Diabetes Case Management Program of a medical center from 2001 to 2016. Sleep duration was measured using computerized questionnaires being interviewed by case managers, and the time frame for this question is one month prior to the date for interview. Cox proportional hazard models evaluated the sleep duration in relation to subsequent mortality from all causes, CVD, and non-CVD.

Results: The average follow-up was 10.6 years. There were 2,674 deaths (1,211 CVD-deaths and 1,463 non-CVD deaths). Compared with those with normal sleep duration (≈ 7 hrs/day), participants with shorter sleep duration (≤ 4 hrs/day), showed an increased risk for all-cause mortality (hazard ratio [HR]=1.44, 95% confidence intervals [CIs]= 1.08-1.92); while participants with longer sleep duration also had an increased risk for all-cause mortality (1.35, 1.21-1.51 for 9-10 h/day and 1.77, 1.50-2.10 for ≥ 10 h/day, respectively), expanded CVD mortality (1.31, 1.11-1.54 for 9-10 hrs/day and 1.79, 1.40-2.28 for ≥ 10 hrs/day) and non-expanded CVD mortality (1.16, 1.00-1.35 for 8 hrs/day, 1.38, 1.19-1.60 for 9-10 hrs/day and 1.74, 1.38-2.20 for ≥ 10 hrs/day).

Conclusion: A J-shaped association between sleep duration and all-cause mortality was observed in older adults with T2D. In addition, longer sleep duration had a greater magnitude of risk for expanded and non-expanded CVD mortality than short sleep duration.

Disclosure of Interest: None Declared

Keywords: mortality, older adult, sleep duration, type 2 diabetes

Abstract Submission Professional

Health Sciences (HS)

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WHAT ARE PATIENTS' AND CARERS' EXPERIENCES OF DEMENTIA DIAGNOSTIC SERVICES: EARLY FINDINGS FROM THE AUSTRALIAN DEMENTIAN NETWORK (ADNET) REGISTRY

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Preferred presentation method:: Oral Presentation

Introduction: The Australian Dementia Network (ADNeT) Registry is a clinical quality registry for people newly diagnosed with dementia and mild cognitive impairment. The ADNeT Registry has been implemented with dementia diagnostic services across Australia since 2020, and includes baseline patient and carer surveys which are designed to understand patients' and carers' experience of dementia diagnostic services.

Objectives: This presentation reports early findings from the ADNeT Registry baseline patient and carer surveys. This data helps to drive continuous quality improvement among participating dementia diagnostic services.

Methods: Eligible patients who attended participating services and their carers, if available, are invited to complete a survey which included eight questions on their experience of clinical care at the point of diagnosis. The survey was developed through expert consensus by a working group comprising representatives of people with lived experience, carers, peak bodies, clinicians and researchers. The survey underwent consumer consultation facilitated by Dementia Australia, which is a peak body for Australians living with dementia and their carers.

Results: Between February 2021 and January 2022, 193 patient and 182 carer surveys were returned (response rate: 51% and 54%, respectively). Overall, patients and carers reported positive experiences of clinical care at diagnosis. Aspects most positively reported were the questions on "treated with dignity and respect" (97% of both participants and carers) and "given the opportunity to ask questions" (95% of both participants and carers). The aspect showing least positive experience was "given advice about how and where to get more information or help if needed" (83% and 87% of patients and carers, respectively).

Conclusion: At a national level, the ADNeT Registry directly examine the experience of patients and carers in clinical care at diagnosis. Such data is important for understanding where improvements can be made for people with cognitive impairment and their carers. Early findings suggest that provision of support information and advice is an area for quality improvement and further research is required. These valuable data are distributed regularly to participating services to inform targeted local quality initiatives.

Disclosure of Interest: None Declared

Keywords: Dementia Care, Dementia diagnosis, Informal carer, patient experience, registry

Abstract Submission Students

Health Sciences (HS)

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GERIATRIC NURSING INTERVENTION TEAM (GENIT): AN INNOVATIVE NURSING CARE MODEL IN A NEW TEACHING HOSPITAL IN MALAYSIA

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Preferred presentation method:: Poster Presentation

Introduction: Malaysia is becoming an ageing country by 2030, with 15% of its population (5.8 million) aged 60 and above. With a small number of geriatricians and the consequent dearth of dedicated geriatric care units in the country, the quality of care towards hospitalized older adults remains at stake. Hence, we identified the need for a structured geriatric care and training of the nurses in both medical and surgical wards in our centre.

Objectives: To develop a Geriatric Nursing Interventions Team (GeNIT) initiative by strengthening the model of care, knowledge of our nurses and increasing their opportunities to be involved in the care plan.

Methods: Sixteen articles were identified through literature search and reviewed for the GeNIT initiative. The articles consist of six geriatric care models for hospitalized older adults, one geriatric nurse model in the emergency department, three models with telehealth care, two on management in acute care settings, two on the impact of hospital admission, and one with nurse attitudes toward older persons. The initial draft was developed by a geriatric specialist nurse and reviewed by a geriatrician. The nursing team then discussed the feasibility and implementation strategies.

Results: GeNIT was piloted in February 2022 with the appointment of the GeNIT Care Squad that is responsible for basic geriatric screening, care plan, caretaker training, and post-discharge follow-up call for all older patients referred to team. The effect of the GeNIT initiative will be evaluated via a monthly audit. Outcomes will be analyzed by the number of patients readmitted within 3 months of discharge, the number of patients who received a post-discharge follow-up call, and the number of in-patient falls. The number of patients who received structured caretaker training, and the length of hospital stay was also assessed.

Conclusion: The GeNIT initiative offers upskilling and education to nurses interested in the care of geriatric patients. It was successfully developed based on a literature review of the geriatric care models. This pilot project will inform the feasibility of a long-term implementation of this new nursing care model and cost-effectiveness study will be carried out in the future.

References: Keywords: Geriatric Nursing, Care Model, Innovation, Hospitalization

Disclosure of Interest: None Declared

Keywords: Care Model, Hospitalization, Innovation, Nursing

Abstract Submission Professional

Health Sciences (HS)

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AGING MEDIATES THE ASSOCIATION OF LIFESTYLES WITH INCIDENT CARDIOVASCULAR DISEASE, INCIDENT CANCER, AND MORTALITY: TWO PROSPECTIVE COHORT STUDIES

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Introduction: Although aging is the major risk factor of many health outcomes and associations of lifestyles with health outcomes have been widely studied, whether and to what extent aging mediates the associations of lifestyles with health outcomes remain unclear.

Objectives: With a novel aging and healthspan measure, we aimed to: (1) examine associations of lifestyles with aging; (2) examine associations of aging with adverse health outcomes (i.e., cardiovascular disease (CVD), cancer, and mortality); (3) examine the mediating role of aging in the association of lifestyles with adverse health outcomes.

Methods: Data were from 382,037 UK adults aged 40-69 years from UK Biobank and 9629 US adults aged >20 years from US NHANES. A healthy lifestyle score (range: 0-5) was constructed based on five lifestyle factors (smoking, alcohol consumption, physical activity, body mass index, and diet). Phenotypic Age (PhenoAge), an aging measure capturing mortality and morbidity risk, was calculated based on nine blood biomarkers and chronological age collected at baseline. The primary outcomes included incident CVD, incident cancer, and all-cause mortality in UK Biobank, and CVD mortality, cancer mortality, and all-cause mortality in NHANES. General linear regression model, Cox hazard regression model, and mediation analysis were performed.

Results: After adjusting for all covariates, the healthy lifestyle score was negatively associated with PhenoAge ($\beta=-0.798$, $P<0.001$ in UK Biobank; $\beta=-1.108$, $P<0.001$ in NHANES). We further confirmed the associations of PhenoAge and the healthy lifestyle score with the primary outcomes in UK Biobank and NHANES. The mediation proportion of PhenoAge in associations of lifestyles with incident CVD, incident cancer, and all-cause mortality were 21.6%, 27.5%, and 23.4% (all P value <0.001) in UK Biobank, respectively. The mediation proportion of PhenoAge in associations of lifestyles with CVD mortality, cancer mortality, and all-cause mortality were 26.8%, 40.0%, and 41.2% (all P value <0.05) in NHANES, respectively.

Conclusion: This study demonstrated that a novel aging and healthspan measure partially mediated the associations of lifestyles with incident cardiovascular disease, incident cancer, and mortality in UK and US populations. The findings highlight a novel pathway and the potential of geroprotective programs in mitigating health inequality in late life, beyond behavioral interventions.

Disclosure of Interest: None Declared

Keywords: Adverse health outcomes, Lifestyle, Mediation analysis, Phenotypic aging

Abstract Submission Professional

Health Sciences (HS)

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THE METHOD OF CELL BIOLOGY IN THE IMPLEMENTATION OF CLINICAL TASKS: ASSESSMENT OF IMPLANT SURVIVAL IN ELDERLY PATIENTS

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Preferred presentation method:: Poster Presentation

Introduction: According to WHO, the majority of elderly and senile dental patients need replacement of dental row defects by implantation. An urgent problem is the development of techniques to improve the survival of dental implants. One of the important criteria for the success of implantation is the rate of recovery of innervation and vascularization.

Objectives: One of the non-invasive methods is to develop an assessment of the role of neurotransmitter synthesis enzymes and vascularization markers in the buccal epithelium to assess the degree of tissue recovery after implantation, especially for older people.

Methods: The study included 2 groups of elderly patients and a control group.

Buccal epithelium (BE) was collected according to the standard procedure before and after implantation, subjected to immunocytochemical staining to the markers of vascularization — VEGF, and its receptors, markers of neurotransmitters - choline acetyltransferase (CAT), NO-synthase. Morphometry was performed on a ZEISS LSM 980 confocal microscope and the relative expression area of the studied marker was evaluated.

Results: It was found that there was no significant decrease in the level of KHAT expression in the elderly before and after implantation, which indicates a small prognostic significance of this marker.

It was found that the expression level of VEGF, VEGFR 1, VEGFR2 and NO decreases in elderly people, which is expressed in impaired vascularization and innervation of tissues involved in the recovery processes after implantation, decreased cell polarity and signal transmission rate, which reduces the number of successful implantations in senile people.

Conclusion: Age-related changes in the expression of a pool of signaling molecules in EB in patients after implantation may be the basis for determining the effectiveness of treatment of this pathology and prevention, depending on the patient's age.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Health Sciences (HS)

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HOSPITALIZATION ASSOCIATED WITH POLYPHARMACY AMONG ELDERLY OUTPATIENTS AT A TERTIARY HOSPITAL IN INDONESIA

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Preferred presentation method:: Poster Presentation

Introduction: Elderly population often suffer from multimorbidities which increase the risk of high consumption of drugs. Some studies showed polypharmacy was related to potentially inappropriate medication (PIM), drug-to-drug interactions and adverse drug reactions. Meanwhile, empirical evidence regarding the association between polypharmacy with hospitalization is still scarce.

Objectives: To identify the medication profile related to polypharmacy, and investigate its association with hospitalization within 6 months follow up.

Methods: This was a single center prospective cohort study conducted among elderly patients (age at least 60 years old) in Internal Medicine Outpatient Clinic at Cipto Mangunkusumo Hospital, Indonesia, from January 2020 to December 2020. The potential subjects were consecutively recruited and regularly contacted during 6 months period to identify the outcome. Survival analysis with cox's proportional hazard model were used for bivariate analysis and logistic regression for multivariate analysis.

Results: There was 555 subjects included in this study. Higher proportion of subjects was male (53%), with the highest proportion was in 60–69 years old age group (48%). The proportion of polypharmacy (at least 5 medications) was 87%. Among the polypharmacy subjects, 59% had severe Charlson comorbidity index and 62% did not comply to medications based on Medication Adherence Questionnaire (MAQ) score. Adverse drug reactions' proportion among the subjects was 84%, whereas 81% had drug-to drug interactions. Polypharmacy was associated with lower risk of hospital admission with *adjusted HR* 0,44 (95% CI 0,25-0,77, $p=0,004$), with malnutrition, comorbidities, functional status and frail as confounding factors.

Conclusion: Polypharmacy was associated with lower risk of 6 months hospital admission. Further studies were needed to analyze the association between polypharmacy, appropriate indication and patients' compliance with health outcomes.

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Disclosure of Interest: None Declared

Keywords: polypharmacy; multimorbidity, hospitalization

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1569

OSTEOMUSCULAR DISORDERS REPORTED BY ELDERLY CAREGIVERS DURING THE COVID-19 PANDEMIC

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Preferred presentation method:: Poster Presentation

Introduction: Many activities performed by the caregiver of an elderly person require physical effort, which can lead to exhaustion and physical overload, causing musculoskeletal problems. During the COVID-19 pandemic, in addition to the existing difficulties, caregivers suffered stress and became even more isolated, increasing the burden of care activities.

Objectives: To describe the musculoskeletal disorders presented by caregivers of the elderly during the COVID-19 pandemic.

Methods: A descriptive study with caregivers of the elderly registered at a state Reference Center for Elderly Care in Salvador, Bahia, Brazil. Data collection was carried out between September and October 2021. Sociodemographic information was collected, the Nordic Musculoskeletal Symptom Questionnaire was applied and analyzed by the Statistical Package for the Social Sciences software, version 21.0.

Results: The sample consisted of 45 caregivers with average age of 49.4 years, predominantly female (86.7%), black (88.8%), married (46.7%), the average education (46.7%), Catholics (53.3%) and residents of the poor district (55.9%). Of these sample, 68.9% are daughters of the elderly person and 82.2% have a family income between 1 and 3 minimum wages. Regarding musculoskeletal discomfort, 43 reported pain in some region in the last 12 months, more often in the lumbar spine (62.2%), ankles/feet (62.2%), knees (57.8%), wrists/hands (55.6%), neck (48.9%), shoulder (48.9%), cervical (46.7%), hip (46.7%), elbow (22.2%). Caregivers (33.3%) reported being unable to perform activities and 46.66% consulted a health professional in the last 12 months due to musculoskeletal discomfort. Regarding the complaints reported in the last seven days, caregivers (88.88%) reported pain in some part of the body, with greater intensity in the lumbar (48.9%) and cervical (46.7%).

Conclusion: Healthcare provision can determine physical symptoms that affect caregivers' quality of life and their ability to provide care. Musculoskeletal disorders can arise when caregivers assist dependent people in their daily activities. The lumbar spine, ankles/feet and knees were the main joints affected in the population studied.

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Disclosure of Interest: None Declared

Keywords: Caregivers, Elderly, Musculoskeletal system, Musculoskeletal pain.

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1568

HIGHER BODY MASS INDEX AS A RISK FACTOR FOR ACUTE KIDNEY INJURY IN HIP FRACTURE IN PATIENTS AGED 60 AND OVER

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Preferred presentation method:: Poster Presentation

Introduction: Similar to other countries, the proportion of individuals 60 years and over has increased rapidly. This phenomenon is accompanied by an increase in the incidence and prevalence of chronic conditions and geriatric syndromes, such as diabetes, hypertension, dementia, falls and consequently hip fracture and its complications. Parallel to these conditions, the Mexican population faces another epidemic, the overweight and obesity epidemic with a prevalence of 40% and 30% of adults respectively. Hip fracture and overweight and obesity have been recognized as risk factors of AKI. However, to date only one study has focused on looking into the effect of BMI in AKI among older adults with hip fracture.

Objectives: To find whether an association between BMI and increases in creatinine levels and AKI exists in older adults from Mexico during hospitalization after a hip fracture.

Methods: This was an observational retrospective study including all adults 60 and over coming to the ER during a one year period (N=96).

Results: The study included 72% women and 27% men with a mean age of 80 years. The mean serum creatinine levels on admission was 1.14 mg/dl while the mean serum creatinine at discharge was 1.29 mg/dl. The mean BMI of the sample was 24.1. Results showed that once controlling for age, gender, creatinine upon admission, diabetes and hypertension individuals with higher BMI showed a significantly higher increase in creatinine levels during hospitalization.

Conclusion: Overweight and obesity should be considered as a risk factor for the development of AKI in the event of a hip fracture.

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Disclosure of Interest: None Declared

Keywords: AKI, BMI, hip fractures

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1567

GROUP REHABILITATION FOR REDUCING LONELINESS, LOW PHYSICAL FUNCTIONING AND IMPROVING QUALITY OF LIFE IN OLDER ADULTS WITH HEARING DISORDERS

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Preferred presentation method:: Oral Presentation

Introduction: Maintenance of high quality of life in older age is important for general health and mental functioning older adults with hearing disorders [1]. It is known, that hearing disorders correlates with the feeling of loneliness and social isolation in older adults [3,4]. In turn, low social connections are associated with high mortality risk in older adults [2].

Objectives: Bearing in mind the ageing of the population, the aim of this research was to deliver the group rehabilitation programme for reducing loneliness, low physical functioning and improving quality of life in older adults with hearing disorders.

Methods: Participants were 66 community-dwelling older adults with diagnosed hearing disorders aged 65 years and older. The rehabilitation programme consisted of 12-week two times weekly group exercise in the gym and health educational lectures for hearing aids with a parallel control group. Participants were randomised into the intervention (N=35) and control group (N=31) using random effects model. Main outcomes were balancing on one leg, grip strength, 30 seconds sit-to-stand, 6-minute walking speed, timed up and go, loneliness, social support, quality of life, and depression.

Results: Sixty-six older adults (mean age $75,5 \pm 6,3$ years), 57% male. At 12 weeks, significant improvements were observed in participants of the experimental group for sit-to-stand test 1,0 (95% CI: 0,1 – 2,0; $p=0,037$; ES=0,53), gait speed 0,5 (95% CI: 0,0 – 0,09; $p=0,046$; ES=0,57) versus control group condition. In control group emotional loneliness increased on 0.6 (95% CI: 0,1 – 1,2; $p=0,043$; ES=-0,54) compared to the experimental group. No serious adverse events occurred.

Conclusion: Research showed that group rehabilitation programme can be effective for emotional loneliness reduction and improvement of physical functioning in older adults with hearing disorders.

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Disclosure of Interest: None Declared

Keywords: hearing disorders, loneliness, older adults, physical rehabilitation, quality of life

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1566

DO DYADIC DISCRETE CHOICE EXPERIMENTS ENABLE PERSONS WITH DEMENTIA TO PARTICIPATE IN HEALTH CARE DECISION MAKING?

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Preferred presentation method:: Oral Presentation

Introduction: Discrete choice experiments (DCEs) potentially offer a method to quantify preferences of persons with dementia and informal caregivers. DCE studies that have included persons with dementia revealed that choice task complexity is a challenge to this population^{1,2}, which can lead to heuristic decisions³. Involving the person with dementia and informal caregiver together as a dyad in DCEs may enable greater empowerment of the person with dementia while simultaneously enabling the opinion of the informal caregiver.

Objectives: This study aims to determine best-in-practice dyadic DCE design to enable persons with dementia and informal caregivers to participate in health care decision-making.

Methods: This study included three DCE rounds: (1) persons with dementia alone, (2) informal caregiver only, and (3) person with dementia and informal caregiver as a dyad. A flexible DCE design was employed, with increasing choice task complexity to explore cognitive limitations in DCE decision-making. Choice tasks were presented by illustrations and simplified language. A think aloud approach was used to provide insights into their individual and joint decision-making processes.

Results: Fifteen persons with dementia, 15 informal caregivers, and 14 (within sample) dyadic discrete choice experiments were conducted. Most persons with dementia (53.3%) were able to complete choice tasks including two scenarios characterized by three attributes, median number of choice tasks completed was six. The dyadic DCEs enabled persons with dementia to complete DCEs with more attributes, and choice tasks (median eight). In the dyadic DCEs, informal caregivers assisted with understanding the choice task, eliciting choice motivation, and discussing preferences.

Conclusion: Persons with dementia can use DCEs with low choice task complexity. Dyadic DCEs can enable greater empowerment of the person with dementia while promoting joint decision-making.

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Disclosure of Interest: None Declared

Keywords: Dementia Care, Discrete choice experiments, Feasibility, Health care decision making

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1560

PROPOSAL FOR THE USE OF CODES OF THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH FOR SCREENING VULNERABLE ELDERLY

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Preferred presentation method: Poster Presentation

Introduction: The International Classification of Functioning, Disability and Health (ICF) offers unified and standardized language that describes health and its states (WHO, 2012). Its codes aid collecting data in the health system's information system; they are relevant for primary health care (PHC) as they facilitate the gathering of information.

The linking of ICF codes with already existing instruments makes its use possible in daily practice, a methodology that permits linking ICF with the Vulnerable Elders Survey (VES-13). In spite of VES-13 being an important tool for accompanying older adults, it is not capable of producing health information and epidemiological data.

Therefore, identifying the ICF codes linked to VES-13 can aid in standardizing multiprofessional language in PHC and in organizing statistical and epidemiological data.

Objectives: To use ICF codes linked to items on the VES-13 to identify vulnerable older adults.

Methods: We used the VES-13 (SALIBA et al., 2001) associated with the ICF codes to track vulnerable older people. Association of VES-13 and the ICF was done by two independent examiners using the ten rules for linking standardized and updated by Cieza et al. (2019). The degree of correlation was determined using the Kappa coefficient and a 95% confidence interval. This linking was done by extracting ICF codes and identifying them with items making up the VES-13.

Results: The VES-13 items were linked to twenty-eight ICF codes, three of which referred to body functions and twenty-five to activities and participation. Personal factors measured by the VES-13 (age, perception of health) were not linked because they were not classified by the ICF.

Conclusion: In health, the linking of different instruments for data collection like the VES-13 is fundamental for comparing results and optimizing the work done by researchers and health teams, facilitating decision-making at all levels in health systems. The ICF codes linked with the VES-13 will allow us to standardize multiprofessional language in tracking vulnerable older people, directing them to the adequate treatment, principally those who need specialized care in geriatrics and gerontology.

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Disclosure of Interest: None Declared

Keywords: International Classification of Functionality, Disability and Health, Primary Health Care, Vulnerable Elders Survey-13, Vulnerable Older People

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1542

IMPLEMENTATION OF APNS IN GP PRACTICES IN GERMANY – A QUALITATIVE STUDY

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Preferred presentation method:: Oral Presentation

Introduction: There is an increasing shortage of General Practitioners (GP) in rural areas in Germany. Unlike in many countries, Advanced Practice Nurses (APNs) are not yet deployed in GP practices in Germany. A research project funded by the Innovation Fund of the Federal Joint Committee is examining the care of multimorbid patients by APNs in GP practices in Germany. Since October 2021, 9 APNs in one practice each have been providing a person-centred and evidence-based care for patients with at least 3 chronic diseases. The APNs have a master's degree in nursing and at least 2 years of professional experience as a nurse. 85.6% of the 257 currently recruited patients are older than 70 years.

Objectives: The aim of this study is to present the experiences of GPs and APNs during the first three months of the new APN care in the GP practice.

Methods: The study uses a qualitative approach. Time of data collection: between October 2021 and January 2022. Sample: 9 GPs (1GP from each of the participating practices), the 9 APNs who care for multimorbid patients in the practices. Data basis: 35 structured guided and recorded interviews, conducted in the GP practice: 8 GP-interviews; 27 APN-interviews, as they were interviewed monthly during their first three months in the GP practice. Data analysis: group-specific content analysis.

Results: Main categories GP: "added value" refers to: quality of patient care, interdisciplinary collaboration, experience of relief, patient-related information gain; in contrast, "no added value" refers to qualification needs, low output. Main categories APN: „role development challenge“ refers to required clinical competencies, implementation of the responsibility profile; role in the care team; “delimitation of claims“ refers to the area of conflict between high complexity of care needs, high expectations of patients and APN claim to person-centred and evidence-based care. Identical main category in both groups: “structural integration needs” refers to interdisciplinary communication structures and time management.

Conclusion: GPs already report positive experiences related to the new APN care, although APNs experience the ongoing role development as a challenge. Overall the data encourage the continued introduction of APNs in GP practice.

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Disclosure of Interest: None Declared

Keywords: Multimorbidity; Advanced Practice Nurses; Quality of Care; Primary Health Care; Interdisciplinary Collaboration

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1532

PSYCHOLOGICAL RESILIENCE IN DUTCH LONG-TERM CARE RESIDENTS: A LONGITUDINAL COHORT

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Preferred presentation method:: Oral Presentation

Introduction: Resilience is considered to be an important concept for aging research because of its positive connotation and its incorporation of stressors, which are often inherent to the aging process. It is unclear, however, what the characteristics of resilience among residents of long-term care facilities (LTCFs) are.

Objectives: We aim to: 1. Determine the prevalence of psychological resilience in the face of major life stressors and conflict in older residents of LTCFs in the Netherlands. 2. Identify factors associated with this resilience.

Methods: We included older (≥ 60 years) residents of 23 LTCFs of the Dutch InterRAI-LTCF cohort (2006-2018) who experienced a major life stressor (MLS) ($n=248$) or conflict with a resident or staff ($n=246$). The assessments before (t_0), at (t_1) and after (t_2) incidence of the stressor were included. Resilience was operationalized as not having significant mood symptoms at the assessment after incidence of the stressor (t_2) and equal or less mood symptoms at this assessment (t_2) relative to the assessment prior to the stressor (t_0). Two mood scales were utilized: the observer-reported mood based on the Depression Rating Scale (DRS) and a similar scale comprised of three self-reported mood items. This led to four resilience operationalizations, namely: resilience in the face of a MLS based on observer- & self-reported mood and resilience in the face of conflict based on observer- & self-reported mood. We explored the association between 21 individual (demographic & clinical) and social factors and resilience using two-level logistic mixed models with backward selection.

Results: 48% and 50% of participants demonstrated resilience in the face of a MLS, based on observer-reported and self-reported mood, respectively. Surrounding conflict, 26% and 51% of the participants demonstrated resilience, based on the observer-reported and self-reported mood symptoms, respectively. Less cognitive impairment, the presence of a strong and supportive relationship with family, better self-reported health, and the absence of psychiatric diagnoses were most strongly associated with resilience in the face of MLS. Less communication impairment, absence of loneliness, absence of reminiscing about life, and absence of psychiatric diagnoses were most strongly associated with resilience in the face of conflict.

Conclusion: The prevalence of psychological resilience in residents of LTCFs in the face of MLS and conflict was about 50%, the prevalence of resilience based on observer-reported mood symptoms in the face of conflict clearly differed, however (26%). Both individual and social factors were important to psychological resilience in older residents of LTCFs.

Disclosure of Interest: None Declared

Keywords: resilience factors, LTCF, mood symptoms, stressor

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1528

INTRINSIC CAPACITY AND ITS ASSOCIATION WITH 8-YEAR MORTALITY IN COMMUNITY-DWELLING OLDER ADULTS: BEIJING LONGITUDINAL STUDY OF AGING

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Preferred presentation method: Oral Presentation

Introduction: Intrinsic capacity is a new concept as well as a multidimensional model proposed by WHO focusing on healthy aging and maintaining individual's functional ability. In spite of the high prevalence of intrinsic capacity decline in Chinese older adults, the effect of intrinsic capacity on long-term adverse outcomes in community-dwelling older adults is rarely studied.

Objectives: We aimed to explore the status of intrinsic capacity and its association with 8-year mortality in Chinese community-dwelling older adults. We hypothesized that each domain and the combination of the five domains of intrinsic capacity could predict 8-year mortality.

Methods: We obtained the data from the Beijing Longitudinal Study of Aging (BLSA). The original BLSA was funded by the United Nations Population Fund (UNPFA CPR/90/P23) in 1992. The baseline involved 3275 adults aged ≥ 55 years with a follow-up every 2 or 3 years. A total of 1699 older adults aged ≥ 60 years living in community in Beijing with a follow-up for eight years were included in the data analysis in this study. Trained staff completed the assessments using a standard, well-designed, structured questionnaire. The following five domains were used to assess intrinsic capacity: mobility, vitality, cognition, sensory, and psychological domain. The total score was 0-5. Higher score indicates better intrinsic capacity. Cox proportional hazards model was used to analyze the effect of intrinsic capacity and mortality.

Results: The prevalence of intrinsic capacity decline was 42.9% in the total population, and decreased with increasing age. The percentage of participants who had one, two, three or more declined domains were 23.4%, 12.7% and 6.8%, respectively. The mean intrinsic capacity score was 4.28 ± 1.01 . The prevalence of declines in each domain were 21.8% in mobility, 11.4% in vitality, 15.1% in cognition, 9.10% in sensory, and 14.2% in psychology. Those who had worse physical function such as frailty, falls and disability had lower intrinsic capacity score. Each of the five domains of intrinsic capacity (mobility, vitality, cognition, sensory, and psychology) predicted 8-year mortality. When combined, the five domains can provide a better risk stratification for mortality. Intrinsic capacity decline independently predicted 8-year mortality, with the hazard ratios 2.11, 3.54, and 5.30 for those participants with 1, 2, and 3 or more declined domains, respectively.

Conclusion: The results of this study have important implications for integrated care in primary care and health-care policies in China by offering a useful and validated concept to identify the participants with higher risks of long-term adverse outcomes which can be followed by timely interventions accordingly in a representative community-dwelling Chinese elderly population.

Disclosure of Interest: None Declared

Keywords: frailty, integrated care, intrinsic capacity, MORTALITY, older adults

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1527

ABDOMINAL OBESITY AS A RISK FACTOR FOR THE INCIDENCE OF VITAMIN D INSUFFICIENCY AND DEFICIENCY IN OLDER ADULTS

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Preferred presentation method:: Oral Presentation

Introduction: The association between abdominal obesity, measured by waist circumference (WC), and vitamin D [25(OH)D] deficiency in older adults has been identified cross-sectionally, however, the longitudinal evidence is limited, controversial and based only on general obesity, measured by body mass index (BMI). Furthermore, abdominal obesity appears to impact bone metabolism and is associated with lower bone formation markers, reduced bone mineral density, and osteoporosis. Although vitamin D supplementation is frequently used in the treatment of osteoporosis, and osteoporosis is linked to obesity, there is still a gap regarding the relationship between obesity and vitamin D supplementation and its effect on 25(OH)D levels in individuals with osteoporosis.

Objectives: To investigate whether abdominal obesity is a risk factor for the incidence of 25(OH)D insufficiency and deficiency and whether the presence of osteoporosis and vitamin D supplementation modifies this association.

Methods: A longitudinal study involving 2,470 participants aged ≥ 50 years from the English Longitudinal Study of Ageing (ELSA) with 25(OH)D sufficiency (> 50 nmol/L) at baseline. Abdominal obesity was defined as WC > 88 cm for women and > 102 cm for men. Serum 25(OH)D levels were reassessed after 4-years, to verify the incidence of insufficiency (> 30 and ≤ 50 nmol/L) or deficiency (≤ 30 nmol/L). Multinomial logistic regression models controlled for sociodemographic, behavioral, and clinical characteristics were performed.

Results: Abdominal obesity increased the risk of incidence of serum 25(OH)D insufficiency by 37% (RRR = 1.37; 95% CI: 1.02 – 1.84 $p = 0.039$) and deficiency by 64% (RRR = 1.64; 95% CI: 1.05 – 2.58 $p = 0.031$). Moreover, when excluding individuals with osteoporosis or under vitamin D supplementation, these risks increased to 39% (RRR = 1.39; 95% CI: 1.02 – 1.91 $p = 0.039$) and 82% (RRR = 1.82; 95% CI: 1.11 – 2.97 $p = 0.017$) respectively.

Conclusion: Abdominal obesity increase the risk of 25(OH)D insufficiency and deficiency, and the diagnosis of osteoporosis and vitamin D supplementation decreases the strength of these associations. Furthermore, our work supports that waist circumference is an adequate tool to predict a potential risk of individuals with abdominal obesity to develop these conditions.

Disclosure of Interest: None Declared

Keywords: 25(OH)D, abdominal obesity, incidence, vitamin D, waist circumference

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1526

ASSOCIATIONS OF THE 2015 DUTCH LONG-TERM CARE REFORMS WITH SHORT AND LONG TERM RATES OF ACUTE HOSPITALIZATION AND LENGTH OF STAY

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Preferred presentation method:: Oral Presentation

Introduction: To better cope with its burgeoning population of older persons and to ensure financial sustainability of its long-term care (LTC) system, the Netherlands introduced an extensive LTC reform in 2015 that focused on: (1) shifting from institutional to home-based care, (2) decentralization of home based care and (3) a reorientation towards more social responsibility with respect to care. There is limited evidence on the potential effects of the Dutch LTC reform on the health of older adults.

Objectives: To evaluate whether the Dutch LTC reform is associated with an immediate and over time change in the monthly rate of acute hospitalization and length of stay for Dutch persons 65 years and older.

Methods: We used Dutch national hospital data covering the total population of adults 65 years and older for the years 2009 to 2018. Interrupted time series evaluated whether LTC reform was associated with immediate (level) and over time (slope) changes in incidence rate ratios (IRR) of monthly rates of acute hospitalization and length of stay. IRR were calculated using least-square means with adjustment for seasonality.

Results: The LTC reform was associated with a positive step change in monthly rates of hospitalization (IRR 1.12, 95% CI 1.07-1.17, $p < 0.001$) and length of stay (IRR 1.02, 95% CI 1.01-1.04, $p = 0.013$), a negative slope change in rates of hospitalization (IRR 0.99, 95% CI 0.99-0.99, $p < 0.001$), and a positive slope change in length of stay (IRR 1.01, 95% CI 1.01-1.01, $p < 0.001$).

Conclusion: The Dutch 2015 LTC reform was associated with a temporary increase in acute hospitalization rates and length of stay. Followed by a decreasing trend in rates of hospitalization over time, returning to the pre-reform level after four years. The decreasing pre-reform trend of length of stay stabilized over time after reform implementation.

Disclosure of Interest: None Declared

Keywords: Aging in place, Health care reforms, Hospitalization, Interrupted time series, Long-term care

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1522

FRAGILE ELDERLY PEOPLE HAVE HIGHER MULTIMORBIDITY THAN PRE-FRAGILE PEOPLE. ACUTE GERIATRIC UNIT. HOSPITAL DR. LUIS TISNÉ . 2019-2020. CHILE

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Preferred presentation method:: Poster Presentation

Introduction: Do frail elderly people have higher multimorbidity than pre-frail people?

Frailty or Frailty Syndrome is a state of increased vulnerability due to a poor resolution of homeostasis, after a stressful event, which increases the risk of adverse health consequences. The World Health Organization (WHO) defines multimorbidity as the presence of two or more chronic diseases in the same person. When analyzing multimorbidity and frailty, a clear relationship between both syndromes is obtained, showcasing that most frail patients have multimorbidity, and where, although no causal relationship has been observed between them, a bidirectional association relationship is indicated between frailty and multimorbidity

Objectives: 1. To determine the prevalence of frailty and pre-frailty in hospitalized older people

2. Estimate multimorbidity in hospitalized frail and pre-frail elderly people

Methods: Non-experimental, descriptive, retrospective study. Target population: Elderly people hospitalized in the acute geriatric unit (AGU) of the Santiago Oriente Dr. Luis Tisné Hospital, from January 2019 to February 2020. Inclusion criteria: Elderly people admitted to the AGU between January 2019 to February 2020. Elderly people who present frailty and pre-frailty with the application of the FRAIL scale

Results: Of 408 patients admitted to the AUG of Hospital Luis Tisné in the previously described period, 107 met the inclusion criteria. The average age was 81.2 years (± 6.9) [65-99], of which 61% were female and 39% were male. Of the total, 66% were frail and 34% pre-frail. 100% of these patients presented multimorbidity, resulting in 76% with 4 or more chronic diseases, with a predominance of cardiovascular and respiratory pathologies

Conclusion: It is observed that the elderly people hospitalized in the geriatric unit are mostly frail (66%). Those people with a higher FRAIL score have a higher number of chronic diseases, meaning there is a statistically significant reliability with the number of multimorbidities they present

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Disclosure of Interest: None Declared

Keywords: frailty, multimorbidity, elderly, acute geriatric unit.

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1809

NEUROPSYCHOLOGICAL PROFILES IN OLDER ADULTS WITH AND WITHOUT NEUROCOGNITIVE DISORDERS FROM TUCUMAN, ARGENTINA

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Preferred presentation method:: Poster Presentation

Introduction:

In Argentina, the cost of Neurocognitive Disorders (NCDs) is estimated at \$3,421.40 for patients with mild disease and \$9,657.6 for patients with severe disease. If inpatient costs are considered, outpatient costs are estimated at \$3189.20 and outpatient costs are \$3189.20. \$14,447.68 institutionalised. By 2050, NCDs will cost about 2.5-3% of the country's GDP. Mild neurocognitive impairment accounted for 17.4 % of diagnoses, while severe neurocognitive impairment accounted for 83.6 %. However, there are no studies on older populations living in rural areas, the characteristics that occur most frequently in these older populations. That is, economic resources are low and educational level is low.

Since the DSM-5, the term "neurocognitive disorder" has been used for a group of diagnostic entities that primarily involve a decline in one or more cognitive domains associated with the person's previous state. These diagnoses have traditionally been referred to as "mild cognitive impairment and dementia", depending on how and to what extent they affect the performance of cognitive function and independence in everyday life.

The cognitive processes or functions most commonly affected are attention, executive function, learning and memory, language and sensorimotor skills. The disorders were then classified as mild or severe, depending on the severity of symptoms, as evidenced by standard deviation below population performance on neuropsychological tests and loss of independence in activities of daily living (ADLs). The aetiology of neurocognitive disorders (Alzheimer's disease, Parkinson's disease, vascular dementia, etc.) is independent in the DSM-5 criteria. Cognitive impairment in everyday life is assessed first, followed by the aetiology of the disease.

Objectives:

To provide information on patients with and without neurocognitive disorder (NCDs).

To provides evidence on the neuropsychological characteristics of older adults with and without neurocognitive disorders (NCDs).

Methods:

A sample of 245 people older than 60 years (X: 69 and DS 6.3), with an education level of 7 years or less, participated. A neuropsychological assessment was carried out to evaluate cognitive functioning, and for the analysis of the data, several groups were formed according to the presence or absence of neurocognitive disorders. Analysis of differences of means (ANOVA) and Kruskal-Wallis H tests were used to compare the performance of the groups in neuropsychological tests.

Results:

The main results showed that there is an association between groups due to impairment with age [$t(245) = 20; p = .00$] and education level [$t(245) = 18; p = .01$]. Phonological Verbal Fluency (VF) and Trail Making Test (TMT) A and B tests were shown to be influenced by education level. Age was a factor that was associated with Semantic VF, TMT A, and B, being a better factor to explain the changes in the TMT than the education level. The differences between the groups in the performance in the neuropsychological tests were significant for all the tasks used.

Conclusion:

This study helped establish a neuropsychological profile of older adults in the area, as well as differentiating those with signs of NCD from those who were healthy, which will allow the design of health policies to address this problem.

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Disclosure of Interest: None Declared

Keywords: aging, Mild Cognitive Impairment, mild neurocognitive disorder, neurocognitive profile, neuropsychological assessment

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1805

CALIBRATING COGNITIVE TESTS ACROSS TWO CHINESE AGEING COHORTS FOR DEMENTIA PREVALENCE ESTIMATION: A CONFIRMATORY FACTOR ANALYSIS

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Preferred presentation method:: Oral Presentation

Introduction: To estimate the nationwide prevalence of dementia using existing data in China, one of the key challenges is variation in the cognitive measures utilized across cohorts. A widely applied approaches in calibrating cognitive items across studies is confirmatory factor analysis (CFA), which assumes that although the set of cognitive tests differs, the underlying common latent cognitive function construct can be derived. To achieve multi-cohort comparison, the first step is to confirm that the same psychometric structure can be established across cohorts.

Objectives: To calibrate cognitive tests into common latent cognitive construct for dementia prevalence estimation across Chinese ageing cohorts.

Methods: Based on participants aged 65-99 from the 2018 wave of Chinese Longitudinal Healthy Longevity Survey (CLHLS, N=12015) and China Health and Retirement Longitudinal Study (CHARLS, N=6623), confirmatory factor analysis was applied to identify latent cognitive construct and to estimate dementia prevalence.

Results: Common three-factor cognitive constructs (orientation, memory, executive function and language) were verified in CLHLS (13 items) and CHARLS (9 items). Dementia prevalence estimated by factor scores were more consistent in CLHLS 5.9% (95%CI:5.7%-6.1%) and CHARLS 4.9% (95%CI: 4.7%-5.1%) than by raw scores and Mini-Mental State Examination scores. These estimations were closer to the nationwide dementia survey (COAST study), but lower than the Global Burden of Disease estimates particularly among those aged 80+.

Conclusion: Our latent approach may serve further statistical harmonization of cognitive assessments across aging cohorts over time.

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Disclosure of Interest: None Declared

Keywords: China, Cognitive impairment, Confirmatory factor analysis, Dementia, epidemiology

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1802

WORSE QUALITY OF LIFE PHYSICAL DOMAIN IN ELDERLY PEOPLE AFTER 2 YEARS OF FOLLOW-UP

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Preferred presentation method:: Poster Presentation

Introduction: Aging process is related to physical, motor and health changes, which can increase probability of illness, reduce mobility and social interaction, all of them leading to a debilitate state of health and worsening quality of life (QOL).

Objectives: In elderly people, to assess the changes of 4 QOL domains, over a two-year period.

Methods: This is a prospective, observational and longitudinal study, in which 256 elderly people living in São Paulo city (Brazil) were included. Exclusion criteria were: less than 60 years old, physical disability and dementia. To assess QOL, the World Health Organization's quality of life instrument (WHOQOL-BREF) was personally applied at the beginning of the study (T0) and by telephone after two years (T1). This questionnaire classifies the QOL through the domains: physical, psychological, social relationships and environment; and each domain is scored from 0 to 100. WHOQOL-BREF results between T0 and T1, were compared by the Mann-Whitney test for continuous variables and the Stuart-Maxwell test for categorical variables, with a significance level of 5%.

Results: 256 patients were included aging 73.51 ± 7.28 years. In relation with the first assessment, the participants had a significant decline only in the QOL physical domain (T0 60.32 ± 9.97 vs T1 56.17 ± 10.17 ; $p < 0.001$). On the other hand, the environment domain QOL score improved when compared to the first assessment (T0 66.16 ± 12.88 vs T1 68.97 ± 12.35 ; $p < 0.001$).

Conclusion: In a two-year period, elderly people in the community got worse in the QOL physical domain, such as the ability to get around, but improved in the environmental domain.

Disclosure of Interest: None Declared

Keywords: Elderly, health and well-being, quality of life

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1796

CHARACTERIZATION OF THE EXPERIENCE IN HEALTHCARE ATTENDANCE OF OLDER ADULTS AT THE END OF LIFE BETWEEN 2016 AND 2019 IN A HOSPITAL OF HIGH COMPLEXITY

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Preferred presentation method:: Oral Presentation

Introduction: Control of symptoms at the end of life is a fundamental objective in geriatrics. Palliative sedation is a valuable and last instance intervention for symptom relief and control in patients with terminal illnesses.

Objectives: To characterize the population that received an end-of-life care plan and those that received palliative sedation in the context of refractory symptoms in an acute geriatric unit of a high complexity level hospital.

Methods: Cross-sectional study through the review of medical records between January 2016 and December 2019 of the geriatrics' unit at San Ignacio University Hospital in Bogotá, Colombia. We reviewed 436 records, performed descriptive analyses, and used measures of central tendency for the analysis of the variables.

Results: We included 163 patients of whom 141 patients received end-of-life care plans and 22, received palliative sedation. The average age was 84 years and 58% were women. The most frequent cause of death was respiratory infectious cause, followed by oncological disease. Functional decline prior to admission and the presence of moderate or severe major neurocognitive disorder were conditions that were frequently found in those in which therapeutic effort was redirected, besides, among those who were in the end-of-life care plan, 1 out of 10 people required palliative sedation. Palliative sedation has a mean duration of 2.22 ± 5 days, the most frequent refractory symptom was dyspnea (45.45%), followed by pain (36.36%) and 100% of management included the use of benzodiazepines and opioids and up to 50%, management with antipsychotics.

Conclusion: Palliative sedation is common in the elderly population with non-oncological diseases with refractory symptoms. The characterization of these people promotes increased knowledge and readiness to improve end-of-life management.

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Disclosure of Interest: None Declared

Keywords: older adults, palliative and end-of-life care, Palliative Care, Geriatric Patient, Geriatric Syndromes., palliative sedation

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1795

ABDOMEN AGUDO QUIRÚRGICO EN EL ADULTO MAYOR

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Preferred presentation method:: Oral Presentation

Introduction: The change seen in the population pyramid, throughout the world, has also had its repercussion in the Bolivian population, and therefore in the description of the physiological and pathophysiological characteristics of the pathologies, given that most of the authors did reference to young adults, when describing the clinical presentation

Objectives: To characterize the presentation of older adult patients with a diagnosis of acute surgical abdomen, at the Viedma Hospital, in the 2018 management

Methods: Observational study of analytical type, historical, longitudinal, retro-prospective cohort subtype, with a quantitative analysis approach. The unit of analysis: All elderly patients admitted to the General Surgery department with a diagnosis of acute surgical abdomen, at the Viedma Hospital, during the study period, who met the inclusion and exclusion criteria. (AU = 172).

Results: Of the total number of patients studied, the male: female ratio was 1.32:1, having a mean age of 71 years, within the most frequent causes of acute surgical abdomen, were found: the appendicular, biliopancreatic and colonic.

Conclusion: It was shown that in this age group, it is the causal pathologies of the acute abdomen, age > 85 years and the presence of some comorbidities that generate a direct increase in morbidity and mortality, likewise, it could be validated, that they are not all the signs clinical, or imaging, those that would help in the final diagnosis of these causal pathologies. Observing, that in the same way that not all the scales described in this area, will be helpful in predicting complications of the elderly patient.

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Disclosure of Interest: None Declared

Keywords: Abdomen Agudo, Comorbilidades, diagnostic, Escalas Diagnósticas

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1789

CROSSECTIONAL ASSOCIATION OF 25(OH)D, INFLAMMATORY BIOMARKERS AND HEMOGLOBIN WITH SARCOPENIA COMPONENTS IN OLDER MEXICAN ADULTS.

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Preferred presentation method:: Oral Presentation

Introduction: Inflammation,¹⁻³ low hemoglobin,⁴ and low 25(OH)D⁵ as predictors of nutritional status have been associated with low hand grip, low muscle mass and poor physical performance. These factors have been implicated in the etiology of sarcopenia. Evidence in Mexican older adults is lacking regarding such association and particularly, in Mayan older population.

Objectives: The aim of the present study is to analyze the association between 25(OH)D, inflammatory biomarkers, and hemoglobin concentration with the components of sarcopenia among older Mayan adults

Methods: Cross-sectional study with 715 older adults who donated a fasting venous blood sample from the Mayan region of southern Mexico. Latent profile analysis was used to identify patterns of inflammation (no inflammation, mild and moderate), considering the variables C-Reactive Protein, Interleukin-6 and Acid Glycoprotein 1 alpha. Vitamin D deficiency was defined as 25(OH)D<50nmol. Capillary hemoglobin (g/dL) was collected in participants. Sarcopenia was defined according to the European Working. Logistic regression models were used to estimate the association between vitamin D status, hemoglobin and inflammation profiles with sarcopenia components adjusting for confounders.

Results: 26.8% of older adults had sarcopenia and 10% had vitamin D deficiency. Older adults with 25(OH)D <50nmol were significantly associated with sarcopenia (OR=2.24; p=0.02) and low grip strength (OR=2.09; p=0.04). Conversely, higher hemoglobin levels were inversely associated with sarcopenia (OR=0.84; p=0.01) and low grip strength (OR=0.84; p=0.01). Mild (OR=1.77; p=<0.01) and moderate inflammation (OR=2.01; p=0.02) were associated with poor physical performance.

Conclusion: Inflammation and vitamin D deficiency are significantly associated with sarcopenia components, while higher hemoglobin concentrations might decrease the likelihood of sarcopenia. The exact role of vitamin D in preventing and treating sarcopenia is not fully understood,⁶ and there is a paucity of longitudinal studies investigating the association of hemoglobin with sarcopenia.⁷ Thus, the importance of identifying the modifiable risk factors associated to sarcopenia is a priority in public health, particularly in older adults from vulnerable groups.

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Disclosure of Interest: None Declared

Keywords: hemoglobin, inflammation, Sarcopenia, vitamin d

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1787

FACTORS ASSOCIATED WITH THE RISK OF FALLS AMONG THE OLDER POPULATION: A STUDY IN THE SOUTHERN ZONE OF THE CITY OF SÃO PAULO, BRAZIL

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Preferred presentation method:: Poster Presentation

Introduction: Older adults living in socially vulnerable areas tend to have multiple comorbidities that intensify major geriatric syndromes, resulting in more dependence and frailty. Such conditions can lead to balance alterations and, as a consequence, increase the risk of falling, which is considered the most common cause of accidents among older people and constitute one of the most important clinical and public health problems in Brazil.

Objectives: This study aims to identify the main factors associated with the risk of falls among older adults in the South of the city of São Paulo, in 2019.

Methods: Epidemiological, retrospective and analytical study in a Basic Health Unit, located in a suburb area in the South of São Paulo. The analysis was based on the Multidimensional Evaluation of the Older Person (AMPI-AB), an instrument implemented in Primary Health Care in the city, since 2015, to determine the health needs (physical, psychological, and social) of the older population, classifying them according to the degree of frailty and organizing the elaboration of care plans.

Results: A total of 208 AMPI-AB in a Basic Health Unit were analyzed. Given the multiple logistic regression analysis, the results achieved odds Ratio (OR) values and their respective confidence intervals (95% CI), showing that the risk of falling depends on multiple associated factors, including being dependent on the performance of instrumental activities of daily living, having cognitive impairments, showing mood swings and living alone at home.

Conclusion: In conclusion, the more comorbidities older adults have, the worse their balance and functionality will be, therefore, the greater the risk of falling. The present study results shall contribute to Brazilian public policies and guidelines for this segment of the population, since strategies focusing on older people's different needs are required to guarantee conditions of autonomy, functional capacity, integration and participation in society, reaffirming their right to life, health and dignity.

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Disclosure of Interest: None Declared

Keywords: Basic Health Unit, falls, risk factors for falls

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1784

FACTORS ASSOCIATED WITH FRAILTY IN THE GERIATRIC OUTPATIENT SERVICE OF A UNIVERSITY HOSPITAL IN BOGOTÁ, COLOMBIA.

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Preferred presentation method:: Poster Presentation

Introduction: Introduction: frailty is defined as the "state of vulnerability to external stressors", which has a negative impact on multiple clinical outcomes in the elderly, such as institutionalization, falls, hospitalization, cognitive impairment, disability and mortality.

Objectives: Objective: to identify the prevalence and evaluate the factors associated with frailty in patients of the geriatric outpatient service of the Hospital Universitario San Ignacio.

Methods: Materials and methods: A cross-sectional study was conducted involving patients seen for the first time in the geriatrics outpatient department of the HUSI in Bogota (Colombia) between August 2016 and March 2020.

Results: Results: a prevalence of 30.2% was found, the statistically significant variables associated with frailty in the multivariate analysis were age over 80 years (OR 2.17 95% CI 1.4 - 3.2 p 0.001), female sex (OR 1.4 95% CI 0.99-2.02 p 0.05), multimorbidity defined as having more than 5 diseases (OR 2.04 95% CI 1.4-2.9 p 0.001), nutritional status (OR 2.23 95% CI 1.22-4.07 p 0.009) .When the analysis was adjusted for performance variables, only multimorbidity (OR 2.39 95% CI 1.55-3.7 p 0.001) , slow gait speed (OR 4.39 95% CI 2.6-7.4 p 0.001) and low calf circumference (OR 1.5 95% CI p 0.06) were statistically significant these are independent factors that are associated with frailty.

Conclusion: Conclusion: The prevalence of frailty found in our study is higher compared to national reference surveys, the associated variables coincide with those found in the literature such as older age, female sex, number of comorbidities and malnutrition, and an association was demonstrated with other performance measures such as low calf circumference and slow walking speed.

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Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1780

ANALYSIS OF INTRINSIC RISK FACTORS AS PREDICTOR OF FALLS IN THE ELDERLY: PREVQUEDAS BRAZIL

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Preferred presentation method:: Poster Presentation

Introduction: The prevalence of falls in the elderly (65 years and older) is approximately 30% per year and the consequences have an impact on public health, as they often lead to greater hospitalization, institutionalization and death.

Objectives: The aim of the study was to check if there is any statistical relationship among the number of falls, the intrinsic risk factors as vision (Snellen Chart "E") and balance deficit (BERG Balance Scale <45).

Methods: This is a cross-sectional study of the PrevQuedas Brazil Clinical Trial (controlled, randomized and multicenter). Community residents who referred at least one fall in the last 12 months were included. Those who perform physical activity under regular supervision, communication inability (aphasia or significant cognitive deficit), inability to maintain orthostatism with the help of assistants were excluded.

Results: Of the 715 older adults included in the study, 32% were incidental fallers (1 fall), 24% recurrent fallers (2 falls), and 43% multiple fallers (3 falls or more). 51% of the falls occurred outside home. 46% "fell forward", 76% of people had visual impairment, 90% used glasses. There was a higher percentage of lack of balance in the multiple falls group (19.1%) when compared to incidental fallers (7.8%) or recurrent fallers (10.2%). People who had three or more falls had Worse BERG grade (16.7%) when compared to people who had two falls (8.7%) ($p=0.031$). From people with no visual impairment, 8.7% who felt twice and 3.3% who felt once had BERG <45 ($p=0.038$).

Conclusion: Multiple falls were associated with balance deficits, but there was no significant association with visual deficits alone.

Disclosure of Interest: None Declared

Keywords: balance deficit, falls prevention, person older, vision

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1769

INTELLIGENCEGYM TRAINING IS THE NEW STRATEGY TO IMPROVE COGNITIVE FUNCTION IN OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT.

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Preferred presentation method:: Poster Presentation

Introduction: It has long been proven that to maintain or improve cognition and quality of life for elderly people, it is better to combine motor and cognitive exercises.

Recent studies showed that musical performance relies on widely distributed brain areas involved in many other cognitive and perceptual-motor skills. Cognitive decline and dementia can be postponed by recent and past musical activities. We hypothesized that if we enrich motor-cognitive training with some musical tasks, it will have a better effect on improving motor-cognitive function in elderly patients.

Objectives: We created our original training method called IntelligenceGym that requires interaction between motor and cognitive functions. Our cognitive training offers a great variety of exercises and does not aim at automating but rather focuses on novelty. Besides we have added new musical exercises such as: imitating the piano playing while listening to a track,

a rhythmic gymnastics exercise with a ribbon where the person was supposed to change the ribbon's movements along with the music.

We aimed to verify the effectiveness of our method compared to dual-task training (simultaneous execution of cognitive and motor tasks).

Methods: A total of 96 patients with mild cognitive impairment 52 women and 44 men

were randomly assigned to an intervention group Intelligencegym Training Group(ITG) or a control Dual Task Training Group(DTTG). Groups were subjected to training for one hour twice a week for 24 consecutive weeks. Evaluations were performed using the Trail Making Test-Part A, the Mini-Mental State Examination, and Instrumental Activities of Daily Living Scale for the elderly. Rey's Auditory Verbal Learning test (RAVLT), Forward Digit Span Test

Results: The cognitive assessment showed statistically significant improvement in all two groups in all the scores tested (t-test performed). The results showed that participants of the IntelligenceGym Group had higher performance in Mini-Mental State Examination, Forward Digit Span Test, and significantly higher results in RAVLT and TMT-A than the Dual Task Group.

Conclusion: These findings indicate that the IntelligenceGym training is a very effective tool to improve cognitive performance in older adults with mild cognitive impairment for a long-term continuous training because it is very adaptable and can suit anyone.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1768

PREVALENCE OF CHRONIC DISEASES AMONG OLDER ADULTS: A STUDY IN A BASIC HEALTH UNIT IN THE CITY SÃO PAULO, BRAZIL

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Preferred presentation method:: Poster Presentation

Introduction: Integrated care for older people is of fundamental importance, considering that this age group has specific needs that are characterized by their complexity, which strongly interfere in their quality of life and require adequate care. In the Brazilian Unified Health System (SUS), the Basic Health Unit is the main gateway to Primary Care that the older population uses to seek treatment. The most common diseases among this population are hypertension, diabetes mellitus, along with inflammatory degenerative diseases such as osteoarthritis. A quantitative analysis of the prevalence of diseases among the older adults can bring a greater understanding of the causes and associated factors.

Objectives: This study aims to describe the prevalence of chronic diseases among the older people who received care at a Basic Health Unit in the southern area of city of São Paulo, in the in the first semester of 2019.

Methods: This research presents an epidemiological, quantitative, and retrospective study, based on the Multidimensional Evaluation of the Older Person (AMPI-AB), an instrument implemented in Primary Health Care in São Paulo to determine the health needs (physical, psychological and social) of the older population, classifying them according to the dimension of frailty and organizing specific care plans.

Results: This study shows that the prevalence of Chronic Non-communicable Diseases (NCDs) among the older adults taken care of by the Basic Health Unit in the city of São Paulo is 93.37%, with black or mixed-race older people having the highest prevalence of NCDs, and women are the most affected public when compared to men, with a prevalence almost three times higher. The data collected suggest that the female and older population needs greater attention and care.

Conclusion: The results of the present study shall contribute to the creation of new programs for older people's healthcare in the various areas that cross the social determinants of NCDs. Interventions must be carried out so that the tackling NCD integrates the agenda of all management levels in the Unified Health System, therefore the society can advance towards a better quality of life and health.

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Disclosure of Interest: None Declared

Keywords: Chronic health conditions, Non-communicable diseases, Primary health care

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1766

AN 86-YEAR-OLD PATIENT WUTH SEVERE MAJOR NEUROCOGNITIVE DISORDER, INMOBILITY AND ORAL MYIASIS

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Preferred presentation method:: Poster Presentation

Introduction: An 86-year-old patient, dependent for basic and instrumental ADLs, institutionalized 4 years ago for severe major neurocognitive disorder (GDS-FAST 7f) and immobility syndrome. He has a history of arterial hypertension, sudden death due to ventricular fibrillation, atrial fibrillation (CHA₂DS₂-VASc 3 points, Hasbled 2 points) without anticoagulant therapy, malnutrition, and hemioplasty of the right hip due to a fragility fracture. Recently hospitalized for resolved oral myiasis (ulcer of the hard palate) Recently hospitalized for oral myiasis (ulcer of the hard palate), currently resolved. He had several risk factors for this complication, in addition to his neurological status, such as a chronic mandibular subluxation that generated permanent mouth opening; also, poor dental hygiene and previous use of a nasojejunal tube due to severe oropharyngeal dysphagia were identified. Now it impresses a lesion in the process of healing, it requires monitoring and daily washing. A multidimensional geriatric assessment was carried out and interventions were defined by clinical geriatrics, geriatric dentistry and a physiotherapist specializing in the temporomandibular joint. Maneuvers were indicated to reposition the joint after application of a muscle relaxant and posterior external fixation. If there is no improvement, the application of botulinum toxin will be considered.

Objectives: Achieving correction of a chronic jaw dislocation in an 86-year-old patient with advanced neurocognitive disorder, immobility and malnutrition

Methods: A multidimensional geriatric assessment was carried out and interventions were defined by clinical geriatrics, geriatric dentistry and a physiotherapist specializing in the temporomandibular joint. Maneuvers were indicated to reposition the joint after application of a muscle relaxant and posterior external fixation

Results: Clinical improvement was achieved, correction of jaw dislocation and closure of the mouth.

Conclusion: Multidisciplinary management of complex patients achieves better clinical results.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1765

FACTORS ASSOCIATED WITH FRAILTY IN OLDER POPULATION: A STUDY IN THE CITY OF SÃO PAULO, BRAZIL

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Preferred presentation method:: Poster Presentation

Introduction: Frailty is considered a clinical syndrome characterized, among other conditions, by involuntary loss of body mass, which causes a decreased muscle strength. The nutritional status of older people and their body composition may influence these conditions and, ultimately, the prevalence of the frailty syndrome

Objectives: This study aims to verify the main factors associated with the frailty of older people in the southern area of the city of São Paulo, Brazil.

Methods: Descriptive epidemiological, retrospective and analytical research, based on the Multidimensional Evaluation of the Older Person (AMPI-AB), an instrument implemented in Primary Health Care in São Paulo since 2015 to determine the health needs (physical, psychological and social) of the older population, classifying them according to the dimension of frailty and organizing specific care plans. This study involved 208 AMPI, applied in a Basic Health Unit from January to June of 2019.

Results: Older people who have physical limitations are 7.55 times more likely to manifest frailty when compared to older people who do not have physical limitations (OR = 8.55; 95%CI: 2.94-24.83). Those who have some type of incontinence are 7.49 times more likely to be frail when compared to older people who do not have incontinence (OR = 8.49; 95%CI: 2.98-24.18); having cognitive impairment increases the chance of frailty by 1.55 times, when compared to older people who do not have cognitive impairment (OR = 2.55; 95%CI: 1.14-5.72; older people who lost more than 5% of their weight in the previous year, unintentionally, are 1.91 times more likely to be frail when compared to those who gained or maintained weight in the last year (OR=2.91; 95%CI: 1.09; 3.79). Older people who take five or more medications a day are 3.66 times more likely to be frail when compared to the older people who take less than four medications a day (OR = 4.66; 95%CI: 1.22-9.64).

Conclusion: These data suggest the need for more attention to older population due to the complexity of their health, referring to the importance of an integrated approach. This study results can contribute to programs of promotion, prevention, and care for the older people, improving their living and health conditions, ensuring better quality of life. We suggest the importance of further studies on this topic for the implementation of better strategies in health programs.

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Disclosure of Interest: None Declared

Keywords: frailty, Multidimensional Evaluation of the Older Person , Primary health care

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1757

CARE TRANSITION FROM HOSPITAL TO HOME: EFFECT OF EDUCATIONAL INTERVENTION ON QUALITY OF LIFE AND BURDEN OF FAMILY CAREGIVERS OF AGED POST-STROKE

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Preferred presentation method:: Poster Presentation

Introduction: Stroke is the second cause of death and disability in Brazil, being more prevalent in older population. Most of older adults stroke survivors have become dependent of family caregivers, returning home with a lack of preparedness about activities of care. Consequently, their quality of life (QoL) and burden can be negatively affected

Objectives: To evaluate the effect of nursing home care interventions on the quality of life and burden of family caregivers of older adults stroke survivors.

Methods: Randomized Clinical Trial (RCT), blinded for outcome evaluation entitle *Nursing Home Care Intervention Post Stroke (SHARE)*. The RCT was conducted in 2017 with family caregivers of older adults stroke survivors from Hospital de Clínicas de Porto Alegre (HCPA). Forty-eighty family caregivers of older adult stroke survivors participated in the study. The intervention group (IG) received three home visits by nurses one month after hospital discharge to provide guidance about stroke-related education, access to health services, emotional support, and care activities for the older adults. The control group (CG) received the usual care from their respective health service networks. QoL was assessed using the WHOQOL-BREF and the WHOQOL-OLD and burden by Caregiver Burden Scale in 1 week, 2 months, and 1 year after discharge. The effect of intervention was analyzed by General Estimated Equations. The project was approved by an ethics committee (#160181) an registered in the Clinical Trials (NCT02807012).

Results: There was an interaction effect between IG and CG for QoL of Social Relations ($p=0.019$) and Autonomy ($p = 0.004$) over time. Related to burden, there was an interaction effect in the isolation domain ($p = 0.037$) and in the emotional involvement domain ($p = 0.003$).

Conclusion: The intervention had a statistically significant effect on the QoL of family caregivers related to their social relationships and autonomy, and the burden related isolation and emotional involvement. It is suggested different composition of the intervention and assessment of other outcomes.

Disclosure of Interest: None Declared

Keywords: Burden, Family Caregiver, Quality of Life, Randomized Clinical Trial, Stroke

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1755

THE PREVALENCE AND RISK FACTORS OF SARCOPENIA AMONG THAI COMMUNITY-DWELLING OLDER ADULTS AS DEFINED BY THE ASIAN WORKING GROUP FOR SARCOPENIA (AWGS-20)

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Preferred presentation method:: Oral Presentation

Introduction: Sarcopenia is an age-related progressive disease characterized by the loss of skeletal muscle.

In 2014, the Asian Working Group for Sarcopenia (AWGS) proposed an algorithm for the diagnosis of sarcopenia (based on data from the Asian population), which was similar to that proposed by EWGSOP. Recently, in 2019, the AWGS updated the consensus on the diagnosis of sarcopenia and treatment in the Asian population.

Objectives: This study aimed to determine the prevalence and risk factors for sarcopenia among urban community-dwelling adults in Thailand, using the Asian Working Group for Sarcopenia criteria.

Methods: This cross-sectional study comprising 892 older adults aged >60 years analyzed data from a cohort study (Bangkok Falls study; 2019–2021). The appendicular skeletal muscle mass was evaluated using the Bioelectrical Impedance Analysis (BIA) method. Physical performance and muscle strength were evaluated using the five-time sit-to-stand and handgrip strength tests, respectively. Logistic regression was used to determine the factors associated with sarcopenia.

Results: The prevalence rates of sarcopenia and severe sarcopenia were 22.2% and 9.4%, respectively. Age ≥ 70 years (adjusted odds ratio (aOR), 2.37; 95% confidence interval (CI), 1.65–3.42), body mass index (BMI) of < 9.15 (aOR, 9.15; 95% CI, 4.61–18.16), Mini Nutritional Assessment (MNA) score of < 24 (aOR, 1.72; 95% CI, 1.21–2.44), a six-item cognitive screening test score of ≥ 8 (aOR, 1.53; 95% CI, 1.08–2.17), and a daily sitting time of ≥ 6 h (aOR, 1.76; 95% CI, 1.07–2.90) were associated with sarcopenia. Likewise, age ≥ 70 years, BMI < 18.5 , daily sitting time of ≥ 6 h, and an MNA score of < 24 predicted severe sarcopenia.

Conclusion: The prevalence of sarcopenia was high among the urban community-dwelling older Thai adults. The daily amount of sitting time (≥ 6 h), impaired cognitive functions, low BMI, and inadequate nutrition increased the risk of sarcopenia in this population.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1750

SAFE DISCHARGE IN NONAGENARIANS UNDERGOING ORTHOPEDIC SURGERIES. THE ROLE OF ORTHOGERIATRICS AS A INSTITUTIONAL CARE LINE

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Introduction:

With population aging, challenges arise every day in the care of nonagenarians. One of them is the increase in the number of patients undergoing corrective orthopedic procedures, either due to the presence of arthrosis and/or frequent fractures in this population. To maintain quality of life, age alone does not condemn the surgical procedure and therefore, geriatric support during hospital treatment is a preponderant factor in the success of this population profile. The presence of a multidisciplinary team to work in the preparation of surgical interventions is a differential for the success of the results, such as early ambulation, safe discharge and less home support, encouraging the elderly to resume their routine activities in a short space of time.

Objectives:

To present the results of the ortho-geriatric follow-up of nonagenarians undergoing orthopedic surgery in a medium-sized high-complexity hospital in the city of Rio de Janeiro.

Methods:

A 12-month retrospective cohort, between January and December 2021, of patients hospitalized exclusively for the orthopedic service.

Results:

Throughout the period, 20 patients were jointly followed up by the orthopedic and geriatrics team with support from physiotherapy, nursing and nutrition through integrated rounds twice a week for shared care plan decisions. Three patients were excluded from the study for length of stay longer than 30 days due to causes unrelated to the orthopedic procedure. More than 50% of admissions were due to femur and hip fractures; 64.71% of patients were women; the mean Rockwood Frailty Scale score was 4.71. The average length of stay was 6.53 days (3.67 days for men and 8.09 days for women), 1 death in intensive care and 16 discharges, with only one requiring prolonged home support. Six patients required punctual home care for 1 month. The remainder of the cohort being followed up at the outpatient clinic.

Conclusion:

Through the integration between teams, the results point to a positive perspective of effectiveness and efficiency in the care of the orthopedic elderly, promoting improvements in systematized work processes.

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Disclosure of Interest: None Declared

Keywords: care, discharge, nonagenarians, orthogeriatrics, surgery

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1746

CONSTRUCTION AND PSYCHOMETRIC EVIDENCE OF THE SELF-CARE ACTIONS SCALE WITH A FOCUS ON ADVANCED ACTIVITIES OF DAILY LIVING

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Preferred presentation method:: Oral Presentation

Introduction: Advanced Activities of Daily Living (AADLs) are tasks related to the performance of social, physical, leisure, community, religious and work activities. The low reduction in AADL performance may be a marker of future functional decline. The performance of AADLs is related to the reduction of the risk of death, depressive symptoms, cognitive impairments and development of disabilities. This can only be identified through the availability of valid and reliable instruments.

Objectives: The objectives of this study were to build the Self-Care Actions Scale with a focus on AADLs; to analyze the internal consistency and the discriminant and convergent validity and verify the exploratory factor analysis.

Methods: For the construction of the scale, an extensive literature review was carried out; concepts of self-care capabilities, actions and requirements from the Self-Care Deficit Nursing Theory. For the analysis of the items, Focus Groups were used among older people. The psychometric properties consisted of internal consistency; discriminant and convergent validation and exploratory factor analysis. The sample consisted of 1200 elderly people, male and female, living in cities in the south of Minas Gerais, Brazil. Sampling was non-probabilistic for convenience and "snow-ball". The following instruments were used: Characterization of Basic Conditioning Factors of Elderly People (**CBCFEP**); Scale to Assess Self-Care Capabilities (**SASCC**) and Self-Care Actions Scale focusing on Advanced Activities of Daily Living (**SCASFAADL**). Descriptive statistics (absolute and relative frequency and measures of central tendency and dispersion) and inferential statistics (exploratory factor analysis, Pearson's correlation, Cronbach's alpha, non-parametric tests: Mann-Whitney and Kruskal-Wallis) were used. Approved by the Research Ethics Committee under opinion number 1,864,552.

Results: The exploratory factor analysis of the **SCASFAADL** consisted of 4 factors and 20 items. The Cronbach's alpha of the total scale was 0.819. The correlation between **SCASFAADL** and **SASCC** resulted at $r = 0.288$ and $p \leq 0.001$. The comparison between age, education, health, chronic disease, physical and social activities with **SCASFAADL** showed a value of $p \leq 0.001$.

Conclusion: It is concluded that **SCASFAADL** showed adequate psychometric properties for clinical and research use in Brazil.

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Disclosure of Interest: None Declared

Keywords: Elderly, Factor analysis, Validation Study

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1742

POTENTIALLY INAPPROPRIATE MEDICATIONS IN THE EMERGENCY DEPARTMENT: PREVALENCE AND IMPLICATIONS

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Preferred presentation method:: Oral Presentation

Introduction: Potentially inappropriate medications are associated with negative health outcomes in older patients. Its impact in acute care settings has not been fully explored.

Objectives: Explore the prevalence and prognostic implications of potentially inappropriate medications (PIMs) in older patients at the emergency department (ED).

Methods: Retrospective cohort study of patients aged 70 years or older who visited a geriatric ED in Brazil from August 2017 to August 2018. Medications were classified by a clinical pharmacist according to the BEERS 2019 and STOPP/START 2015 criteria. Comparisons between the distributions of numerical variables were performed using Student's t test, Wilcoxon rank sum test or analysis of variance (ANOVA), as appropriate.

Results: A total of 2539 visits were included in this study. The population studied had an average age of 80 years. 44% of patients used 6 or more medications regularly, and only 1% did not use any. 30% were frail, 10% had delirium and 29% had been hospitalized in the previous 6 months. As for the use of PIMs, 49.6% used 1 or 2, and 16.1% used 3 or more. Patients with higher use of PIMs (3 or more), compared to those with no use of it, were older (82 vs. 79 years) and had a higher prevalence of heart failure (4% vs. 1%), coronary heart disease (17% vs. 11%), metastatic cancer (6% vs. 3%), depression (29% vs. 9%), dementia (11% vs. 3%), frailty (58% vs. 15%), hospitalization in the previous 6 months (50% vs. 16%), recent fall (9% vs. 4%), delirium (25% vs. 4%) and hospital admission (53% vs. 24%). Among hospitalized patients (866 admissions), the use of PIMs was associated with a lengthier stay. The most prevalent potentially inappropriate medications in our population were proton pump inhibitors (36.5%), benzodiazepines (22.9%), aspirin (14.8%) and antipsychotics (9.7%).

Conclusion: In accordance with previous studies, we found that PIMs had a high prevalence among older adults presenting to a Geriatric ED 2, 5. Patients with greater use of these drugs were characterized by older age, multimorbidity, frailty and higher use of health services. They were also more frequently hospitalized and had lengthier stays. These findings reinforce the importance of routine and structured evaluation of acute patients' prescriptions, as recommended by both American and European Geriatric Emergency Department Guidelines 6, 7. Further work is needed to implement care strategies to better address the higher clinical complexity and vulnerability of acutely ill older adults using PIMs.

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Disclosure of Interest: None Declared

Keywords: Elderly adult, Emergency Department, Potentially Inappropriate Medications

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1740

WALKING ABILITY (SPPB), FRAILITY TOOL (CFS) AND FEAR OF FALLING ASSESSED WITH SHORT FALLS EFFICACY SCALE-INTERNATIONAL IN GERIATRIC WARD PATIENTS.

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Preferred presentation method:: Poster Presentation

Introduction: Fear of falling is a common problem in older people and has been reported by at least 25% of them in risk factors and intervention studies. In fear of falling, such people limit their current activity, which leads to a deterioration of physical abilities.

Objectives: This study aimed to verify to what frailty, walking ability and sarcopenia affect the fear of falling measured by the short version of The Falls Efficacy Scale-International (Short FES-I).

Methods: One hundred ninety-nine patients consecutively admitted to the geriatric ward at the turn of 2019 and 2020 took part in a cross-sectional study. We analysed the severity of fear of falling measured by the Short FES-I depending on frailty, walking ability, sarcopenia assessed with Short Physical Performance Battery (SPPB) and Clinical Frailty Scale (CFS).

Results: The average age of participants was 81 (6.35) years, and 76.3% were women. 42% of them reported more than one fall in the last 12 months. Depending on the Short FES-I score, the severity of the fear of falling was qualified as a "low" (9.0 (8.0-12.0) points; 41 % participants), a "medium" (16.0 (15.0-18.0) points; 23%), and "high" (25.0 (23.0-27.0) points; 36%); no patients reported no fear of falling. The higher severity of the fear of falling was connected with the higher risk of the sarcopenia measured with $SPPB \leq 8$ points and CFS. The median SPPB score was 8.0 IQR (6.0-11.0) in patients with "low fear of falling"; 5.0 (3.0-8.0) with "medium fear of falling"; and 2.0 (1.0-4.0) with "high fear of falling", $P=0.001$. The CFS results show a great similarity to the SPPB, the median CFS score was 3.0 (2.0-4.0) in patients with "low fear of falling"; 4.0 (3.0-5.0) with "medium fear of falling"; and 5.0 (4.0-6.0) with "high fear of falling", $P=0.001$.

Conclusion: The severity of fear of falling assessed with Short FES-I correlates with the risk of sarcopenia measured with $SPPB \leq 8$ points and CFS. Improving the functional efficiency of walking and balance capacity seems crucial for limiting the psychological consequences of fear of falling in older patients.

Disclosure of Interest: None Declared

Keywords: falls, fear of falling, FES-I, geriatric ward, SPPB

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1739

SUPERAGERS: AN ATTEMPT TO HOLISTICALLY APPROACH ITS DEFINITION IN THE AGELESS LONGITUDINAL STUDY OF AGEING

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Preferred presentation method:: Oral Presentation

Introduction: Successful ageing is owed to both cognitive and physical health. With the emergence of research attention on healthy older adults, cognitive performance is emphasized heavily for healthy ageing. Hence, the term SuperAger (SA) was conceptualised and it refers to individuals aged 80 years or beyond, exhibiting a memory ability similar or better than middle-aged subjects. However, in the growing ageing research field of cognitive frailty, this condition is characterised by both cognitive decline and physical frailty. Therefore, the usage of the term SA requires a more inclusive definition.

Objectives: This study will attempt to characterise the definition of the term SA not only from the perspective of cognitive wellbeing but also physical wellbeing.

Methods: As part of the Transforming Cognitive Frailty To Later Life Self-Sufficiency (AGELESS) Longitudinal Study of Ageing, Malaysian participants over the age of 70 yrs during baseline data collection and assessments (November 2013 to October 2015) who are still alive will be called in for follow-up assessments (October 2021-ongoing). Cognitive wellbeing is assessed using the Montreal Cognitive Assessment (MoCA)-Singapore version in the English, Malay, Mandarin and Tamil languages. Physical wellbeing on the other hand, is based on shrinking, low physical activity, slowness, weakness, vision impairment and orthostatic hypotension of the participants.

Results: The combination of these assessments will hopefully give insights into a more holistic characterisation of the term SA.

Conclusion: This study will also provide a demographically-suited characterisation of the term SA which could also be used by populations demographically similar to Malaysia.

Disclosure of Interest: None Declared

Keywords: Cognitive impairment, frailty, superagers

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1738

CHALLENGES IN THE SURGICAL TREATMENT OF FRACTURES IN THE GERIATRIC POPULATION IN A HOSPITAL IN RIO DE JANEIRO

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Preferred presentation method:: Oral Presentation

Introduction: Orthopedic treatments represent an important part of care for the hospitalized elderly. The impact of aging has generated a change in the surgical paradigm in this population. The stratification of the elderly plays a fundamental role in the surgical indication and outcome perspective.

Objectives: To present a casuistry of elderly people aged 60 years or older, categorized by the Rockwood classification, followed up by the geriatrics team and submitted to orthopedic surgery, evaluating the mean length of stay and outcome (discharge or death).

Methods: 1-year retrospective cohort, between January and December 2021 of patients admitted for elective or emergency orthopedic surgery.

Results: During the year 2021, a total of 100 patients underwent orthopedic treatment. Of this total, 14 patients who did not have the Rockwood measured at the time of admission or who were younger than 60 years of age were excluded. In addition, 6 patients were excluded because they had a length of stay longer than the normal behavior of the sample. Of the 80 patients studied, 67.5% were women and 32.5% were men, the mean age was 81.18 years and the Rockwood mean was 3.86. The mean length of stay was 4.8 days and 3 patients died.

Conclusion: The results obtained with this population demonstrate the importance of the presence of an orthogeriatric line in a hospital to obtain efficient results, reducing the average length of stay and increasing the percentage of high outcome.

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Disclosure of Interest: None Declared

Keywords: fracture, orthogeriatric, rockwood, surgical treatment

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1733

FEATURES OF EXPRESSION OF APOPTOSIS MARKERS IN CARDIOMYOCYTES OF PATIENTS WITH DILATED CARDIOMYOPATHY

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Preferred presentation method:: Poster Presentation

Introduction: To understand the pathogenesis of dilated cardiomyopathy (DCMP), it is necessary to establish the molecular and cellular mechanisms of myocardial aging, including those associated with programmed cell death

Objectives: The aim of the work was to study markers of apoptosis in cardiomyocytes of patients with DCMP in vitro.

Methods: The method of primary dissociated cell cultures and the method of immunofluorescence confocal laser microscopy were used in the work. Cellular aging was simulated on human myocardial tissue. Monoclonal antibodies were used for immunocytochemical study of cultures: p16INK4a, p21, BAX.

Results: At the molecular level, the aging of cardiomyocyte cells was accompanied by a 2-fold increase in the expression of p16INK4a compared to "young cultures" both in the control group and in the group with DCMP. It was also found that the expression of p16INK4a in cultures with DCMP was 2 times higher than in similar cultures from healthy patients. The expression of p21 was increased in the group with DCMP compared to the control. Differences of 3.2 times were obtained when comparing the expression of Bax in the culture of cardiomyocyte cells from the group with DCMP in a "young" culture compared to the norm.

Conclusion: The aging of myocardial cells at the molecular level was manifested in an increase in the expression of the BAX protein, which is the triggering mechanism of the mitochondrial pathway of apoptosis. It is possible that this pathway of cell death is prevalent in DCMP.

Disclosure of Interest: None Declared

Keywords: dilated cardiomyopathy , myocardial aging

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1732

FUNCTIONAL INDEPENDENCE MEASURE SCALE SCORES IN SEVERELY DEPENDENT OLDER ADULTS UPON REHABILITATION COMPLETION FOLLOWING STROKE

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Preferred presentation method:: Oral Presentation

Introduction: Functional Independence Measure (FIM) is a scale used to evaluate functional status during rehabilitation. The associations between FIM scale scores upon stroke rehabilitation completion and functional status of older adults has never been studied.

Objectives: To study the association between FIM scale scores upon stroke rehabilitation completion and functional status of older adults.

Methods: A retrospective cross-sectional study was conducted in a Geriatric rehabilitation center. Medical charts of older adults (age ≥ 65) admitted for rehabilitation during 2018-2020 following stroke were studied. Age, gender, total FIM score upon rehabilitation completion, functional status upon rehabilitation completion, and moving to a nursing-home were documented.

Results: The cohort included 123 older adults: 66 (53.7%) males; mean age 80.4 ± 7.6 years. Most older adults were severely dependent upon rehabilitation completion ($n=101$, 82.1%) and 16 (15.8%) of whom moved to or returned to a nursing-home. Median total FIM scores upon rehabilitation completion was 109 (IQR: 106-115) in mildly dependent older adults, 69 (IQR: 46-82) in severely dependent community-dwelling older adults, and 34 (IQR: 26-48) in severely dependent nursing-home residents ($p < 0.001$). Total FIM score of 100 (or less) had the highest sensitivity (94.1%) and specificity (95.5%) in representing severely dependent older adults.

Conclusion: These findings may assist geriatricians define the functional status of older adults upon stroke rehabilitation completion.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1731

VALIDATION OF SELF-SCREENING INSTRUMENT FOR GERIATRIC HEALTH STATUS (SIGHT) TO IDENTIFY GERIATRIC HEALTH PROBLEMS

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Preferred presentation method:: Poster Presentation

Introduction: Comprehensive geriatric assessment (CGA) has been used to multidimensionally find out complex health and care problems in older adults. However, CGA must be performed by trained professionals and is time-consuming. To early identify or routinely follow up health problems, a screening questionnaire answered by the older adults themselves or family is needed.

Objectives: This study aims to develop a self-screening questionnaire for identifying health problems in older adults and to test its validity. Through literature review, 15 categories were summarized as common geriatric health problems, including social activity, self-perceived economic status, self-perceived health status, activities of daily living, sarcopenia, locomotion, falls, vision, hearing, pain, polypharmacy, malnutrition, urinary incontinence, cognition, and depression.

Methods: From the 15 categories, a screening questionnaire with 25 items comprised 25 questions with answers using Likert's 3-point scoring method was drafted as Self-Screening Instrument for Geriatric Health sTatus (SIGHT). Twelve experts in geriatrics and gerontology were invited to test the consistency for the validity of the questionnaire. Using Likert's four-point scoring method, if the experts scored the question below 3 points or have any suggestions, they can comment or revise it. From May 2020 to January 2021, outpatients and inpatients aged ≥ 65 years in the Geriatric Department of a medical center were recruited in the main survey to measure preliminary item selection and removal, reliability and validity analyses.

Results: In the first round of expert opinion, item content validity index (I-CVI) was between 0.67 and 1.0, Scale-Level Content Validity Index (S-CVI/UA) was 0.795, and average of summary Scale-Level Content Validity Index (S-CVI/Ave) was 0.904. After modification based on suggestions by the experts, the second round of all items of I-CVI increased to 1.0, S-CVI/UA to 0.949 and S-CVI/Ave to 0.919. Mean age of the 327 patients was 80.8 ± 7.6 (65~99) years, 195 (59.6%) were female. Cronbach's α of the questionnaire increased from 0.648 to 0.866, after removal of the item of self-perceived health status.

Conclusion: The results show that SIGHT questionnaire is a reliable tool to self-screen health problems of older adults. Future research is needed to confirm the clinical application for early assessment and intervention.

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Disclosure of Interest: None Declared

Keywords: self screening, assessment, validity, geriatric syndrome, geriatric conditions

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1730

LITERATURE REVIEW OF THE SIGNIFICANCE OF SOCIAL ASPECT OF FRAILITY AS A COMPREHENSIVE INDICATOR

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Preferred presentation method:: Poster Presentation

Introduction: Frailty is a multi-dimensional concept that includes physical, psychological, and social aspects. Several studies have focused on this social aspect as so-called "social frailty" in recent years.

Objectives: We conducted a literature review to clarify how social frailty is defined, what factors are used as indicators, and the significance of treating the social aspect as a comprehensive indicator.

Methods: We searched "social frailty" in PubMed (from January 1, 2010 to December 31, 2021). Inclusion criteria were as follows: (1) original research, (2) English language, (3) literature available, (4) research for the community-dwelling older adults, (5) observational research.

Results: As a result of the PubMed search, 127 references were found. According to the inclusion criteria, 45 articles were finally included in this review study. The study design consisted of 21 cross-sectional studies and 24 cohort or longitudinal studies. The definition of social frailty was based mainly on operational definitions. In most studies, the social aspects of frailty are measured by living alone, economic difficulties, reduced frequency of going out, lack of social relationships, social isolation, and limited participation in social activities. The primary outcomes of the studies were often mortality, disability, and incidence of depressive symptoms. Several studies examined whether social frailty was a predictor of new-onset of comprehensive frailty.

Conclusion: Definitions and measures of social frailty were not uniform, and many studies used operational definitions used social factors of frailty. Further studies are needed to determine the outcome of new-onset or progression of frailty because the frailty's physical, psychological, and social dimensions are interrelated. Social dimensions of the older adults, even those who are not physically or mentally frailty are more likely to develop frailty in the future.

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Keywords: frailty, review, Social Frailty (SF)

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1728

THE EFFECT OF PAIN COPING TRAINING ON RESILIENCY AND QUALITY OF LIFE-RELATED OUTCOMES AMONG INDIVIDUALS WITH OSTEOARTHRITIS: A SYSTEMATIC REVIEW

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Preferred presentation method:: Oral Presentation

Introduction: Previous studies implied that people with chronic pain who show stronger pain-specific resilience are more likely to use adaptive pain coping strategies, such as diversion techniques and coping self-statements, while abstaining from catastrophizing their chronic pain. Pain Coping Skills Training (PCST), a non-pharmaceutical method to pain management educates individual's cognitive and behavioural skills has been suggested to improve pain, we proposed to undertake a systematic review of all RCTs using this intervention on resilience and QoL as the outcomes.

Objectives: The purpose of this study was to systematically review the impact of pain coping skills training (PCST) on resiliency and quality of life in osteoarthritis patients.

Methods: The PICOS (Participants, Intervention, Comparison, Outcomes, and Study Design) framework guided this study. CINAHL, Cochrane Library, PubMed, and Web of Science were searched for key concepts. Studies included were (a) RCTs, (b) utilized PCST alone or combined with other treatment, (c) Measured QoL and resilience, (d) participants mean age of 50 years or above, (e) had knee or hip OA. Two raters assessed articles for inclusion and risk of bias.

Results: Search strategies yielded 12284 articles for screening, with only seven meeting the criteria for inclusion. The studies included differed in terms of intervention and methodological quality. Each study achieved an overall PEDro score of 9, indicating high-quality RCTs. All of the trials found preliminary treatment benefits for pain and QoL, but none of them reported effect on resilience.

Conclusion: PCST decreased pain and increased QoL in older persons with OA. However, no research has yet looked into the impact of PCST on resilience. While it is vital to develop resilience in order to completely comprehend how older people adjust to OA as a result of pain coping mechanisms, future research on the impact of PCST on resilience is critical.

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Keywords: behavioral management, osteoarthritis, pain coping skills training, quality of life, resilience

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1727

ASSOCIATION OF DEPRESSION AND FRAILITY WITH MORTALITY AND HEALTHCARE UTILIZATION IN OLDER ADULTS: A NATIONWIDE POPULATION-BASED COHORT STUDY

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Preferred presentation method:: Poster Presentation

Introduction: Depression and frailty in older adults have high prevalences and negatively affect health. However, the effects of these factors on mortality and healthcare utilization (HCU) remain unclear.

Objectives: This study aimed to investigate the association of depression and frailty with mortality and HCU in older adults using nationwide cohort data in Korea.

Methods: This study used data from National Health Insurance Service (NHIS)-senior cohort in Korea. Among 558,147 subjects included in the NHIS-senior database, we selected 42,132 subjects who participated in the National Screening Program for Transitional Ages (NSPTA) for 66-year-old between 2007 and 2008. Finally, 32,422 subjects who responded to depression and frailty were included in this study. By combining depression using the Geriatric depression scale and frailty using timed up and go test from NSPTA, subjects were classified based on depression and frailty status into four groups: none, depression, frailty, and both. Outcomes were mortality and HCU, including long-term care services (LTCS) use, number of hospital admissions, and length of stay. Cox's proportional hazard regression and Zero-inflated Poisson regression were used to identify differences in groups.

Results: Of 32,422 subjects, none group (47.4%) and depression group (50.2%) accounted for the majority, while the frailty group (1.1%) and both group (1.3%) did not. Subjects' mortality and LTCS utilization rates were 7.1% and 3.0%, respectively; the total number of hospital admissions was 2.67 ± 3.66 , and the mean length of stay was 34.83 ± 121.26 days. Both group (hazard ratio [HR] 1.96; 95% CI 1.43-2.67) and frailty group (HR 1.84; 95% CI 1.39-2.43) had significantly higher mortality risk than none group. Both group (HR 7.00; 95% CI 5.39-9.08), frailty group (HR 4.86; 95% CI 3.45-6.83), and depression group (HR 1.22; 95% CI 1.05-1.42) showed higher LTCS use compared to none group. Both, frailty, and depression groups, compared to none group, were found to be significant factors in the number of hospital admissions and length of stay ($p < .001$).

Conclusion: Depression and frailty were found to be significant factors in the survival and HCU of older adults. Therefore, it is necessary to screen for high-risk groups of depression and frailty, especially presenting together, and pay attention to those people.

Disclosure of Interest: Y. Kim Conflict with: This research was supported by the Brain Korea 21 FOUR Project funded by National Research Foundation (NRF) of Korea, Yonsei University College of Nursing and Basic Science Research Program through the National Research Foundation of Korea (NRF) funded by the Ministry of Education (No. 2020R1A6A1A03041989)., J. Kim: None Declared, M. Kim Conflict with: This research was supported by the Brain Korea 21 FOUR Project funded by National Research Foundation (NRF) of Korea, Yonsei University College of Nursing., K. Song Conflict with: This research was supported by the Basic Science Research Program through the National Research Foundation of Korea (NRF) funded by the Ministry of Education (No. 2020R1A6A1A03041989)., M. Choi Conflict with: This research was supported by the Brain Korea 21 FOUR Project funded by National Research Foundation (NRF) of Korea, Yonsei University College of Nursing and Basic Science Research Program through the National Research Foundation of Korea (NRF) funded by the Ministry of Education (No. 2020R1A6A1A03041989).

Keywords: depression, frailty, healthcare utilization, mortality, older adults

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1726

METABOLITES AS BIOMARKERS IN DIABETES-INDUCED OSTEOARTHRITIS: A SYSTEMATIC REVIEW

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Preferred presentation method:: Oral Presentation

Introduction: Diabetes mellitus (DM) creates a chronic hyperglycemic environment in human body, resulting in nutrient stress and metabolic changes. The underlying biomarkers responsible for the inflammation development could be the therapeutic target to decelerate or halt osteoarthritis (OA) development in people with diabetes.

Objectives: To outline recent findings up to November 2021, in regard to metabolites studies that analyzed biomarkers pattern between diabetes mellitus and osteoarthritis.

Methods: The following keywords are used for search strategy: (osteoarthritis AND (“diabetes mellitus” OR “hyperglycemia”) AND “biomarker*” NOT “animal model”). A total of 9 articles involving 2170 subjects were identified and from 2929 eligible articles extracted from PubMed, Web of Science, EBSCO and Cochrane library. Title and abstract screening are done by 3 investigators independently.

Results: The review highlights several diabetes mellitus-induced osteoarthritis (DM-OA) metabolite signatures from synovial fluid, blood and knee joint cartilage tissue. People with DM-OA have significant shifted plasma unsaturated phosphatidylcholines, PC ae C34:3 and PC ae C36:3 and leptin level. While in synovial fluid, concentration of cartilage oligomeric matrix protein (COMP), methylglyoxal (MG), hydroimidazolone (MG-H1), cartilage-specific extracellular matrix components: PG and SOX9, bone alkaline phosphatase (BAP), osteocalcin (OCN), and pyridinium (PYD) are notably altered in DM-OA population. From cartilage tissue extracted from OA total knee arthroplasty, it is shown that there is elevated level of collagen crosslinks pentosidine, and endoplasmic reticulum stress-related proteins ATF6 and GRP78 which have detrimental effects on bone repairs in DM population compared to non-DM population. Positive relationships are also identified between cartilage degradation factors such as matrix metalloproteinase-13 and ADAM metalloproteinase with thrombospondin type 1 motif 5 (ADAMTS5), and common inflammatory factors in people with DM-OA.

Conclusion: Chronic hyperglycemia environment in people with DM-OA modifies metabolites concentration and chemical structure. These metabolites signatures could be used in further biomedical research area with larger sample size and more homogeneous subject groups to support and establish their roles as preventive or therapeutic biomarkers.

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Disclosure of Interest: None Declared

Keywords: biomarker, diabetes mellitus, Metabolites, osteoarthritis

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1724

COACHING FOR HEALTHY AGEING TRIAL: A CLUSTER-RANDOMISED CONTROLLED TRIAL

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Introduction: Evidence shows that promoting physical activity among older people without providing fall prevention advice may increase fall rates.

Objectives: To measure the effect of a combined physical activity and fall prevention program on physical activity and falls among community-dwelling people aged 60+.

Methods: Coaching for Healthy AGEing (CHANGE) trial is a cluster-randomised controlled trial involving 72 clusters (605 people). Participants were randomly assigned to control (35 groups; healthy eating intervention, involving education brochure and phone coaching) or intervention (37 groups; involving fall prevention and physical activity plan, one physiotherapist visit, 12 months of phone coaching, pedometer, tailored falls prevention advice, education brochure). Physical activity was objectively measured using ActiGraph GT3X+ and expressed in counts/min/day (CPM/day) and daily steps, both assessed at 6 and 12-months post-randomisation. Falls were recorded with monthly falls calendars over 12 months. The between-group differences in physical activity were analysed using linear regression adjusted for corresponding baseline scores. We analysed the number of falls per person-year using negative binomial regression models to estimate the difference in rates between intervention conditions after 1 year. Analysis took into account cluster randomisation.

Results: Participants had a mean age of 74 years (SD 8.0) and 70% were female. We found a significant between-group difference in physical activity counts at 6 months (mean difference=21.3 CPM/day, 95%CI 3.66 to 39.0); however, this effect was not maintained at 12 months (5.31 CPM/day, 95%CI -21.2 to 31.9). We identified a significant increase in steps/day in the intervention group compared to control group at 6 months (649 steps/day, 95% CI 283 to 1015) and 12 months (460 steps/day, 95% CI 26 to 894). The intervention group reported a lower fall rate (193 falls, 0.71 falls per person per year, SD 1.09) than the control group (229 falls, 0.87 falls per person per year, SD 1.80); however, this difference was not statistically significant (IRR 0.86, 95% CI 0.6 to 1.1).

Conclusion: A combined physical activity and fall prevention intervention significantly improved physical activity without increasing falls among community-dwelling people aged 60+ years. There was a non-significant reduction in the rate of falls in the intervention group.

Disclosure of Interest: None Declared

Keywords: fall prevention, Health coaching, older people, Physical Activity

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1722

THE SUCCESSFUL AGEING (SAGE) YOGA TRIAL: PARTICIPANTS' IMPRESSIONS OF A YOGA-BASED INTERVENTION TO PREVENT FALLS IN PEOPLE AGED 60 YEARS AND OVER.

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Preferred presentation method:: Oral Presentation

Introduction: Yoga is growing in popularity, and evidence suggests it may reduce the risk of falls in older age. The Successful AGEing (SAGE) yoga trial is the first internationally to rigorously investigate the effect of yoga on falls among people aged 60+.

Objectives: To evaluate SAGE participants' impressions of a 40-week yoga program.

Methods: This is a process evaluation of intervention group data from the ongoing SAGE trial. Intervention participants attended a supervised 40-week yoga program delivered face-to-face and/or online (due to COVID-19). Participants completed a survey measuring: a) perceived program benefit for physical health, wellbeing and balance/risk of falls (score/10, higher scores indicating more benefit); b) satisfaction with program features (i.e., program content, yoga instructors, yoga class facilities and/or Zoom) (score/10, higher scores indicating greater satisfaction); c) physical ability to take part in the program (score/10, higher scores indicating greater ability); and d) proportion of participants who would recommend the program to others and would like to continue participation.

Results: 179 participants were included in the analyses. The mean age was 68 (SD 5), 143 were female (80%), and 55 (31%) self-reported falls in the past year at baseline. The mean rating of program benefit for physical health was 9/10 (SD 1.8), and for wellbeing and balance/risk of fall was 8/10 (SD 2.0). Overall, participants were satisfied with the program, with greater satisfaction associated with program content (mean 9/10 [SD 1.4]) and yoga instructors (9/10 [SD 1.2]). Participants viewed the yoga program as enjoyable but challenging and suitable for older people without previous yoga experience. Support, encouragement, professionalism and tailoring of poses to individual's needs were the main comments associated with the yoga instructors. Participants rated their physical ability to take part in the yoga program as excellent (9/10 [SD 1.7]). Overall, 157 (88%) participants would recommend the program to others, and most intended to continue participation in yoga after trial completion (100 participants; 56%).

Conclusion: The SAGE yoga program was well received and perceived to benefit physical health, wellbeing and balance/risk of fall. Most participants appreciated the program content and instruction and intended to continue participation after trial completion.

Disclosure of Interest: None Declared

Keywords: falls prevention, older people, Yoga

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1721

ASSOCIATION BETWEEN MOBILITY, MUSCLE STRENGTH, BALANCE AND FALLS INCIDENCE IN MALAYSIAN COMMUNITY DWELLING OLDER ADULTS: A FIVE YEARS FOLLOW UP STUDY.

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Preferred presentation method:: Oral Presentation

Introduction: Falls, a public health problem in older adult population is related to lower limb strength and stability. The majority of prior studies, however, were cross-sectional, limiting the study's ability to establish a temporal link particularly in older population residing in developing countries.

Objectives: Thus, we aimed to study the association between lower limb strength and stability and the falls incidence of Malaysian community dwelling older adult age 55 years and above after five years follow up.

Methods: This is a secondary data analysis from Malaysian elders and Longitudinal Research (MeLoR) at 2014 and after 5 years follow up of 774 community-dwelling older adult age 55 years and above were included in the analysis. Time Up and Go (TUG), Gait speed (GS), Functional Reach (FR) and Hand Grip Strength (HGS) were the physical performance measurement used to measure lower limb strength and stability. Falls data in the 5-years follow up were used as an outcome.

Results: TUG and FR were the two test that associated with falls after five years (RR 1.09 [1.00 : 1.18] and 1.00 [0.98 : 1.03] respectively). This value remained significant after the adjustment for sociodemographic differences such as age, gender, educational level, ethnicity and marital status. However, after the additional adjustment for commorbidities, the associations were no longer significant.

Conclusion: TUG and FR were important component to assess the lower limb strength and stability and associated with falls incidence in older adult population. However, other factors like commorbidities might play a bigger role in increasing risk of fall in older people. Future study should seek the association of the physical performance test with fall among older people with specific disease such diabetes, hypertension and other commorbidities.

Disclosure of Interest: None Declared

Keywords: Falls, lower limb strength, stability, physical performance.

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1718

SEX AND AGE DIFFERENCES IN COVID-19 INCIDENCE AND MORTALITY IN MALAYSIA: IMPACT OF VACCINATION POLICIES

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Preferred presentation method:: Oral Presentation

Introduction: Malaysia's first incidence of COVID-19 was reported on 25 January 2020. A relatively small first wave occurred in Q1 2020, while a larger second wave lasted till June 2020. A third wave began after September 2020 and lasted till early 2021. Malaysia started its COVID-19 immunisation program on 24 February 2021, but a resurgence of cases occurred in Q2 2021. After a daily new cases peak of 24,599 on 26 August 2021, the numbers gradually declined and the interstate travel ban was lifted in October 2021. Booster dosing began nationwide on 13 October 2021. As of 31 December 2021, the official tally of COVID-19 cases stood at 2,758,086 with 31,568 deaths.

Objectives: The aim of this paper is to examine age and sex differences in COVID-19 incidence and mortality across the country in 2020 and 2021, including a comparison of vaccinated and unvaccinated populations.

Methods: The COVID-29 Immunisation Task Force (CITF) launched a public github repository on 30 June 2021 to host granular data on the epidemic in Malaysia. Linelisting data of COVID-19 positive cases and deaths were accessed via <https://github.com/MoH-Malaysia/covid19-public>. Age-specific case-fatality rates (CFR) were calculated at 10-year intervals for males and females.

Results: The results showed that older persons aged 60 years or over make up about 9% of all COVID-19 positive cases in Malaysia, but accounted for 57.1% of deaths ($n = 18,033$) in the past 2 years. The median age of people who died of COVID-19 was 61.49 years ($SD = 16.177$). COVID-19 case fatality rate is higher in men (1.17%) than women (1.12%) in almost all age groups. The CFR of older population aged 60 years or over is 5.4 times higher than the national average. A crude comparison of COVID-19 death statistics in 2021 showed that the CFR of vaccinated older population (4.48%) is on average 3 times lower than the unvaccinated older population (12.28%). In general, the case fatality rate is lower in the vaccinated population (1.02%) than the unvaccinated population (1.28%).

Conclusion: Major lockdowns and travel restrictions in the past have significantly affected the lives of older persons, their families and carers. The vulnerability of the older population throughout the coronavirus pandemic is evident for those living in the community and in institutions. On 24 February 2022, Malaysia recorded a new high of daily COVID-19 cases at 32,070. The Omicron variant has resulted in a surge of new cases and deaths. Infection prevention controls remain important and relevant as the country cannot depend of vaccination and treatment alone.

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Disclosure of Interest: None Declared

Keywords: Coronavirus, Epidemiology, Gender, Older persons

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1717

PREVALENCE OF UNMET HEALTH CARE NEED IN OLDER ADULTS IN 83 COUNTRIES – IMPLICATIONS FOR PROGRESSING TOWARDS UNIVERSAL HEALTH COVERAGE

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Preferred presentation method:: Oral Presentation

Introduction: Current measures for monitoring progress towards universal health coverage (UHC) do not adequately account for populations that do not have the same level of access to quality care services and/or financial protection to cover health expenses for when care is accessed. This gap in accounting for unmet health care needs may contribute to underutilization of needed services or widening inequalities. Asking people whether or not their needs for health care have been met, as part of a household survey, is a pragmatic way of capturing this information.

Objectives: This study aims to generate the estimates of unmet health care need prevalence for adults aged 60 years and older (60+) in 83 countries in different world regions, and assess the distribution of unmet health care need by age, sex, and location where possible.

Methods: This analysis examined responses to self-reported questions about unmet need asked as part of 17 health, social and economic surveys conducted between 2001 and 2019, representing 83 low-, middle- and high-income countries.

Results: Noting the large variation in questions and response categories, the results point to low levels (less than 2%) of unmet need reported in adults aged 60+ years in countries like Andorra, Qatar, Republic of Korea, Slovenia, Thailand and Viet Nam to rates of over 50% in Georgia, Haiti, Morocco, Rwanda, and Zimbabwe. The differences of unmet health care need between women and men were generally small.

Conclusion: While unique, these estimates are likely underestimates, and do not begin to address issues of poor quality of care as a barrier or contributing to unmet need in those who were able to access care. Monitoring progress towards universal health coverage will need to incorporate estimates of unmet need if we are to reach universality and reduce health inequalities in older populations.

Disclosure of Interest: None Declared

Keywords: health service needs and demand, health services research, older adult

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1715

“THE NURSES ARE BEAUTIFUL BUT THEY’RE THAT BUSY”: A MULTI-SITE EVALUATION OF PATIENT BARRIERS AND ENABLERS TO HOSPITAL MOBILITY

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Preferred presentation method:: Oral Presentation

Introduction: Mobility is important to maintaining independence and preventing hospital-associated complications of older people such as functional decline, delirium and falls. However, mobility in hospital settings remains low. Our multi-centre study sought to identify common barriers and enablers to mobility participation from a patient perspective.

Objectives: This study aimed to describe the experiences and perceptions of older acute care inpatients about mobilising in hospital to inform practical strategies to enhance hospital mobility within the Eat Walk Engage multi-site quality improvement program.

Methods: Participants (adults ≥ 65 years, admitted to an acute care ward for 72 hours or more) were recruited from 20 wards in 12 public hospitals in Queensland, Australia (3 metropolitan, 3 outer metropolitan and 6 regional). Interviews were undertaken by trained local facilitators at the bedside using a standardised semi-structured interview tool including closed and open-ended questions. Data were entered into a web-based database and analysed by a multidisciplinary team of clinical researchers using domains from the *Theoretical Domains Framework* (TDF) for coding. Descriptive sub-themes were identified inductively.

Results: Two hundred patient interviews were undertaken and analysed, of which 24 (12%) included contributions from a family carer. Almost all (99%) patients agreed that mobilising in hospital was important. Thirty sub-themes were identified across 10 of 14 TDF domains. Older inpatients are well aware of the benefits of mobility and physical activity, and are generally self-motivated to mobilise in hospital, driven by the goals of maintaining or recovering their strength, health and wellness and returning home. However they struggle with managing pain, other symptoms and new or pre-existing disability in a rushed, cluttered and risk averse environment where they do not wish to trouble busy nursing staff. Availability of mobility equipment, meaningful walking destinations and individualised programs and goals make mobilising easier, but need to be supported by permission, encouragement and timely assistance.

Conclusion: Older acute care inpatients are aware of the benefits of mobility and motivated to mobilise, but frequently face a physical and/or social environment which does not support their individual capabilities.

Disclosure of Interest: None Declared

Keywords: hospital care, Mobility, Physical Activity, qualitative research, Theoretical Domains Framework

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1713

MULTISITE MEALTIME AUDITS IDENTIFY VARIATION IN WARD-BASED NUTRITION CARE PRACTICES

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Preferred presentation method:: Oral Presentation

Introduction: Adequate nutrition and hydration while in hospital can help reduce hospital-associated complications and improve outcomes, particularly in older people. Mealtime preparation and assistance are important for nutritional intake, but few studies have described these mealtime practices across multiple hospitals.

Objectives: This study aimed to describe and compare mealtime care practices across acute-care wards to identify opportunities for improvements within a multi-site ward-based quality improvement program ('Eat Walk Engage').

Methods: Trained clinical staff audited three meals (one breakfast, one lunch, one dinner) in 20 acute wards in 12 hospitals (3 metropolitan, 3 outer metropolitan and 6 regional) between September 2019 and June 2020 as they prepared to implement Eat Walk Engage. Auditors used a structured paper-based observational tool and observed every patient receiving a meal on the ward, recording mealtime preparation and positioning, and assistance with meal set-up and eating. Data were entered into a central web-based database for overall and site-based reporting. Observations were the unit of analysis. Data were summarised as counts and percentages, and comparative profiles described between wards and between mealtimes.

Results: Auditors recorded 1,395 observations across 20 acute-care wards (510 breakfast, 450 lunch, 435 dinner). Patients were sitting in a chair in preparation for the meal in 29% of observations, and the tray table was in reach in 78% of observations. Set-up assistance was required at 36% of observations (e.g. opening packages) and physical assistance to eat at 13% of observations; timely assistance (within 10 minutes) was provided when required in 73% of instances. There were substantial differences across wards (e.g. sitting in chair ranged from 18% to 44%; timely assistance ranged from 48% to 94%) and between meals (e.g. sitting in chair 21% breakfast, 38% lunch, 28% dinner).

Conclusion: This study demonstrates the substantial assistance required with mealtime setup and eating on acute care wards, and highlights opportunities to improve mealtime positioning and timely assistance to enhance safe nutritional intake. Differences between wards and mealtimes reinforce the need for understanding of local practices, barriers and enablers to inform improvements.

Disclosure of Interest: None Declared

Keywords: assistance, hospital care, mealtimes, nutrition, quality improvement

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1712

USING PHOTOGRAPHS TO CAPTURE THE HOSPITAL MEALTIME EXPERIENCE OF OLDER PEOPLE, CAREGIVERS AND STAFF

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Preferred presentation method:: Oral Presentation

Introduction: Hospital mealtimes represent a time of frequent frustration for staff and patients. They are a time when older patients may not get the assistance they require to sit up and eat; when staff are juggling competing priorities; and when both groups can feel disempowered to influence change. There have been few studies about how older people and their caregivers experience hospital mealtimes, which may explain why only modest outcomes have been achieved by mealtime improvement programs to date.

Objectives: This study aimed to gather and understand the experience of hospital mealtimes from multiple perspectives (i.e. older inpatients, caregivers and staff), to inform the co-design of new mealtime interventions.

Methods: "Go-along" mealtime observations were undertaken on acute care wards within a single metropolitan hospital in Brisbane, Australia in 2019. A researcher accompanied participants (10 patients aged 65+ years, 5 caregivers, 4 nurses, 2 foodservice staff) during a mealtime, documenting meaningful elements using photographs and field notes. Photo-elicitation interviews were then undertaken with participants (4 patients aged 65+ years, 3 carers, 4 nurses, 2 foodservice staff) and other staff not directly involved in mealtime care (2 physiotherapists, 1 dietitian, 1 doctor, 1 healthcare assistant) to gain insight into their experience, prompted by the photographs. Data were analysed using inductive thematic analysis, involving researchers from diverse professional backgrounds including a consumer representative.

Results: Four themes were identified reflecting the tensions of mealtime "roles" (teamwork, clinical vs fundamental cares, the 'good' patient, independence), "space" (fighting for space at the level of the tray, table, bed and ward), "systems" (patient-centred nutrition care within a constrained system) and "time" (planning for the meal, delivery rush hour, left alone to eat), which presented a barrier to creating "meaningful mealtimes" (joy, sharing, sense of normality, promoting recovery).

Conclusion: This study uncovered tensions and touchpoints during hospital mealtimes through creative photovoice methods which can be used to co-design new interventions with older people, caregivers and staff from diverse professional backgrounds.

Disclosure of Interest: None Declared

Keywords: care partners, Food Service, Hospitalized older patient, mealtimes, nutrition

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1711

LIFE EXPERIENCE IN AN ELDERLY ADULT WITH A STOMA BASED ON DOROTHEA OREM'S SELF-CARE THEORY

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Preferred presentation method:: Oral Presentation

Introduction: Colorectal cancer occurs more frequently in people over 50 years of age, with elimination stoma secondary to a colostomy being one of the main treatments. So, knowing the life experience of the elderly with a colostomy is a priority to analyze her self-care needs.

Objectives: To know the needs of the elderly person with a stoma, based on her life experience.

Methods: Qualitative research with a phenomenological, descriptive and intrinsic approach. The study was approved by the Research Ethics Committee of the IPN's ESEO and done during the second semester of 2021. Data collection was carried out through in-depth interviews, entirely transcribed and analyzed with v8 Atlas.ti program.

Results: Four categories (C1–C4) were identified, which allowed to know the patient's emotions, needs and thoughts regarding her stoma and self-care.

C-1. Biological needs. The patient with a stoma tends to change her diet and recognizes foods that are not tolerated and those that she tolerates. Additionally, she is able to identify when the collection system leaks or is filled with fecal matter, although she is unable to change the collection system herself.

C-2. Management of autonomy and independence (pattern of life, decreased capacity and balance between loneliness and human integration). She recognizes there are limitations conditioning her everyday life. However, she is willing someone to help and guide her, such as the case of family support.

C-3. Knowledge management (dealing with the stoma and impaired health). The patient with a stoma continues her cancer treatment, with appropriate behaviors for caring both her stoma and disease.

C-4. Spiritual well-being (religious value and transcendence). She appreciates the disease as an opportunity to generate family union with a sense of transcendence and gratitude until death.

Conclusion: The elderly adult acknowledges her needs derived from the treatment of colorectal cancer and that she depends on her family for self-care purposes. However, she can manage her knowledge/care and maintain her autonomy, which is strengthened through educational nursing interventions for her care maintenance or improvement, achieving comprehensive well-being in accordance with the real and present needs at the time the case is taken.

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Disclosure of Interest: None Declared

Keywords: Elderly adult, life experience, self-care, stoma

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1710

CHANGES IN FUNCTIONAL STATUS AND DEPRESSIVE SYMPTOMS: A 3-YEAR FOLLOW-UP STUDY IN MALAYSIAN COMMUNITY-RESIDING OLDER ADULTS

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Preferred presentation method:: Oral Presentation

Introduction: Functional status in older people tends to diminish due to physical health and cognitive capacity deterioration. Past studies have concluded that deterioration of functional status might increase the depressive symptoms of older adults. However, longitudinal study on the association of multiple domains of functional status and depressive symptoms in Asia countries is limited.

Objectives: This study aimed to examine the association between changes in functional status (ADL, IADL, disability) and changes in depressive symptoms among Malaysian community-dwelling older adults.

Methods: Data were drawn from waves one and two of older respondents participating in the “Neuroprotective Model for Healthy Longevity among Malaysian Older Adults”. The first wave of data collection was conducted in 2012, and the second wave was conducted 3-year after the first wave. ADL, IADL, and disability were measured by Katz ADL Scale, Lawton IADL Scale, and World Health Organization Disability Assessment II. Depressive symptoms were assessed by 15-item Geriatric Depression Scale. Changes scores were calculated for main study variables by subtracting T1 scores from T2 scores. Hierarchical multiple regression was the primary statistical analysis to answer the research question.

Results: The inclusion rate was 64.6%. Decreases in IADL were identified as a significant risk to subsequent increased depressive symptoms after controlling for background variables and baseline depressive symptoms ($t = -7.866$, $p < 0.001$). Changes in ADL and disability did not associate with subsequent changes in depressive symptoms.

Conclusion: Decreased IADL seems detrimental to older people's mental health. The findings could be attributed to older persons find coping with deterioration in IADL to be more stressful and difficult than deterioration in ADL. Therefore, mental health interventions should be focused on older adults with IADL deterioration to maintain their mental health and promote successful ageing.

Disclosure of Interest: None Declared

Keywords: activities of daily living, depressive symptoms, disability, instrumental activities of daily living, mental health

Abstract Submission Professional

Health Sciences (HS)

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INTERACTION BETWEEN DELIRIUM, MULTIMORBIDITY, AND POST-DISCHARGE DEMENTIA IN ACUTELY ILL OLDER ADULTS.

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Preferred presentation method:: Oral Presentation

Introduction: Patients living with multiple chronic conditions have a higher risk of delirium and could be particularly vulnerable to delirium-related outcomes (1). One could also speculate that the coexistence between delirium and multimorbidity might bring a cumulative risk of other adverse outcomes, such as cognitive impairment. However, few studies have investigated the interaction between delirium and multimorbidity and how their overlap might affect cognition after hospitalization.

Objectives: To investigate whether multimorbidity is an effect modifier of the association between delirium and post-discharge dementia in acutely ill older adults.

Methods: We performed a secondary analysis of a retrospective cohort study in Sao Paulo, Brazil. We included acutely ill older adults consecutively hospitalized from 2010-2016. Inclusion criteria were: age ≥ 60 years; no preexisting cognitive decline; ≥ 12 months of follow-up after discharge. Preexisting cognitive decline was identified using clinical history, CDR-SB, and IQCODE-16. Delirium was defined using the Short-CAM. Multimorbidity was characterized using the Charlson Comorbidity Index (Charlson) and participants were grouped according to the median Charlson score. Our primary outcome was the incidence of post-discharge dementia, identified in follow-up medical records. We investigated the association between delirium and post-discharge dementia using competing-risks regression models. We then completed interaction analyses exploring the effect of multimorbidity on the association between delirium and post-discharge dementia.

Results: We included 309 participants, with a mean age of 78 years. We detected delirium in 66 (21%) hospitalizations and post-discharge dementia in 59 (19%). Overall, 85% participants had two or more multiple chronic conditions and the median Charlson score was 3 (interquartile range = 2, 5). After multivariable analysis, we found that delirium was independently associated with post-discharge dementia (sub-hazard ratio [SHR]=1.89, 95% confidence interval [95%CI]= 1.07-3.33), but the association was modified by multimorbidity ($p=0.076$). In delirium participants with Charlson scores >3 , the association between delirium and post-discharge dementia was significant (SHR=3.30, 95%CI=1.53-7.10, $p=0.002$), while the same was not true for scores ≤ 3 (SHR=1.22, 95%CI=0.58-2.55, $p=0.605$).

Conclusion: Multimorbidity was a significant modifier of the association between delirium and post-discharge dementia in acutely ill older adults. Research on the management of multiple chronic conditions should measure delirium incidence and long-term cognitive decline to explore its potential impact on dementia incidence.

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Disclosure of Interest: None Declared

Keywords: Delirium, Dementia, Hospitalized older patient, Multimorbidity

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1704

ASSOCIATION BETWEEN THE ATTITUDES OF FILIAL RESPONSIBILITY AND THE CARE BEHAVIORS OF CHILDREN CARING FOR THE OLDER ADULT: CROSS-SECTIONAL STUDY

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Preferred presentation method:: Poster Presentation

Introduction: Filial responsibility, as a social or cultural norm, involves a set of responsibilities or obligations of children towards older parents

Objectives: To verify the association between the attitudes of filial responsibility and the care behaviors of children who are caregivers of an older person in a region of southern Brazil

Methods: Cross-sectional study with a sample of 100 caregiver children. Inclusion criteria: being a caregiver for at least three months and for at least three hours per week (instrumental, financial, or emotional support). For data collection, the Filial Responsibility protocol adapted and validated for use in Brazil was used. The Filial responsibility attitudes were analyzed by the Filial Expectation and Filial Duty scales. Care behaviors through the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) scales, financial support, emotional support, company, and visit. The variables were associated using the t-student test.

Results: There is a predominance of caregiver daughters (63%), with a mean age of 48.7 ± 11 years, married (68%), and an average of 11.0 ± 5.4 years of education. The attitudes of filial expectation showed a statistically significant association with caring behavior in relation to help in IADLs ($p=0.007$). Caregivers who provided assistance in the IADLs had significantly lower scores of filial expectation (17.5 ± 2.7 vs. 19.2 ± 1.0 ; $p=0,007$). On the other hand, filial duty was not associated with any behavior (ADL $p=0.339$, IADL $p=0.721$, financial support $p=0.421$, emotional support $p=0.333$, and company and visit $p=0.803$).

Conclusion: Both scales (duty and expectation) had low scores and there was only association between filial expectation and support in IADLs. These findings may be related to the fact that this support is the first one provided in the aging process of older parents and to the regional characteristics of the sample (daughters and married, living in the countryside and far from major health centers). This study provides subsidies for the planning of care actions centered on the older adults and their caregivers, in order to mitigate the impacts arising from the demands related to care activities and consequently the caregiver's burden.

Disclosure of Interest: None Declared

Keywords: Family Relations, caregivers, Geriatric Nursing

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1703

IS THERE AN ASSOCIATION BETWEEN INFLAMMATORY MARKER AND LOWER PHYSICAL PERFORMANCE IN OLDER ADULTS?

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Preferred presentation method:: Poster Presentation

Introduction: Maintenance of physical performance is essential for achievement of healthy aging. A few studies have explored the association between inflammatory markers and physical performance in older adults with inconclusive results¹⁻³.

Objectives: Our aim was to analyze the association of tumor necrosis factor-alpha (TNF- α), Interleukin-10 (IL-10), and C-reactive protein (CRP) with physical performance in a sample of older adults in rural settings of Mexico

Methods: Our study comprised 307 community-dwelling older men and women who participated in the third wave of the Rural Frailty Study. We assessed the physical performance with the Short Physical Performance Battery (SPPB) and classified older adults as low performance if SPPB scored ≤ 8 ⁴. Inflammatory markers were ascertained using serum by immunodetection methods. Logistic regression models were used to estimate the associations between inflammatory markers and physical performance.

Results: In comparison with the normal physical performance group, low physical performance individuals mainly were female ($P < 0.01$), older ($P < 0.01$), more illiterate ($P = 0.02$), more hypertensive ($P < 0.01$), fewer smokers ($P = 0.02$), and had higher CRP levels (**$P = 0.01$**). The logistic model results showed a significant association between the 3rd tertile of CRP and low physical performance (OR = 2.23; $P = 0.03$). IL-10 and TNF- α levels did not show a significant association.

Conclusion: The results of this study were mixed, with a significant association of physical performance with higher CRP levels but nonsignificant with IL-10 and TNF- α . Further studies with improved designs are needed by incorporating a broader set of inflammatory markers.

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Disclosure of Interest: None Declared

Keywords: : physical performance, C-reactive protein, tumor necrosis factor-alpha, tumor necrosis factor-alpha

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1702

MODEL OF COMMUNITY HEALTH SYSTEM BY COMMUNITY BASED MANAGEMENT TO THE SEAMLESS HEALTH SERVICE SYSTEM FOR THE ELDERLY AT RISK OF HIP FRACTURE

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Preferred presentation method: Oral Presentation

Introduction: Hip fracture is a critical health problem make the elderly to bed-ridden and dependent.

Objectives: To develop comprehensive health management systems.

Methods: Health system research and development design of 4 phases included: 1) situation analysis of risk group and baseline services, 2) to develop a community health system model, emergency medical system and the health service system, 3) implement a pilot district, and 4) evaluating the outcomes of the community health system integration and seamless. The research tools were Application Thai Elder Risk, Guidelines for community-based health system, Guidelines for fast tract hip fractures, and Emergency care management program. Data collection were 19,848 elderly population used baseline assessment, emergency care ability form of Village Public Health Volunteers (VHV) and Emergency Medicine (EMR) volunteers and Knowledge and hip fracture risk factors form. The data analysis was used Pair t-test.

Results: A seamless system model for the elderly with hip fractures was integrated consisting of 1) Pre-hospital period : self-management communities for the elderly risk group screening assessment , pin location the risk group, care at the scene of the accident by the VHV and EMR who have been trained, 2) Inter- facility transfer session connected to the 1669 emergency medical system 3) In-hospital period, Fast Tract Hip Fracture system, Multi- disciplinary team for safely surgery within 48-72 hours without complications 4) Post-hospital period, referring to continuous care integration with the system of 3 doctors in the community. The outcome of the system development found that 18.0% screening of the elderly in the group at risk of falls, 39.5% at risk of osteoporosis. The elderly increased knowledge of self-care, warning signs of hip fracture risk factors significantly significant ($p \leq .05$). VHV and EMR have skills in caring for the elderly hip fracture emergency. Of 76.9% of the elderly with hip fracture received surgery within 48-72 hours and 100% of the elderly hip fracture received continuing care after returning to the community were asymptomatic and without complication.

Conclusion: Continuity of seamless care from pre -hospital, fast tract in hospital and collaborative care are important to integrate to care elderly hip fracture.

Disclosure of Interest: None Declared

Keywords: community health system, Elderly, Health Service System, hip fractures, Seamless

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1699

EFFECTS OF AN EDUCATIONAL INTERVENTION ON OLDER PEOPLE'S PERCEPTIONS OF HEALTHY AGING

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Preferred presentation method:: Poster Presentation

Introduction: The World Health Organization established 2021 to 2030 as the decade of healthy aging, motivating the development of research that aims to understand how people can aging better. It is necessary to understand the meaning of healthy aging from the perspective of the older people because only then health actions can be established to improve aging. Aging is often related to chronic diseases, to a greater use of health services, and cognitive and sensory changes, which determines the need for health education interventions from the perspective of health promotion.

Objectives: To evaluate the effects of an educational intervention on older people's perceptions of healthy aging

Methods: Quasi-experimental investigation, with a qualitative approach, which followed the recommendations of the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND). The educational intervention (Alfa-Health) was developed by a nurse for 20 weeks in a primary care health unit in the city of Arapiraca/Brazil. Twenty-one elderly people were interviewed at baseline and follow-up. Semi-structured interviews were guided by the Health Literacy instrument, adapted for use in Brazil. The NVivo 11.0 software was used to organize the thematic analysis based on the question "What is the meaning of healthy aging?" Study approved by the Ethics Committee (CAAE: 72106817.2.0000.5347)

Results: Different themes emerged at baseline and follow-up. At baseline, the main themes were being healthy; have healthy habits; have mental health; negative image of aging and poor socioeconomic conditions in aging. In the follow up, the main themes were being healthy; have healthy habits; live in healthy environments; positive feelings about aging and social participation.

Conclusion: In the present study, different categories emerged from the older people's quotes about the meaning of healthy aging. This perception was related to the maintenance of health and the identification of social determinants of health. After the educational intervention Alfa-Health, participants indicated to be more positive and optimistic about healthy aging. Healthy aging can be perceived in different ways by each individual and the participation of older people in educational interventions can stimulate autonomy, improve self-esteem, and promote the quality of life for participants.

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Disclosure of Interest: None Declared

Keywords: health education, Health literacy, Primary health care

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1697

CUTTING-EDGE APPROACH TO IMPROVING POSTURAL REFLEXES AND MOTOR CONTROL IN ELDERLY FALL-PRONE PEOPLE.

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Preferred presentation method:: Poster Presentation

Introduction: Several studies have confirmed that the falls frequently occur as a result of impaired postural reflexes, balance control, cognitive decline, especially attention and executive dysfunction due to degenerative changes that accompany the aging process. Older people use balance correction strategies following unexpected changes during gait disturbances in order to avoid a loss of balance. They do it differently than younger people. Recent studies have shown the importance of a new specific training intervention that aims to improve reactive balance control (rapid reactions to instability) called perturbation-based balance training (PBT).

In different articles we noticed that most exercises that were described to improve reactive balance were unforeseen for patients, because the instructor pushed or pulled them unexpectedly.

We realized that patients were very tense in anticipation of the imbalance, and focused their attention on their own body. We hypothesized that an intervention strategy based on both motor control and learning favors the interaction between motor and cognitive functions and allows the patient to be better prepared for unexpected perturbations.

Objectives: The aim of our study was to compare Perturbation-based Balance Training(PBT) and the IntelligenceGym for elderly fall-prone people.

Methods: We developed the original training method called IntelligenceGym. It offers a great variety of exercises and does not aim at automating but rather focuses on novelty. People learn to control their bodies in new static and dynamic positions, for example, catching or throwing a ball.

The study subjects were 69 patients, 30 men and 39 women, aged 66 to 79 with a fall experience. They were randomly assigned to PBT group (N = 34) and the IntelligenceGym group (N = 35).Both groups had classes twice a week for 24 weeks. Cognitive and motor performance was assessed before and after intervention.

Results: The motor assessment showed statistically significant improvement in all two groups in all the scores tested (t-test performed). The IntelligenceGym Group had significantly higher performance in Performance Oriented Mobility Assessment test(POMA), Time Up and Go test.

Conclusion: These findings indicate that the IntelligenceGym training is an efficient tool to improve balance and gait in fall-prone elderly people .

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1695

FRAILTY SYNDROME AN FALLS

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Preferred presentation method:: Poster Presentation

Introduction:

World population is aging, among the concerns about the health of the older person. The fall event has a great impact on the quality of life and on the morbidity and mortality rates of this population, since 1 in 3 older person have at least one e fall every 12 months. Frailty syndrome is a geriatric syndrome that can occur in senility, related to the chronic disease process. This syndrome is characterized by its multidimensionality and implies greater vulnerability for the older person. There is a decrease in physiological reserves and an increase in functional deficit, associated with physical changes that cause adverse effects, such as falls, increased morbidity, functional disability, prolonged institutionalization and death.

Objectives: o verify the relationship between frailty, falls and their consequences.

Methods: Cross-sectional analysis of the multiprofessional and multicenter clinical trial Prev Quedas Brasil, which investigates risk factors and longitudinally follows the older person in the community with a history of falls. The frailty criteria proposed by Fried and SOF, number of falls and prevalence of adverse events were evaluated.

Results: According to the FRIED and SOF criteria, respectively, we found n=176(24.9%) and n=162(22.7%) non-frail elderly, as for the pre-frail, n=348(48.8%) and n= 443(62.7%) and the frail were n=203 (28.5%), and n=88 (12.5%). Of the 705 patients evaluated by the two criteria, it was observed that 52 (7.4%) were classified as non-frail, 220 (31.2%) as pre-frail and 65 (9.2%) as frail by both criteria. There was low agreement between the two criteria (kappa=0.133). We chose to use the classification as frail by the SOF, we found that there was a greater wrist fracture in the elderly with a single fall when compared to those with 2 or more falls (p=0.023), a higher prevalence of head trauma among those with 2 or more falls when compared with those with a single fall (p=0.023) in addition to a higher prevalence of excoriation and contusion among elderly people with 2 or more falls when compared with those with a single fall (p<0.001).

Conclusion: in view of the above, we observed that pre-frail and frail elderly people are more susceptible to negative repercussions in a fall.

Disclosure of Interest: None Declared

Keywords: Disability, falls prevention, frailty, PREV QUEDAS BRAZIL, prevalence

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1694

MALNUTRITION AND SARCOPENIA IN BRAZILIAN ELDERLY HOSPITALIZED.

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Preferred presentation method:: Poster Presentation

Introduction: Sarcopenia and malnutrition are prevalent in elderly people and are associated with negative health consequences such as increased morbidity and mortality, decreased quality of life, decreased functionality, increased multiples hospitalization, hospitalization time and costs to the health system (VANDEWOUDE, 2012).

Objectives: Evaluate the prevalence and association between risk of malnutrition and sarcopenia in elderly people admitted in a public hospital in Belo Horizonte – MG, Brazil.

Methods: This is a cross-sectional observational study with elderly people (≥ 60 years) hospitalized admitted consecutively for a period of 270 days. Ethical precepts were observed, by COEP under the number 50773521.3.0000.5136. Nutritional assessment was performed using the Mini Nutritional Assessment, revised reduced version - MNA[®]-SF (KAISER et al, 2009) and sarcopenia by SARC-F (MALMSTROM *et al.*, 2016). For statistical analysis, the SPSS program (Version 23.0) was used and correlations by Spearman's correlation coefficient ($\alpha \leq 5\%$).

Results: Among the 796 elderly (mean age 77.1 ± 9.05 years) evaluated, 50.1% were male and 49.6% were female. The majority of the elderly presented malnutrition (35.8%) and nutritional risk (47.4%) and the eutrophic condition was observed in only 16.8%. Regarding sarcopenia, 40% were at risk of sarcopenia. There was a moderate and negative correlation ($r = -0.45$) between the MNA scores and the SARC-F ($p < 0.0001$).

Conclusion: This study showed the high occurrence of nutritional risk, malnutrition and sarcopenia in hospitalized Brazilian elderly people. The identification of nutritional risk, malnutrition and sarcopenia, through appropriate protocols, in hospitalized elderly, can enable therapeutic actions to minimize the consequences of these factors such as morbidities, changes in functionality, falls, increased hospitalization time, mortality and expenses with the health system. These data can contribute to the outcome of the provision of health services to this specific group.

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Disclosure of Interest: None Declared

Keywords: elderly, hospitalization, malnutrition, sarcopenia

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1278

FIRST ORTHOGERIATRIC UNIT IN URUGUAY; ANALYSIS OF THE RESULTS.

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Preferred presentation method:: Oral Presentation

Introduction: Hip fractures are the most devastating type of fragility fractures in older patients, they are directly associated with falls, and they have a catastrophic impact on the quality of life, causing functional dependence, increased morbidity, relocation to nursing home and death.

Their incidence is increasing worldwide, associated with population aging¹. Uruguay is one of the most aged countries in the Latin American context. There is no falls and fracture record in our country.

As specialized orthogeriatric care reduces the risk of perioperative complications, functional decline, and mortality rates, improving quality of life.

Objectives: To report the design and outcomes of the first Uruguayan orthogeriatric unit (UOG) located in a private hospital in Montevideo, in the first operational year.

Methods: Our UOG works under an orthogeriatric co-management model where the patient is admitted to a specialized orthogeriatric ward and assessed by geriatricians who perform the comprehensive geriatric assessment and traumatologists. The unit started operating in February 2020.

This is a prospective, descriptive, cohort study. All the variables were statistically analyzed with R statistical software. Statistical analysis considered the use of summary measures for the case of quantitative variables, and the use of box plots. The qualitative variables were using frequencies and contingency tables.

Results: 401 patients were admitted to the unit from its opening up to the end of January 2021.

Mean age 84.4±7.23 years, female gender 78.8%. Mean Barthel Index at admission was 81,5 ± 24,3 (SD).

On admission, 65% had comorbidity and 65.6% polypharmacy.

The average length of stay in hospital was 5.64 days±2.68 (SD)

372 patients (92.6%) received surgical treatment, of which 72.5% were operated on within the first 48 hours, finding a slight increase in preoperative time in patients for whom arthroplasty was considered.

The preoperative time had a mean value of 1.80±2.69 SD and the Postoperative time of 3.52±4.38 SD.

Patients who underwent arthroplasty had a longer hospital stay. Mortality during hospitalization was 7.48% (41.4% among patients not operated on).

When analyzing the appearance of pressure ulcers, percentages of less than 5% were observed throughout the follow-up.

The percentage of ulcers at admission was 1.7%, with an incidence of 1.5%.

31% of the operated patients were transfused with at least 1 unit of concentrate of erythrocytes.

The functional status improved at the 3-month follow-up, especially in patients who were operated on.

After one year, it was observed that the patients who underwent osteosynthesis recovered 81.2% of their previous functionality, while the patients who underwent arthroplasty recovered 92.7% of their previous functionality.

Readmissions due to deep infections corresponded to 1.9%.

Overall mortality at one year was 33.2%; 79.3% of non-operated patients; 31.1% who underwent osteosynthesis and 26.4% who underwent arthroplasty. Regarding the time of death, 12.6% occurred in the first month after surgery, 25.2% in the first 3 months and 62.1% after the first 3 months.

Conclusion: Our UOG has shown similar advantages as reported worldwide. This is a novel unit in our country than needs to be multiplied in order to improve the quality of life of a rapidly growing population.

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Disclosure of Interest: None Declared

Keywords: Elderly, Hip Fractures, Orthogeriatrics

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1275

BARRIERS AND FACILITATORS FOR THE PARTICIPATION OF OLDER ADULTS IN PRIMARY CARE HEALTH REHABILITATION PROGRAMS. AN INTERDISCIPLINARY PERSPECTIVE.

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Preferred presentation method:: Oral Presentation

Introduction: Older people participation's in rehabilitation programs of primary care health promotes healthy lifestyles habits and provides opportunities for improving physical, cognitive, communicative, and occupational abilities, also reducing the impact of health associated with aging, by chronic non-communicable diseases, cognitive, hearing, and functional loss. Nevertheless, older people participation's in programs is influenced by contextual factors that represent barriers and or facilitators.

Which are contextual factors that represent barriers or facilitators for the participation of older adults in primary care health rehabilitation programs?

Objectives: Identify contextual factors that represent barriers or facilitators for the participation of old adults in primary care health rehabilitation programs.

Methods: Qualitative type study with a descriptive approach with a sample of 30 people. Inclusion criteria: individuals older than 60 years, non-institutionalized, apparently healthy, without restriction to perform physical exercise. Exclusion criteria: severe cognitive or communicative impairment, or level of total dependency. Georeferencing and participatory diagnosis instruments were applied through a structured survey and focus groups. Tanahashi method was used to categorize factors that act as facilitators and/or barriers.

Results: Barriers to availability, accessibility, acceptability, and contact were evidenced, such as the low offer of rehabilitation programs by health entities and the government and misinformation about them, the geographical distribution of difficult access, fear of contagion by COVID and other diseases. Among the facilitators, availability of alternative telehealth services, as well as private programs, economic accessibility, own resources, and facilitators of contact with the service for their motivation.

Conclusion: The pandemic and the fear of COVID represent one of the main barriers, as well as the limited offer of public and private programs and their dissemination. However, Telehealth became a tool of greater acceptability by this population, representing a benefit for access for the participation of old adults in primary care health rehabilitation programs.

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Disclosure of Interest: None Declared

Keywords: Barriers, Facilitators, Older adults, Primary health care, Rehabilitation

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1270

AN EVIDENCE-BASED STUDY TOWARDS HISPANIC OLDER ADULTS' HEALTH CARE AND PUBLIC POLICY PROMOTION ON SUBSTANCE USE PREVENTION

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Preferred presentation method:: Poster Presentation

Introduction: Although substance use practices and trends have been widely described in the United States (US), Hispanic older adult's substance use practices and treatment needs remain understudied, expanding the knowledge gap regarding adequate screening, diagnosis and culturally relevant treatments for this ethnic group.^{1,2}

Objectives: Discover Hispanic older adults' substance use practices and trends, and examine its relationship with mental health and treatment receipt.

Methods: This retrospective cross-sectional study, examined datasets observations from the US National Survey on Drug Use and Health (NSDUH) from 2015 to 2019. Demographics of respondents who fulfilled inclusion criteria of being Hispanic and having an age of 65 or more were analyzed. Chi-square test for independence and Fisher Exact test were performed to examine relationships between mental health, substance use and treatment. Spearman correlation coefficient was also conducted to determine correlations among variables. IBM SPSS Statistics for Windows, Version 22 (IBM Corporation, Armonk, NY, USA) was used to perform these analyses.

Results: Respondents totaled 1,078 (58.3% females). Most did not completed high school (46.9%) and were married (52.9%), while the majority (77.3%) reported an annual income less than \$30K. The substance most reported as "ever used" was alcohol (66.9%), followed by cigarettes (41.6%), and marijuana (15.6%). Average age of first use of these substances were: alcohol: 20.5, cigarettes: 17.7, and marijuana: 24. Although all substances showed an *increased use trend*, marijuana showed the most noticeable. Female's trends in overall *treatment-receipt* increased, while men's decreased. Males showed to be more likely to engage in binge drinking (4/5 or more drinks in same occasion) than women ($p=0.000$). Men also reported having better overall health ($p=0.008$) and better mental health than females ($p<0.05$). Statistically significant correlations ($p<0.05$) were observed between age of first use of alcohol and other substances (heroin, cigarettes, marijuana, smokeless tobacco, and cocaine) suggesting that respondents used alcohol and other substances for the first time about the same age.

Conclusion: It is imperative that culturally appropriate educational interventions, and effective public health policies for older adults Hispanics are implemented, to address necessary treatment to female's overall and mental health, as well as men's' substance use.

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Disclosure of Interest: None Declared

Keywords: evidence-based care, Hispanic older adults, public policy, substance use, treatment for use of substances

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1268

SURVEILLANCE OF ADVERSE EVENTS OF SPECIAL INTEREST IN THOSE OLDER ADULTS VACCINATED AGAINST COVID 19

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Preferred presentation method:: Poster Presentation

Introduction: The World Health Organization declared SARS-CoV-2 pandemic status in March 2020. The first vaccines (VCs) that Argentina authorized for health emergency were SPUTNIK(SPTK), AstraZeneca(AZ) and Sinopharm(SPH), starting the vaccination(VCN) in December. A surveillance program was developed using two strategies: passive(PS) and active surveillance of adverse events of special interest (AESI) through sentinel units.

Objectives: Description of the AESI reported by pharmacists in older adults vaccinated against COVID-19(COV) cared for in a private hospital(PH)

Methods: Cross-sectional descriptive observational study. Period February-July 2021. Study population corresponded to adult patients over 60 years of age hospitalized in the PH for treatment and follow-up of AESI associated with VCN against COV. A multidisciplinary team was formed in order to analyze it. It was considered in the AESI classification: affected organ, event category and the list of AE of the Brighton Collaboration document. The following variables were recorded: VC administered, sex, age, affected organ, event category, event subtype, event presentation time post-exposure and severity. Severe AEs were defined as those that cause death, hospitalization, disability or congenital anomaly and non-serious AEs that don't meet these conditions. The team was in charge of monitoring and reporting to the health authority (HA). One limitation of our study is to establish a correlation between AE and CV up to the definition of causality issued by the HA.

Results: 19 AESI were reported, average age was 80 years(61-92) and 13 of these(72%) were serious, of which 7 correspond to women. The distribution was 8(42%) associated with SPTK, 10(53%) with AZ, and 1(5%) with SPH. Hematological type events were 12(63%): deep vein thrombosis, hemorrhagic or ischemic stroke (IS), thrombocytopenia and pulmonary thromboembolism. Neurological events were 6(32%): Guillain-Barre(GB), myasthenia gravis(MG), amaurosis fugax and seizure. There were 1(5%) immunological-type events: anaphylaxis(ANA). The average time of presentation was 25 days after VCN. 3 events deviated from the mean: anaphylaxis and HEMS within 24 hours and MG at 114 days. After the application of the first dose 15 events were recorded and 4 after the second. The study highlights a higher frequency of severe AESI, that could be due to the referral of patients to a high complex center. SPTK and AZ presented a similar frequency of hematologic and neurologic events. The most serious cases with AZ were one death due to GB and one case of immediate post-vaccination ANA. The most severe with SPTK was a case of hemorrhagic IS. The less severe AESIs were recovered ad integrum in patients with SPTK and AZ and 1 case of seizure with SPH. The results observed in our study correlate with the country trend according to data from the HA. In our study we didn't establish causality between AEs and VCs. However, the participation of pharmacists in the multidisciplinary group led to a substantial increase in reports and the identification of AESI, providing the necessary information to the HA for their assignment.

Conclusion: The early information obtained contributes to minimize the risks, the social and the economic impact, increasing the acceptance of VCN. This is achieved with high notification rates, debunking myths and rumors, in a framework of safety of VCs with novel design platforms. Community and hospital pharmacists play a fundamental role as they have a daily contact with elderly patients, who are regular consumers of chronic medications.

Disclosure of Interest: None Declared

Keywords: AESI, covid-19 vaccine, pharmacists, surveillance , Vaccine Adverse Event Reporting System

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1264

SEXUAL ORIENTATION AND PSYCHOSOCIAL FACTORS IN LATER LIFE

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Preferred presentation method:: Oral Presentation

Introduction: In recent years, a growing body of research has showed the importance of psychosocial factors, such as high levels of subjective well-being and reduced levels of loneliness, among older individuals. Evidence is growing that high levels of subjective well-being have many favorable consequences. However, little is known whether subjective well-being or other psychosocial variables vary with regard to *sexual orientation in late life*.

Objectives: Due to the limited knowledge regarding the association between sexual orientation and psychosocial outcomes based on nationally-representative samples, and also taking into account minority stress theory, resilience framework and adjusting for important sociodemographic, lifestyle-related and health-related covariates, the aim of this study is to determine whether psychosocial factors (loneliness and subjective well-being in terms of satisfaction with life, positive and negative affect (PA, and NA)) vary with regard to sexual orientation in old age among community-dwelling middle-aged and older adults in Germany.

Methods: Cross-sectional data collected in 2017 were taken from a nationally representative sample of individuals in the second half of life in Germany (n=4,785, average age was 66.4 years, SD: 10.5 years). Outcomes were assessed using well-established tools (life satisfaction: Satisfaction with Life Scale; positive and negative affect: Positive and Negative Affect Schedule; loneliness: De Jong Gierveld loneliness scale). Sexual orientation was dichotomized (heterosexual; sexual minorities including gay/lesbian, bisexual and other). Analyses were adjusted for socioeconomic factors, lifestyle-related factors, and health-related factors. We included age, sex, occupational status, marital status and level of education (ISCED). We controlled for the type of district the individual is living (large cities; urban cities; urban-rural districts; and rural districts). We controlled for social support in terms of network size in our analysis. We included smoking behavior, alcohol intake and frequency of sport activity. Various robustness checks were conducted.

Results: In total, about 7.8% of respondents belong to sexual minorities. In comparison to heterosexual individuals, sexual minority adults were slightly older (70.2 years (SD 10.1) vs. 66.1 years (SD 10.4); p<.001). Furthermore, they differed with regard to civil status (p<.001) and occupational status (p<.001). Moreover, sexual minority adults had poorer average physical functioning (76.2 (SD 25.4) vs. 83.1 (SD 21.7); p<.001), had, on average, more chronic illnesses (3.3 (SD 2.2) vs. 2.5 (SD 1.9); p<.001) and had poorer self-rated health (2.6 (SD 0.9) vs. 2.5 (SD 0.8); p<.001).

Adjusted for various several socioeconomic, lifestyle related and health-related covariates, linear regressions showed that sexual minority adults reported higher loneliness scores ($\beta=.07$, p<.05), whereas sexual orientation was not associated with subjective well-being (life satisfaction as well as negative and positive affect).

Conclusion: In accordance with minority stress theory our study showed that older sexual minority adults report higher loneliness scores. This finding is important as loneliness has become widely acknowledged as a new geriatric giant which could increase, for example, the risk of morbidity and mortality. Moreover, reducing loneliness is important for successful ageing.

Disclosure of Interest: None Declared

Keywords: LGBT, Life Satisfaction, Loneliness, sexual minorities, subjective well-being

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1259

ESTABLISHING PRIORITIES FOR AGED CARE RESEARCH IN AUSTRALIA: A DELPHI SURVEY OF OLDER PEOPLE, CARE WORKERS, SERVICE PROVIDERS, AND ACADEMICS.

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Preferred presentation method:: Oral Presentation

Introduction: This presentation details the process used for establishing a set of research priorities for a Centre for Aged Care Research in Australia. A three-round Delphi survey was conducted to canvas the views of those involved in the receipt and provision of aged care services together with those involved in research on the topic of aged care.

Objectives: Through engaging a range of experts and experts by experience the centre aims to identify research topics that matter most to those with a vested interest in aged care. Establishing a set of research priorities enables the Centre for Research in Aged Care to direct resources and attention to co-create research that is needed and valued.

Methods: An electronic survey was circulated to 270 residential aged care facilities, organisations focused on providing aged care, and academics. Survey one requested participants generate ideas for research that were important to them. Responses were collated to reveal 20 broad research domains and 75 specific research questions. In survey two, participants were asked to rank their top five research domains and rate each of the research questions according to importance on a 5-point Likert scale. In study three additional ranking of the top10 specific research questions identified the topics most important to respondents.

Results: High rating research domains included residential aged care staffing levels, with specific interest in the impact of staffing on person centred aged care, adequacy of care worker training, and consumer input into aged care. Education and support for family members making end of life decisions was also rated as an important priority.

Conclusion: The Delphi method is a fruitful approach for generating research ideas and establishing consensus on priority topics. The priorities generated enable the Centre for Research in Aged Care to partner with stakeholders to develop protocols for future studies and grant applications. Further work with specific groups such as culturally and linguistically diverse, and those with dementia will strengthen the results from this Delphi study. Research on and around priority areas has the potential for improving translation of research findings to positively impact aged care service and practice.

Disclosure of Interest: None Declared

Keywords: Aged care, research priorities, Delphi method

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1255

PHYSIOTHERAPY PRACTICE FOR OLDER PEOPLE WITH DEMENTIA IN INDONESIA: A CROSS-SECTIONAL STUDY

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Preferred presentation method:: Oral Presentation

Introduction: Physiotherapy in Indonesia is an emerging profession. Knowledge of physiotherapists' level of knowledge, characteristics and perceptions in dementia care is an important first step to inform professional development and practice in physiotherapy to guide the development of dementia care in Indonesia.

Objectives: The aims of the study were to i) identify the characteristics of physiotherapists associated with treating older people with dementia, and ii) identify the level of knowledge and perceptions about dementia among physiotherapists treating people with dementia in Indonesia.

Methods: This was a cross-sectional study in which registered physiotherapists in Indonesia were surveyed online using Qualtrics. Descriptive statistics, linear regression and univariate regression were used in this study. Multiple logistic regression was conducted to identify characteristics of physiotherapists associated with treating older people with dementia. The Dementia Knowledge Assessment Scale (DKAS) was used to assess level of knowledge about dementia. Qualitative data from the survey were analyzed using thematic content analysis.

Results: The online survey was sent to 6,327 physiotherapists who met the inclusion criteria and 1,061 (16.8%) returned the survey. Eight hundred and eighty-four (83.3%) respondents worked with older patients, and 632 (59.6%) worked with people with dementia. The multiple regression analysis showed that physiotherapists who have been practicing for longer (years) (OR: 1.0, 95%CI: 1.0-1.1, $p \leq 0.001$) and were working in a geriatrics area (OR: 3.0, 9.5%CI: 1.4-6.5, $p = 0.005$) were more likely to treat older people with dementia. Average percentage of practice time spent treating older people with dementia was 35.9% and most common treatment provided for older people with dementia was exercise (88%). The DKAS mean score (SD) was 32.1 (± 5.1)/50 indicating some limitations in dementia knowledge by respondents, and 62% of physiotherapists reported low levels of confidence in treating older people with dementia.

Conclusion: The relatively low dementia knowledge, and generally low confidence in treating people with dementia among Indonesian physiotherapists were important findings in this study. This study highlights opportunities for improvement in physiotherapist's knowledge and skills in this emerging area of practice in Indonesia, and may be relevant to other health disciplines and other developing countries.

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Disclosure of Interest: None Declared

Keywords: cross-sectional studies, dementia, Indonesia, physiotherapy

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1249

CANCER CACHEXIA AND CLINICAL OUTCOMES IN PALLIATIVE CARE OLDER PATIENTS ACCORDING TO CSS CLASSIFICATION

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Preferred presentation method:: Poster Presentation

Introduction: Cancer patients who receive interventions from palliative care teams (PCTs) are often found to have edema and ascites. With such manifestations, it is challenging to diagnose cachexia using the European Palliative Care Research Collaborative diagnostic criteria. Therefore, it is necessary to investigate the validity of a method for diagnosing cachexia that uses indicators other than weight loss.

Objectives: This study aimed to verify whether the cachexia staging score (CSS) of Zhou et al. is valid for diagnosing cancer cachexia in patients aged >65 with PCTs.

Methods: The study participants were patients with cancer who received PCT interventions in a 900-bed university hospital between May 2019 and April 2020. Cachexia was classified into four levels using CSS. All data were collected retrospectively from medical records. Multivariate analysis was performed to identify factors affecting mortality, including age, gender, cancer metastasis, edema, calf circumference, and cachexia stage as adjustment factors. Kaplan–Meier curves were drawn using the presence or absence of death as an event, and the difference between groups was examined using the log-rank test. This study was approved by the ethical review committee of the research institution (ID: 2019-104).

Results: The mean age of the 122 total participants was 74.6 ± 6.2 years, and 46.7% were male. Participants were categorized as follows: 1 (0.8%) had noncachexia, 26 (21.3%) had precachexia, 60 (49.2%) had cachexia, and 35 (28.7%) had refractory cachexia. Increased weight loss, increased SARC-F points, decreased ADL and appetite, and abnormal blood test results were significantly observed as the stage of cachexia progress. Moreover, the most influential factor for death was refractory cachexia (HR 3.46, 95% CI 1.70–7.07, $p < 0.001$), followed by metastatic cancer stage (HR 2.11, 95% CI 1.18–3.78, $p = 0.012$). Overall survival based on the stages of cachexia using the Kaplan–Meier curve showed that patients without cachexia had a longer survival rate (log-rank test $p < 0.001$).

Conclusion: The CSS was prognostic useful in the prognosis of patients under PCT interventions, the presence or absence of refractory cachexia had the strongest effect on the risk of death among patients receiving PCT interventions.

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Disclosure of Interest: None Declared

Keywords: Cancer cachexia, Palliative care

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1246

DIAGNOSIS OF SARCOPENIA IN PATIENTS WITH ARTERIAL HYPERTENSION

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Preferred presentation method: Poster Presentation

Introduction: Determination of vascular stiffness is a promising method for early diagnosis of cardiovascular system damage in cases of arterial hypertension in women of different ages. The relationship between the indicators identified using the photoplethysmographic method, in particular, vascular wall stiffness, augmentation index and arterial hypertension, microcirculation disorders in the development of sarcopenia, has been proven.

Objectives: To identify the role of vascular wall stiffness and augmentation index in vascular wall lesions in patients with arterial hypertension of different ages and to prove their significance in the development of sarcopenia.

Methods: The research included 118 patients with stage II arterial hypertension, grade 1: 41 middle-aged patients (average age – 52.4±0.6 years), 47 elderly patients (average age – 64.7±0.5 years), 30 senile people age (average age – 81.6±0.6 years). The vascular wall stiffness and the augmentation index were determined using the AngioScan-01P device, walking distance, walking speed – during the test with a six-minute walk, hand grip force – using hand grip dynamometer.

Results: A comparative analysis of vascular wall stiffness in patients with arterial hypertension showed a significant increase of stiffness in senile age (7.57±0.08%, 7.57±0.12% and 8.29±0.17%, respectively, p<0, 05), which results in the augmentation index increase (8.97±1.78%, 14.57±2.03%, 24.17±2.13%, respectively, p<0.05). The results of the test with a six-minute walk showed significant differences in walking distance of patients with arterial hypertension in different age groups (middle-aged patients walked in average 438.2±8.8 m, elderly patients – 371.45±10.15 m, senile patients – 213.3±8.31 m, p<0.05). A significant decrease in walking speed was also noted (2.2±0.02 m/s, 1.03±0.03 m/s, 0.59±0.02 m/s, respectively, p<0.05). These data show that presarcopenia occurs in patients with arterial hypertension in elder age and sarcopenia – in senile age. Which is confirmed by the results of hand-grip dynamometry: in a group of women of senile age with arterial hypertension (BMI = 28.4±1.19 kg/m²), the right hand grip force was 50.2% lower (14.9±0.93 daN) than the right hand grip force in women of middle-age with arterial hypertension (29.8±0.67 daN) and 34.5% lower than in elderly women with arterial hypertension (22.5±0.81 daN; (p_{2,3}<0.00001).

The data we obtained confirm the hypothesis that with age, as a result of involutive changes and chronic arterial hypertension, the vascular wall stiffness increases, which disrupts metabolic processes in tissues, including muscle tissues, and leads to a decrease in muscle strength with the subsequent development of presarcopenia in elder age and sarcopenia – in senile age. That is, if the stiffness index equals 8.29±0.17% and the augmentation index equals 24.17±2.13%, we can indicate the presence of sarcopenia as a geriatric syndrome in patients with arterial hypertension.

Conclusion: With aging an increase in the stiffness index leads not only to degenerative changes in vessels of various calibers, but also to disruption of metabolic processes in tissues, resulting in the development of both cardiovascular diseases and sarcopenia.

Determination of the stiffness index and the augmentation index as important characteristics of the arterial wall elasticity dysfunctions, allows to develop differentiated programs for primary and secondary prevention of not only cardiovascular diseases, but also geriatric syndromes, such as sarcopenia.

Disclosure of Interest: None Declared

Keywords: AngioScan-01P , arterial hypertension , hand grip dynamometer, sarcopenia, test with a six-minute walk

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1243

EFFECTIVITY OF AMBULATORY GERIATRIC REHABILITATION AFTER INPATIENT GERIATRIC REHABILITATION OR HOSPITALIZATION: A SYSTEMATIC REVIEW

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Preferred presentation method:: Oral Presentation

Introduction: Due to the increase in older people with multimorbidity, the demand for ambulatory geriatric rehabilitation (AGR) will also increase.

Objectives: To assess the effects of AGR on the main outcomes: functional performance (activity and participation), total duration of rehabilitation, re-admission to hospital or nursing home, patients' and caregivers' quality of life, mortality, and cost-effectiveness in comparison with usual care. Secondly, we aim to describe the organisation and content of AGR.

Methods: Five databases were searched from inception to May 2021. Randomized controlled trials written in English were selected focused on multidisciplinary interventions related to AGR, included participants with a mean age >65, and reported one of the main outcomes. A meta-analysis was performed on functional performance activity measured with the Barthel Index (BI) and patients' quality of life measured with the Short Form health survey (SF-36). Structure, process and rehabilitation environment elements of AGR were systematically mapped.

Results: 39 studies prescribing 23 trials were selected included. The number of participants totalled 3289 allocated to the intervention (n=1719) or control (n=1570). The meta-analysis showed no significant effect between AGR and usual care either on the outcome measurement Barthel Index (BI) ($p=0.50$, $SMD=0.09$, $95\% CI= -0.17$ to 0.34) as on the Short Form health survey (SF-36) subscale physical health ($p=0.84$, $MD=-0.21$, $95\% CI= -2.30$ to 1.87) and the subscale mental health ($p=0.86$, $MD=-0.18$, $95\% CI= -1.87$ to 2.23). 75% of the included studies that reported cost-effectiveness demonstrated a significant favourable effect for AGR. Frequently used elements of AGR are: an inpatient start of AGR with an interdisciplinary rehabilitation team, close cooperation with primary care, an AGR coordinator, individual goal setting, and an educational session for both patient and caregiver.

Conclusion: This systematic review showed that AGR is at least as effective as usual care on the outcomes functional performance activity and the patients' quality of life. This review demonstrates various frequently used structure, process and environment elements of AGR. Future research is needed to further explore these elements from the perspective of the patients, professionals and policymakers.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1240

THE INVOLVEMENT OF RELATIVES IN THE END-OF-LIFE CARE OF AN AGED RESIDENT - RESULTS FROM A QUALITATIVE CASE STUDY IN A LONG-TERM CARE HOME

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Preferred presentation method:: Poster Presentation

Introduction: Long-term care homes are residential settings reserved for people with severe physical and/or cognitive limitations who require daily assistance [1]. Nowadays, they are accommodations for increasingly frail older adults, with about one third of residents dying each year [2]. An integral part of quality end-of-life care in long-term care homes is the involvement relatives [3, 4], a practice described in literature as potentially beneficial to both relatives (e.g., increased sense of control, emotionally rewarding) and older adults (e.g., increased comfort, respect of preferences) [5-9]. Although, few studies have addressed this topic [10].

Although, few studies have addressed this topic [10].

Objectives: We aimed to explore perspectives of relatives and nurses on the involvement of relatives in the end-of-life care of an older adult living in a long-term care home, regarding: 1) how are relatives involved? 2) how do relatives wish to be involved? 3) what strategies can promote relatives' involvement?

Methods: To gain an in-depth understanding of the phenomenon and its underlying context, we conducted a qualitative case study [11]. Data was collected from one long-term care home with a sample of 4 nurses and 3 relatives using sociodemographic questionnaires, individual semi-structured interviews, relevant documents, and a field diary. We analysed data following Braun and Clarke's thematic analysis method [12].

Results: We established a broad scope of relatives' possible involvement in end-of-life care, including contributing to hands-on care, obtaining information and being present. As wishes for involvement varied, nurses seemed to rely on relatives to share how they want to be involved. To promote relatives' involvement, some strategies aimed at health professionals and managers were suggested, such as developing a trusting relationship, offering opportunities for involvement, and actively assessing relatives' wishes.

Conclusion: These results can guide improvement in clinical practices and raise awareness on the end-of-life care experiences of relatives in long-term care homes.

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Disclosure of Interest: None Declared

Keywords: family caregivers, nursing home, older adults, palliative and end-of-life care, qualitative study

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1237

FACTORS ASSOCIATED WITH SIT-TO-STAND TEST OF COMMUNITY-DWELLING ELDERLY IN INDONESIA

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Preferred presentation method:: Poster Presentation

Introduction: Sit-to-Stand Test (STS) is extensively used to assess the functionality of the lower body in elderly people. STS is one of good predictor of future disability in elderly dwelling in the community.

Indonesia's population is now undergoing a transition to be an aging society. Indonesian elderly has reached 9.6% of national population or approximately 26 million people. The majority of Indonesian elderly are living with a medium disability. As a good predictor of disability in elderly, it is important to asses factor associated with Sit-to-Stand Test in Indonesian community-dwelling elderly.

Objectives: This study aimed to analyse factors associated with Sit-to-Stand Test in Indonesian community-dwelling elderly.

Methods: Participants were 1391 Indonesian elderly who participated in the cross-sectional Indonesia Family Life Survey (IFLS-5) in 2014-2015 and without any interviewed comorbidities. The measurements recorded in this study were age, gender, haemoglobin, weight, height, BMI, waist and hip circumference, waist-hip ratio, smoking status, marital status, education level, ethnicity, ADL/IADL, depression, sleep disturbance and impairment, 5 times Sit-to-Stand Test. Linear regression analysis was employed to identify factors associated with STS performance.

Results: Participants were 631 women (mean age 67.92±6.710 years) and 760 men (mean age 68.12±6.836 years). Average STS time was 11.178 ± 4.409 seconds in women and 9.151 ± 3.089 seconds in men. In a multivariable model, age (regression coefficient [RC], 0.146; 95% confidence interval [CI], 0.107 to 0.184; p=0.000), male sex (RC, -1.382; 95% CI, -2.179 to -0.585; p=0.001), weight (RC, -0.080; 95% CI, -0.131 to -0.029; p=0.002), moderate sleep impairment (RC, 1.193; 95% CI, 0.418 to 1.969; p=0.003), high school education level (RC, -1.071; 95% CI, -1.814 to -0.328; p=0.005) and higher education level (RC, -1.449; 95% CI, -2.757 to -0.141; p=0.030) were significantly associated with STS time. Depression, sleep disturbance, ADL, IADL and haemoglobin level did not influence performance significantly.

Conclusion: Age and gender are associated with STS performance in Indonesian community-dwelling elderly. Attention should be paid to some factors such as body weight and sleep impairment, in order to modify functionality of the lower body in Indonesian elderly.

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Disclosure of Interest: None Declared

Keywords: elderly, Indonesia, Sit-to-Stand Test

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1233

FEATURES OF THE APPLICATION OF GENDER PROFILE PEPTIDES IN MIDDLE-AGE MEN

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Preferred presentation method:: Poster Presentation

Introduction: We suggested that the decrease in free testosterone level in men with subcompensated distress syndrome is not associated with SHBG level correlated with insulin but with an increase in insulin resistance and moderate dysfunction of adrenal glands at normal levels of cortisol and blood sugar.

Objectives: Improvement of the level of sex hormones in men with altered insulin resistance using peptides.

Methods: We studied 105 men aged 38-45 years with erectile dysfunction after prolonged stress. Patients with elevated blood sugar and insulin levels were excluded. All patients were divided into three groups and received various combinations of adrenal, prostate, testis, and pancreas peptides for six weeks. In all subjects, the quality of erections was studied, as well as indicators of glucose, insulin, cortisol, DHEA-S, sex hormones, and insulin resistance (HOMA-R).

Results: All patients had moderately elevated HOMA-R and DHEA-S. Levels of free and total testosterone were normal but below-average values. SHBG, FSH, LH, and cortisol levels were normal. The use of prostate and testicular peptides did not substantially affect the quality of erections. The HOMA-R and adrenal hormones levels did not change, and total and free testosterone levels increased by 4.6% and 18%, respectively.

The adrenal, prostate, and testis peptides complex moderately reduced DHEA-S levels and increased free and total testosterone levels by 54% and 24%, respectively. The HOMA-R, cortisol, and SHBG levels did not change. The quality of erections was improved.

A significant improvement in the quality of erections was achieved with a complex of the adrenal, pancreas, prostate, and testis peptides. The quality of erections has grown even more. HOMA-R, DHEA-S, and cortisol levels dropped significantly. Free testosterone increased by 1.9 times. SHBG values slightly increased.

Conclusion: The hormonal status and the erectile function in men with subcompensated distress syndrome are affected by insulin resistance, coupled with moderate adrenal and testicular dysfunction. Fluctuations in the level of free testosterone are not associated with the level of SHBG. A significant improvement in male hormonal status with distress syndrome can be achieved using the complex of targeted and pancreas peptides.

Disclosure of Interest: None Declared

Keywords: Improvement of the level of sex hormones in men with altered insulin resistance using peptides., PEPTIDES

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1231

ASSOCIATION OF THE RATIO OF HEMOGLOBIN TO RED CELL DISTRIBUTION WIDTH WITH FRAILTY IN THE OUTPATIENTS OF A FRAILTY CLINIC

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Preferred presentation method:: Poster Presentation

Introduction: Routine frailty screening should be performed for all older adults. This may be facilitated by the use of a simple and inexpensive biomarker obtained from a routine blood examination such as a complete blood count. A complete blood count includes hemoglobin (Hb) and red cell distribution width (RDW). Lower levels of Hb and higher levels of RDW have been reported to be associated with frailty. Recently, an association between the ratio of Hb and RDW (HRR) and frailty has been reported in hospitalized patients (Qu et al. *Front. Cardiovasc. Med.* 2021); however, its association in older outpatients has not been reported.

Objectives: We aimed to investigate the association of HRR with frailty in older outpatients.

Methods: This cross-sectional study included 584 outpatients in a Japanese frailty clinic. Frailty (as the objective variable) was assessed by the Japanese version of the Cardiovascular Health Study criteria (i.e., shrinking, weakness, slowness, exhaustion, and low activity), and HRR (as the explanatory variable) was calculated as Hb/RDW, obtained from clinical records. Participants were classified into five groups based on a sex-stratified quintile of HRR (i.e., Q1 to Q5). Odds ratios (ORs) and 95% confidence intervals (CIs) for frailty were estimated, using multiple logistic regression models in the Q5 group as a reference. The covariates were sex, age, body mass index, polypharmacy, pre-orthopedic surgery, and the use of iron preparations.

Results: The mean (standard deviation, SD) age was 76.6 (7.5) years, and 31.3% were males. Mean (SD) HRR of Q5 to Q1 groups were 1.14 (0.08), 1.03 (0.05), 0.95 (0.05), 0.87 (0.04), and 0.72 (0.11), respectively. Using the Q5 group as the reference, the adjusted ORs (95% CIs) of Q4 to Q1 groups were 0.83 (0.52–1.31), 1.01 (0.66–1.55), 1.20 (0.79–1.82), and 1.75 (1.16–2.64), respectively.

Conclusion: Lower HRR was significantly associated with frailty in older outpatients. Our finding suggests that HRR (obtained from an available complete blood count) may be an easy and useful biomarker for the routine screening of frailty in older patients without the need for an additional blood sample or expensive equipment.

Disclosure of Interest: None Declared

Keywords: biomarker, frailty, Hemoglobin, red cell distribution width, screening

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1224

PRIVATE FUNDING OF MEDICAL SERVICES AMONG OLDER ADULTS: A LONGITUDINAL ANALYSIS

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Preferred presentation method:: Poster Presentation

Introduction: The upturn in life expectancy and its consequence, population aging, are phenomena that are challenging labor, pension, and social-security systems around the developed world.

Objectives: The focal question in this study is the extent of private funding of healthcare services by the older adult population. This study's three objectives are to profile the healthcare services for which older adults pay out of pocket, profile the older adults who pay privately for medical services and detect changes over the years, and identify predictors of private healthcare service funding by older adults.

Methods: The study is based on the use of the SHARE-Israel database (SHARE—Survey of Health, Ageing and Retirement in Europe). Relating to information yielded by the last two waves of SHARE-Israel (Wave 7 and Wave 8), it sheds light on the characteristics of those who reported having paid privately for medical services.

Results: A large majority of the older adults population in Israel that consumes healthcare services is asked to pay for them out of pocket. Possession of supplemental health insurance coverage, state of health and changes in it, and economic resources are found to have the strongest effect on the probability of private funding. The motive of financial and/or social support that older adults receive from and/or give to their immediate surroundings makes it more likely that they will pay privately for healthcare services. The probability of private funding varies between nationality and between immigration status.

Conclusion: The study emphasizes that the share of private funding of healthcare in older adult households' total annual income is trending upward. Furthermore, economic motives are central in determining whether older adults' out-of-pocket expenditure on healthcare services will stabilize over time. The findings stress the need to enhance the healthcare system's awareness of the profile older adults who find it necessary to pay privately for healthcare services. Given the steady increase in the share of older adults who take out health insurance, the healthcare system and the decision-makers should explore alternative ways to protect financial publicly funded insurance among the older adult population for the time when they will need it.

Disclosure of Interest: None Declared

Keywords: forgone medical care, Health insurance, old age, out-of-pocket, private funding

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1223

REASONS FOR PERCEIVED DETERIORATION IN HEALTH STATUS FOLLOWING THE COVID-19 PANDEMIC: A CROSS-NATIONAL SURVEY

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Preferred presentation method:: Oral Presentation

Introduction: The outbreak of the COVID-19 pandemic created challenges in providing healthcare also for those who were not infected by the virus and, as a result, may have exacerbated harmful health problems.

Objectives: The current study aims to assess the prevalence of older adults' reportage of forgoing, postponing, or being denied healthcare relative to the pre-pandemic period and to identify the individual characteristics of the problem. It is assumed as a hypothesis that older adults did abstain from using healthcare services and that this was bad for their health.

Methods: The study is based on the Survey of Health, Ageing and Retirement in Europe (SHARE) data collected during the pandemic. The sample comprised 51,778 people in twenty-seven European countries (including Israel). Participants were asked about changes in their health status relative to pre-pandemic. Bivariate analysis and logistic regression were used to identify factors associated with worsening of health status.

Results: Nine percent of participants reported a worsening of health relative to pre-pandemic. A logistic regression revealed a significant relation of the probability of a downturn in health to forgoing, postponing, or being denied an appointment for medical care. Multiple chronic illnesses, developing COVID-19, having at least one form of psychosocial distress, higher age, and lower economic capacity were also found significantly related to the probability of a decline in health.

Conclusion: Older adults' comprehensive health needs must be addressed even when healthcare services are under strain due to pandemic outbreaks. Policymakers should attend to the healthcare needs of people whose vulnerability to the pandemic is amplified by chronic health conditions and low socioeconomic status. Public healthcare systems may experience a massive rebound of demand for healthcare, a challenge that should be mitigated by delivery of healthcare services and the provision of the financial resources that they need.

Disclosure of Interest: None Declared

Keywords: being denied medical care, decline health status, economic capacity, forgoing healthcare, postponing healthcare

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1214

DEMOGRAPHIC PICTURES OF ELDERLY WITH FEMORAL NECK FRACTURE DURING COVID PANDEMIC

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Preferred presentation method:: Poster Presentation

Introduction: Femoral fractures, were the most prevalent fractures in elderly. The incidence was 620 cases in 100.000 people per year. The 30 days mortality rate range between 7% to 8.2%. The covid pandemic, has a deep impact on health management system. This study conducted to observe the demographic pictures of elderly with femoral fractures during the covid pandemic.

Objectives: to observe the demographic pictures of the elderly with femoral neck fractures during the covid pandemic

Methods: observational retrospective study, in Soeharso Orthopaedic Hospital. Data collected from electronic medical record, before the pandemic (2019) dan during the pandemic (2020). Demographic data included age, sex, comorbid, type of fractures, length of stay and type of admission

Results: Mean age was 60-64 year, with female were more prevalent than male, 127 (63,18%) vs 74 (36,81%) before the pandemic, and 97 (68,79%) vs 44 (31,21%) during the pandemic. Admission route mostly from ER, 117 (58,21%) vs 79 (56,42%). Length of stay were extended in both group, , morethan 5 days, 69% and 71,42%. Heart failure, and anemia were the post prevalent comorbid.

Conclusion: there were no significant differences in demographics pictures of the elderly with femoral neck fractures during the covid pandemic.

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Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1213

OSTEOSARCOPENIA INCREASES THE LIKELIHOOD OF COGNITIVE FRAILTY COMPARED TO OSTEOPOROSIS AND SARCOPENIA IN OLDER OUTPATIENTS VISITING A FRAILTY CLINIC

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Preferred presentation method:: Poster Presentation

Introduction: Age-related geriatric syndromes such as sarcopenia, osteoporosis, and cognitive impairments are a common global problem because it leads to the loss of independent daily life for older adults. Osteosarcopenia—the coexistence of osteoporosis and sarcopenia—and cognitive frailty—the coexistence of mild cognitive impairments (MCI) and physical frailty—are relatively new concepts in geriatric medicine. However, both osteosarcopenia and cognitive frailty are risk factors for falls and fractures, which lead to a loss of independence in older adults and should be disseminated in clinical practice.

Objectives: This study aimed to determine the association between osteosarcopenia and cognitive frailty.

Methods: This was a cross-sectional secondary data analysis of the Frailty Registry Study with outpatients aged ≥ 65 years who visited a frailty clinic at a geriatric hospital. Osteoporosis was defined as a bone mineral density $<70\%$ of the young adult mean. Sarcopenia was diagnosed according to the Asian Working Group for Sarcopenia 2019 criteria. Cognitive frailty was defined as the coexistence of physical frailty and MCI. Physical frailty was evaluated according to the Japanese Cardiovascular Health Study criteria, whereas MCI was defined as a Mini-Mental State Examination score ≥ 24 and ≤ 25 points on the Japanese version of the Montreal Cognitive Assessment. We performed a multivariable logistic regression analysis to investigate the association between osteosarcopenia and cognitive frailty.

Results: The data of 377 patients were analyzed. The mean age of the patients was 77.1 ± 7.0 years, and 63.1% were female. The prevalence of osteosarcopenia and cognitive frailty was 13.0% and 22.3%, respectively. Logistic regression analysis revealed that osteosarcopenia was independently associated with cognitive frailty with a higher odds ratio than osteoporosis or sarcopenia alone (osteosarcopenia: odds ratio 9.791, 95% confidence interval 3.845–24.933; osteoporosis alone: odds ratio 2.216, 95% confidence interval 0.982–4.996; sarcopenia alone: odds ratio 6.132, 95% confidence interval 2.622–14.339).

Conclusion: Osteosarcopenia is associated with cognitive frailty at a higher odds ratio than osteoporosis and sarcopenia alone. To achieve effective fall prevention, frailty, sarcopenia, osteoporosis, and cognitive impairments need to be considered.

Disclosure of Interest: None Declared

Keywords: Cognitive impairment, osteoporosis, Osteosarcopenia, Sarcopenia

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1212

SYNERGISTIC ACTION (ADDITIVE AND MULTIPLICATIVE) OF FRAILTY AND DEPRESSIVE SYMPTOMS ON ALL-CAUSE MORTALITY

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Preferred presentation method:: Oral Presentation

Introduction: Frailty and depression are two common and coexisting conditions among older adults. Their joint action has been investigated for mortality, but the evidence is still scarce.

Objectives: This study aimed to estimate the synergistic action of frailty and depressive symptoms on all-cause mortality in a sample of older adults residing in rural settings of Mexico.

Methods: Longitudinal analysis with 572 older adults participating in the Rural Frailty Study (RFS). The RFS started in 2009, with follow-up measurements in 2013 and 2018. Frailty was based on the phenotype of Fried et al. Depressive symptoms were assessed using the Geriatric Depression Scale, 15-items version. The outcome was all-cause mortality. Laplace regression models were used to estimate the synergistic action of frailty and depressive symptoms on the survival percentiles.

Results: At baseline, the mean age was 71.1 (SD= 3.5), the prevalence of frailty was 8.4%, and 20.6% had depressive symptoms. 28.0% died during follow-up. The results of the Laplace regression showed that the joint presence of frailty and depressive symptoms decreases the median survival time by 31 weeks (95% CI: 23.5-39.3) compared to the non-frailty and without depressive symptoms (additive scale). On a multiplicative scale, median survival time was achieved 37% slower in frail individuals with depressive symptoms compared to non-frail without depressive symptoms.

Conclusion: This study showed significant associations between frailty, depressive symptoms, and mortality among older adults in Mexican rural settings. Older adults with frailty and depressive symptoms had a higher mortality risk than that not-frail without depressive symptoms. Simultaneous identification of frailty and depression in clinical and community settings are necessary to reduce mortality risk in rural older adults.

Disclosure of Interest: None Declared

Keywords: all-cause mortality, depressive symptoms, frailty, rural settings

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1210

DIET-INDUCED INFLAMMATION INCREASES THE LIKELIHOOD OF SARCOPENIA IN OLDER ADULTS

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Preferred presentation method: Poster Presentation

Introduction: Inflammation is one of the causes of sarcopenia. The Dietary Inflammation Index (DII) is an index of diet-induced inflammation. Clarifying the association between DII, which can noninvasively assess diet-induced inflammation, will facilitate the development of effective nutritional interventions to prevent sarcopenia.

Objectives: This study aimed to examine the DII scores associated with sarcopenia in older adults.

Methods: This cross-sectional study used data from the Frailty Registry Study, which collected data from outpatients who first visited a frailty clinic. The DII is an index of diet-induced inflammation, and a dietary assessment was performed using a brief self-administered diet history questionnaire to calculate the DII score. A review of cell cultures, animal experiments, and human studies examining the relationship between dietary intake and inflammatory biomarkers identified 45 nutrients and foods, which are constituents of the DII. We classified the DII scores into quartiles (Q1–Q4), and sarcopenia was diagnosed according to the Asian Working Group for Sarcopenia 2019 as low muscle mass with decreased muscle strength or low physical performance. We performed logistic regression analyses for sarcopenia to investigate the association between DII scores and sarcopenia. As confounding factors, age, sex, comorbidities, and physical activity were entered into the logistic regression model.

Results: We included 304 patients in the analysis. The mean age of the patients was 77.6 ± 6.3 years, and 67.4% were female. The prevalence of sarcopenia was 14.5%. The prevalence of sarcopenia increased stepwise from 9.2% among Q1 to 11.7%, 11.8%, and 25.3% among those with Q2, Q3, and Q4, respectively ($P = 0.008$). Logistic regression analyses for sarcopenia adjusted for age, sex, comorbidity, body mass index [BMI], and physical activity showed that the DII scores were significantly associated with sarcopenia (reference: Q1, Q4: odds ratio [OR] 3.40, 95% confidence interval [CI] 1.11–10.39).

Conclusion: Diet-induced inflammation is associated with a higher likelihood of sarcopenia in older adults attending a frailty clinic. Therefore, we need to be aware of diet-induced inflammation to prevent sarcopenia.

Disclosure of Interest: None Declared

Keywords: Diet-induced inflammation, Older adults, Sarcopenia

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1206

DO ADVERSE EXPERIENCES IN CHILDHOOD AND ADOLESCENCE PREDICT MORTALITY BEFORE 80 YEARS OLD? GENDER DIFFERENCES

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Preferred presentation method:: Oral Presentation

Introduction: It is not known whether adverse early life conditions can contribute to the occurrence of an early death.

Objectives: To analyze the association between adverse experiences in childhood/adolescence and the risk of mortality before 80 years old and to explore the gender differences.

Methods: The sample was composed of 941 participants of the English Longitudinal Study of Ageing who died before or after 80 years old in the period between 2007 and 2018. Socioeconomic status, infectious diseases, and parental stress in childhood/adolescence data were collected at baseline (2006). Logistic regression models stratified by sex were adjusted by current socioeconomic, behavioral, and clinical variables.

Results: Having lived with only one parent (OR = 3.79; 95% CI: 1.35–10.67), overprotection from the father (OR = 1.12; 95% CI: 1.01–1.25) and having had an infectious disease in childhood/adolescence (OR = 2.05; 95% CI: 1.15–3.66) were risk factors for mortality before 80 years old in men. In women, overprotection from the father (OR = 1.22; 95% CI: 1.07–1.39) was the only risk factor for mortality before 80 years old, whereas a low occupation of the head of the family (OR = 0.58; 95% CI: 0.34–0.98) and greater care from the mother in childhood and adolescence (OR = 0.86; 95% CI: 0.76–0.99) were protective factors.

Conclusion: Independently of one's current characteristics, having a poorer socioeconomic status and health in childhood/adolescence diminished longevity in men. Parental overprotection diminished longevity in men and women, whereas maternal care favored longevity in women.

Disclosure of Interest: None Declared

Keywords: adverse childhood experiences, ageing, childhood conditions, longevity, survival

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1194

ASSOCIATION BETWEEN COGNITIVE PATTERNS AND RISK FACTORS OF LIFESTYLE OF ELDERLY ADULTS

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Preferred presentation method:: Poster Presentation

Introduction: Probing the possible patterns of cognitive function in population will allow support for health policies to prevent or delay dementia syndromes in the elderly.

Objectives: To test if there is association between cognitive patterns and risk factors in lifestyles of elderly adults (EA).

Methods: Analytical cross-sectional study with insured EA belonging to two care units in Mexico City, 2019. Included were EA 60-95 years old, either sex, one or more risk factors for dementia. Excluded were participants with incomplete interviews or clinical evaluations. Sociodemographic data were obtained (age, education, sex, marital status, occupation), along with habits (smoking, alcohol consumption, physical activity, living alone), comorbidities (obesity, hypertension, diabetes mellitus, depression, dyslipidemia, heart disease, pulmonary obstructive disease, Parkinson disease, hypothyroidism), functionality (daily life activities, step speed, grip strength, fragility). Variables to form cognitive patterns were memory complaints (two questions), global cognitive function (MOCA and MMSE), age (years), sex and education (years). Cluster analysis was done. Patterns obtained are described with descriptive and comparative statistics.

Results: From 350 EA, four possible patterns (PP) were obtained for Global Cognitive function (GCF): i) normal possible cognitive function pattern (NPCFP) (reference); ii) possible dementia pattern (PDP); iii) possible mild cognitive decline adults over 70 (PMCD+70); iv) possible mild cognitive decline young adults (PMCDYA). Factors in multivariate analysis included PP education (OR=0.55), physical activity (OR=0.19), PMCD+70 education (OR=0.59), physical activity (OR=0.07), step speed (0.9) and grip strength (OR= 0.18) PMCDYA age (OR=0.45), education (OR=0.78), occupation, physical activity (OR= 0.06), hypertension (OR=3.44), heart disease (OR=5.7). Likelihood of models for PDP were lower than likelihood (29-38) in patterns PMCD+70 and PMCDYA (120-98).

Conclusion: Sociodemographic characteristics, habits, comorbidities and functionality were protector and risk factors for cognitive function for two of the patterns, with possible decline explained by age and the burden of chronic disease, while the pattern with possible dementia associates with environmental factors much less.

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Disclosure of Interest: None Declared

Keywords: cognitive patterns , lifestyle of elderly adults, risk factors

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1189

THE IMPACT OF DEPRESSION ON THE RELATIONSHIP BETWEEN MOTORIC COGNITIVE RISK SYNDROME AND COGNITION: EVIDENCE FROM THE ELSI-BRAZIL

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Preferred presentation method:: Poster Presentation

Introduction: Motoric Cognitive Risk (MCR) syndrome is a simple tool used to identify independent people at risk of developing dementia. Although mood disorders and MCR relates, whether depression changes the association of MCR with cognition remains unknown.

Objectives: We estimated the associations of MCR with cognitive performance and impairment in people aged ≥ 50 years and examined whether depression modifies the relationship between these conditions.

Methods: Cross-sectional analysis comprising participants without dementia and disability of the Brazilian Longitudinal Study of Aging (ELSI-Brazil), a nationally representative sample. MCR syndrome was defined as presence of memory complaints and slow gait (one standard deviation below age- and sex-specific gait speed means). Depression was assessed through the validated 8-item Center for Epidemiologic Studies Depression Scale (CES-D). We estimated the associations of MCR with global cognition, orientation, memory, and verbal fluency z-scores, using linear regressions adjusted for sociodemographic, clinical, and lifestyle factors. The relationship of MCR with cognitive impairment was examined using logistic regressions. We explored interactions between MCR and depression for cognition.

Results: We evaluated 7,131 participants (mean age 62 ± 9 years; 53% women). Individuals with MCR (7% of the sample) had poorer scores for global cognitive performance than those without the syndrome ($\beta = -0.29$; 95% CI = -0.42 to -0.17). Participants with MCR were also associated with 2-fold odds of cognitive impairment compared to those without the syndrome (39% vs. 19%; aOR = 1.9; 95% CI = 1.4 to 2.7). However, depression modified the relationship between MCR and cognitive impairment in people aged 50 to 64 years, with a p-value for interaction = 0.02. In middle-aged adults without depression, MCR was not related to cognitive impairment. In contrast, in middle-aged adults with depression, MCR was associated with cognitive impairment (aOR = 2.7; 95% CI = 1.6 to 4.4).

Conclusion: MCR syndrome was associated with worse cognitive performance. Among middle-aged adults, MCR was related to cognitive impairment only in those with depression. Depression evaluation alongside MCR may help clinicians detect individuals more likely to experience cognitive impairment in midlife. Future studies should test the impact of treating depression on those with MCR.

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Disclosure of Interest: None Declared

Keywords: Cognition, dementia, depression

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1187

FALLS PREVENTION IN OSTEOARTHRITIS: EXPLORING THE EVIDENCE-PRACTICE GAP

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Preferred presentation method: Oral Presentation

Introduction: Osteoarthritis (OA) and falls both commonly affect older people. Falls are a leading cause of injury and hospitalisation among older people, and can result in a cascade of functional decline culminating in the need for residential care. There is evidence to suggest that people with hip or knee OA are at a greater risk of falling (1). However, while high-level evidence exists to prevent falls in older people (2, 3), current OA clinical guidelines give little or no attention to the screening or management of falls risk. This highlights a failure in the translation of falls prevention evidence to both clinicians and people with OA.

Objectives: To understand this research translation gap, we aimed to: (1) identify falls risk factors specific to people with hip or knee OA; (2) understand current OA clinical practice in relation to falls prevention; and (3) explore consumer perceptions of falls risk and barriers and enablers to participation in falls prevention activities.

Methods: Over a 12-month period, a mixed-methods research program was undertaken that incorporated population, clinician and consumer perspectives. The program included: (1) population-level analysis of falls-relevant data from the Osteoarthritis Initiative (N=4,796) where the outcome of interest was self-reported falls and fractures; (2) cross-sectional survey of 370 Australian physiotherapists; and (3) qualitative study utilising semi-structured telephone interviews with 20 people over 50 years with doctor-diagnosed hip or knee OA.

Results: Although a higher proportion of people with OA reported having had falls (72% vs 63%; $p<0.001$) and fractures (17% vs 14%; $p=0.012$) than those without OA, only self-reported history of falls was a significant predictor of falls (IRR 1.50; 95% CI 1.40, 1.60) and fractures (IRR 1.38; 95% CI 1.13, 1.69) on multivariate analyses. Physiotherapists who provide care for people with OA reported only moderate confidence in assessing falls risk and delivering falls prevention care (median 7, scale 0 (not at all confident) – 10 (extremely confident)). While most physiotherapists asked about falls history (88%), only 39% used a falls-specific assessment tool. Consumer interviews revealed that they had limited knowledge about falls prevention programs, and that there is a stigma associated with the terms 'falls' and 'falls prevention'.

Conclusion: Findings from this program of research have guided the development of targeted resources for clinicians and consumers, including online training modules to upskill clinicians who care for people with OA. It has also highlighted the need to use positive health messaging to raise falls risk awareness in order to optimise the uptake of these activities.

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Disclosure of Interest: None Declared

Keywords: evidence-based practice, falls, falls prevention, mixed-methods, osteoarthritis

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1184

INTERPROF ACT: EFFECTS OF STRATEGIES TO IMPROVE INTERPROFESSIONAL COLLABORATION ON NURSING HOME RESIDENTS' HOSPITALIZATIONS-A CLUSTER RANDOMIZED TRIAL

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Preferred presentation method:: Oral Presentation

Introduction: Hospitalizations of nursing home residents are often futile (1, 2) and implicate negative effects to residents (3). Inadequate interprofessional collaboration might be one reason for unnecessary hospital admissions (4). In a previous study, we developed an intervention package (*interprof* ACT) to improve collaboration between general practitioners and nurses in nursing homes (5) with the aim to improve medical care of residents.

Objectives: To evaluate the impact of the *interprof* ACT intervention on the cumulative incidence of hospitalization and other clinical parameters among nursing home residents.

Methods: Multicenter cluster-randomized controlled trial including 34 nursing homes with at least 40 long-term care residents. Nursing home residents of the control group received usual care, while *interprof* ACT was introduced in the intervention group. Nursing homes were randomized into the two groups 1:1 pairwise. Study staff was blinded at the level of data collection. Primary outcome was the cumulative incidence of hospitalization within 12 months. The statistical analysis was mainly performed in a linear mixed effects model.

Results: 323 nursing home residents from 17 nursing homes received usual care, while 320 residents in 17 nursing homes were in the intervention group. In the control group, 151 (46.7%) residents were hospitalized at least once within 12 months, compared to 136 (42.5%) in the intervention group (OR: 0.82, 95%-CI: [0.55; 1.22] p=0.33). No differences were found regarding the average number of hospitalizations: 0.8 hospitalizations per person in 12 months in both groups (rate ratio (RR) 0.91, 95%-CI: [0.66, 1.2], p=0.54). Hospitalizations lasted an average of 6.5 days for residents in the control group and 5.7 days for those in the intervention group (RR: 0.70, 95%CI: [0.45, 1.11], p=0.13). Mortality was also not significantly lower in the intervention group (73 residents, 22.8%) than in the control group (65 residents, 20.1%) (OR: 1.12, 95%-CI: [0.80; 1.58] p=0.50). In both groups, falls were the most frequent adverse events.

Conclusion: Hospitalizations of nursing home residents decreased slightly in the intervention group. However, findings were neither significant nor showed any clinical relevance. Reasons might be found in the implementation process, such as the range of implemented *interprof* ACT components per nursing home. As hospitalization rates of nursing home residents are still high, (interprofessional) strategies to improve their health care are needed - particularly in pandemic times.

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Disclosure of Interest: None Declared

Keywords: Cluster randomised trial, Interprofessional relations, Nursing homes, Patient centered-care, Physician-nurse relations

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1181

ENVIRONMENTAL RISK FACTORS IN FALLER OLDER PEOPLE WITH COGNITIVE DECLINE PARTICIPATING IN A FALL PREVENTION PROGRAM

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Preferred presentation method:: Oral Presentation

Introduction: Falls occur due to the interaction of intrinsic and extrinsic risk factors. Environmental risk factors are responsible for 30-50% of falls. This percentage increases in older people with cognitive impairment, as the prevalence of falls in 1 year increase to 70-80%. Thus, implementing fall prevention programs can decrease the environmental risk factors in older people with cognitive decline, promote a safe environment and decrease the incidence of falls.

Objectives: To verify the effects of a fall prevention protocol on environmental risk factors in faller older people with cognitive decline.

Methods: This is a preliminary result from a randomized clinical trial approved by the UFSCAR Ethics Committee and included in the Brazilian Registry of Clinical Trials. Faller Brazilians over 60 years old with a score below or equal to 78 points on Addenbrooke's Cognitive Examination Revised (ACE-R) were included. At baseline and after 16 weeks, safety at home was assessed remotely by the Home Risk Assessment (Home Fast) questionnaire. The Intervention Group (IG) received a case management at home for reducing falls risk, including multidimensional assessment, explanation of fall risk factors and elaboration and monitoring of an individualized intervention plan. . The Control Group (CG) received general health orientations monthly by phone.

Results: To date 30 older people have been evaluated, 15 from the IG and 15 from the CG. Both groups consisted of 13 women with a mean age of 79.6 in the CG and 75.8 years old in the IG. At baseline, the ACE-R had a mean score of 58.7 points in the IG and 56.4 points in the CG, and the mean scores of the Home Fast were 6.3 points in the IG and 7.0 points in the CG, with no differences between groups ($p>0.05$). At this moment, 18 participants were reevaluated, the IG had a mean score of the Home Fast of 4.1 points and the CG of 5.6 points, with no difference between groups.

Conclusion: The fall prevention programs showed positive results in reducing environmental risk factors for falls in older people with cognitive deficits, which consequently reduces their incidence of falls. This study was supported by FAPESP (2021/00181-1).

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Disclosure of Interest: None Declared

Keywords: aged, falls, prevention, risk factors for falls

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1175

CORRELATION BETWEEN ACTIVITIES OF DAILY LIVING AND LENGTH OF STAY OF THE GERIATRIC PATIENT AT ULIN HOSPITAL BANJARMASIN

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Preferred presentation method:: Oral Presentation

Introduction: Among geriatric patients, dependency is a strong predictor of quality of life and mortality in hospitalized patients. Decrease of activities of the daily living index (ADL) may contribute to impairments in self-care and taking medication thus may impact the length of stay in hospital.

Objectives: This study aimed to determine the correlation between ADL index and length of stay in geriatric patients.

Methods: This study was conducted at Ulin Hospital from July 2021 to December 2021. Several factors were collected from medical records and laboratory databases. We used the Pearson correlation test to determine the correlation between ADL index and length of stay in the geriatric patient if the data were normally distributed, or Spearman ranks correlation test if the data were not normally distributed.

Results: A total of 41 subjects were included in this study with an average age of 65.88 ± 5.9 years, 23 male subjects (56%), and the mini nutritional assessment score 9.26 ± 3.5 . The ADL was 10.49 ± 6.7 and the length of stay was 15.53 ± 6.6 days. Spearman correlation test showed there was no significant correlation between ADL and length of stay in the geriatric patient ($p=0.26$).

Conclusion: This study found that ADL and length of stay in geriatric patients were not significantly correlated.

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Disclosure of Interest: None Declared

Keywords: activities of the daily living index, geriatrics, hospitalized patients, length of stay

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1174

SLEEP DURATION AND EFFICIENCY AND THEIR RELATED FACTORS IN PEOPLE WITH DEMENTIA AND THEIR FAMILY CAREGIVERS IN JAPAN

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Preferred presentation method: Oral Presentation

Introduction: Reducing burden in dementia care is an important issue in Japan. Previous studies have reported that there exists a relationship between sleep quality and dementia, and that poor sleep might negatively impact care burden. However, objective sleep quality and its related factors in people with dementia (PWDs) and their family caregivers (FCs) remain unclear.

Objectives: To evaluate the sleep duration and efficiency and to clarify their related factors in PWDs and FCs.

Methods: Seven pairs of PWDs receiving long-term care at home and their FCs were enrolled in this study. Clinical Dementia Rating (CDR), Neuropsychiatric Inventory (NPI), and Barthel Index were collected from PWDs. Zarit Burden Interview (ZBI) and Profile of Mood States (POMS) were collected from FCs. For every pair of PWD and FC, sleep duration and efficiency were measured quantitatively for a week using Nemuri SCAN (NSCAN; Paramount Bed Co., Ltd., Tokyo, Japan).

Results: The mean age was 70.3 ± 5.2 years, 28.6% were women, CDR scores were 2.7 ± 0.8 , NPI scores were 7.9 ± 3.0 , and Barthel Index were 47.1 ± 44.7 in PWDs. The mean age was 68.3 ± 4.7 years, 71.4% were women, ZBI scores were 11.9 ± 3.8 , and POMS scores were 37.7 ± 12.4 in FCs. The mean sleep durations in PWDs and FCs were 394.1 ± 99.5 and 412.3 ± 164.4 minutes, respectively. The mean sleep efficiencies in PWDs and FCs were 25.5 ± 9.6 and 89.7 ± 4.7 %, respectively. There was a positive correlation in sleep durations between PWDs and FCs ($r=0.86$, $p=0.01$). Sleep efficiency of PWDs was positively correlated with Barthel Index scores ($r=0.81$, $p=0.03$). Sleep efficiency of FCs was positively correlated with POMS scores ($r=0.93$, $p=0.003$).

Conclusion: Sleep efficiency of PWDs has a positive correlation with their activities of daily living level. Additionally, sleep efficiency of FCs has a positive correlation with their psychological well-being. The findings are meaningful to determine how to reduce care burden in FCs in home-based care settings.

Disclosure of Interest: None Declared

Keywords: caregiver, dementia, sleep quality

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1173

RELATIONSHIP BETWEEN GERIATRIC NUTRITION INDICES AND GUT MICROBIOTA DIVERSITY IN NURSING HOME RESIDENTS

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Preferred presentation method:: Poster Presentation

Introduction: The diversity of the gut microbiota in older adults may be less than in younger adults. However, few studies have examined whether gut microbiota diversity is associated with undernutrition and reduced muscle mass and strength in older adults.

Objectives: This preliminary cross-sectional study investigated the relationship between geriatric nutrition-related indices and gut microbiota diversity.

Methods: The study enrolled 23 older adults living in a nursing home. Fecal samples were acquired and underwent DNA extraction and amplification of the V1-V2 regions of the 16S rRNA genes. Taxonomy assignment was conducted using QIIME-2. For each sample, the Shannon Index was calculated to estimate the operational taxonomic unit-based microbial diversity. The participants were divided into two groups according to the Shannon Index distribution. Body mass index (BMI) and the Mini Nutritional Assessment-Short Form (MNA-SF) were used to assess nutritional status, whereas muscle mass and strength were assessed using calf circumference and hand-grip strength, respectively.

Results: The mean age of the subjects (16 women, 69.6%) was 86.4 ± 7.5 years. The median Barthel Index and Cognitive Performance Scale scores were 55 [range, 35–75] and 3 [2–4.5], respectively, indicating that most participants had both physical and cognitive impairment. Older adults with low Shannon Index scores had significantly lower BMIs (18.5 ± 2.6 kg/m² vs. 20.7 ± 2.3 kg/m², effect size [d] = 0.92), MNA-SF scores (9.0 [7.5 to -9.5] vs. 11 [9.3 to 12], d = 0.34), calf circumferences (females: 25.7 ± 3.0 cm vs. 27.8 ± 3.8 cm, d = 0.62; male: 28.2 ± 2.7 cm vs. 31.9 ± 2.7 cm, d > 1.00), and grip strength (female: 8.6 ± 5.0 kg vs. 11.1 ± 7.2 kg, d = 0.40; male: 11.5 ± 1.4 kg vs. 21.6 ± 1.6 kg, d > 1.00).

Conclusion: Older adults with low gut microbiota diversity demonstrated poor nutritional status, low muscle mass, and low muscle strength; due to the study design, a causal relationship could not be determined. Future studies that investigate the effects of gut microbiota interventions are expected to yield new options for improving nutritional status and sarcopenia in older adults.

Disclosure of Interest: None Declared

Keywords: gut microbiota, saropenia

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1172

CHARACTERIZATION OF THE FRAILTY SYNDROME IN CHILEAN ELDERLY PEOPLE ACCORDING TO FRAIL TRAIT SCALE 5&3.

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Preferred presentation method:: Poster Presentation

Introduction: Recent results from the Thrombosis Research Center indicate a prevalence of frailty (Fried Phenotype, FP) in Chile slightly higher than 20% (1). Garcia et al. reported the creation of a new clinical diagnostic tool for frailty composed of 12 criteria, with a best performance that FP, and called Frailty Trait Scale (FTS-12); and recently the same authors reported the development of two shortened versions, the FTS-5 (5 criteria) and FTS-3 (3 criteria) with the same performance (2, 3).

Objectives: To characterize the frailty syndrome in a population of older persons in Talca, Maule Region (Chile), using FTS-5 and FTS-3 frailty diagnostic tools.

Methods: Participants: The participants was recruited from different CESFAM (Family Health Center) and community groups of older people in Talca, Chile (n=300). The inclusion criteria was adults ≥ 65 years old. The exclusion criteria will be the presence of cancer, Parkinson's disease, or vascular accident, the incapacity of walk or speak, and use of statin.

Frailty diagnosis: The diagnosis of frailty was made according to Fried Phenotype (five criterias: slowness, weakness, weight loss, exhaustion, and low physical activity)($3 \geq$ components was considered frail), FTS-5 (score > 25 was considered frail) and FTS-3 (score > 15 was considered frail) tools. FTS-5 considers the evaluation of five dimensions: Energetic balance and nutrition (BMI criteria), physical activity (PASE score), nervous system (Romberg test score), strength (grip strength dynamometry) and walk speed (walk speed in 3 mt), meanwhile FTS-3 considers the evaluation of three dimensions: Energetic balance and nutrition (BMI criteria), physical activity (PASE criteria) and nervous system (Romberg test criteria) (3).

Results: A total prevalence of frailty according to the FP of 19.7% was observed; while in the group of women and men it was 21.4% and 15.0%, respectively. Respect to FTS-5 tool, the total prevalence of frailty was 18%, while in the group of women and men was of 18.0% and 17.5%, respectively. Regarding the FTS-3 tool, a total prevalence of frailty of 23.3% is observed, while in the group of women and men a prevalence of 22.7% and 25.0%, respectively. A significant difference is observed respect to the presence of the Fried criteria of "weakness" (women: 21.4%, men: 38.8%; $p < 0.01$) and "weight loss" (women: 16.8%, men: 7.5% ; $p < 0.05$). A significant difference is observed respect to the average score of "Handgrip" criteria (2.1 ± 1.9 vs 1.3 ± 1.7 , $p < 0.001$), "walking time" (2.4 ± 2.0 vs 1.8 ± 1.7 , $p < 0.01$) and "PASE" (4.7 ± 2.3 vs 3.8 ± 2.6 , $p < 0.001$) between the group of women and men, respectively.

Conclusion: The prevalence of frailty observed with the FTS-5 (18%) and FTS-3 (23.3%) tools are similar to the prevalence observed through the FP (19.7%) and those reported in other observational studies. The limitations in this study are the size of the cohort (n=300) and the presence of the pandemic & quarantine period, requiring more extensive studies. However, considering the similar prevalence of frailty diagnosed with the three tools, the importance of screen

balance dysfunction for detecting the risk of falls in older people and the simplicity and low time consuming of its application, FTS-3 should be a valuable tool for the screening of frailty in the community.

Acknowledgment: Project FONDECYT 1211136

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Disclosure of Interest: None Declared

Keywords: aging, frailty, older persons, frailty tools, low physical activity

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1158

SUPPORTING MOBILITY AND SOCIAL PARTICIPATION OF OLDER ADULTS THROUGH INNOVATION AND CODESIGN

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Preferred presentation method:: Oral Presentation

Introduction: Mobility is recognised as a key determinant supporting the social participation of older adults, which contributes to active and healthy ageing. Thus, creating environments adapted to older adults, allowing them to move around in their neighbourhoods and to participate fully in an age-friendly community is essential.

Objectives: To codesign *with and for* older adults an innovation supporting the mobility of older adults living in a Canadian metropolitan area.

Methods: This action-research is taking place in the context of a Living Lab. Six older adults, an expert in co-design, a social innovator, community partners, researchers, and graduate students are involved in a codesign process according to the four stages proposed by Brown (2008): 1) empathy and definition, 2) ideation, 3) prototyping and 4) testing. To date, benchmarking exercises, semi-structured interviews with older adults, and four co-design workshops with older adults (virtual and face-to-face) have been conducted. Codesign activities included, brainstorming sessions, field observations, mapping exercises, vignettes on storyboards and group discussions. Narrative syntheses were produced from the workshops and validated with the participating older adults.

Results: The three first stages of codesign led to the development of a "Seniors' Mobility Brigade" aiming to support social participation and break isolation of older adults. This brigade, as imagined by elder partners, has three missions: a) to accompany older adults towards meaningful and recreational activities; b) to offer a voice to older adults who wish to advocate for changes in their neighbourhood to support safe and pleasant travel; and c) to raise awareness and inform the population about older adults' mobility issues.

Conclusion: The research team and the elder partners are currently initiating *in-vivo* testing of components of the Seniors' Mobility Brigade in the community (e.g., information booth in a shopping mall). This final codesign step will allow to refine the innovation and ensure its social acceptability and usability. This innovation - but also the codesign process through which it is being developed – are assets for the social participation of older people, break their isolation, and, ultimately, enable them to age in place.

References: Brown, Tim. (2008). Design Thinking. *Harvard business review*. 86. 84-92, 141.

Disclosure of Interest: None Declared

Keywords: Codesign, Innovation, Living Lab, Mobility, Social participation

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1157

OLDER ADULT VACCINATION SCHEDULE IN NATIONAL IMMUNIZATION PROGRAMS IN LATIN AMERICA AND THE CARIBBEAN: A TARGETED REVIEW

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Preferred presentation method:: Oral Presentation

Introduction: In Latin America and the Caribbean (LAC), the older adult population will double by 2050. Understanding countries' national immunization program (NIP) approaches for older adult immunization could provide future learnings for life-course immunization strategies.

Objectives: This review was aimed to characterize the current status of older adult vaccination schedules in NIPs in LAC.

Methods: We conducted targeted searches on official government websites and PAHO/ WHO websites of 34 LAC country/territories from September 1, 2021-January 19, 2022. Older adults were defined as the age cut-off used by each vaccine in a NIP. All vaccines administered as part of universal vaccination (routine or campaign) for older adults were considered in this review. The main variables were vaccine type, recommended age, vaccination coverage rate (VCR), funding, and delivery strategy.

Results: A total of 88 reports were included. As of January 19, 2022, the most common vaccines in NIPs for older adults were: COVID-19 (33NIPs), seasonal influenza vaccine (28 NIPs), Tetanus toxoid and/or diphtheria booster (Td/Tdap) (18NIPs), pneumococcal (10NIPs), hepatitis B catch-up (8 NIPs) and herpes zoster (2NIPs). These vaccines were primarily publicly funded (33NIPs). The age range for older adults varied between countries and vaccine type: for influenza vaccine was ≥ 50 years (1NIP), ≥ 60 years (14NIPs), ≥ 65 years (12NIPs), and ≥ 75 (1NIP); and for pneumococcal vaccine was ≥ 60 years (3NIPs) and ≥ 65 years (7NIPs). Influenza VCR for older adults (2020 season) was reported by 20 countries/territories, with 12 and 8 reaching VCR $\geq 50\%$ and $>70\%$, respectively. COVID-19 VCR (series completion) for ≥ 60 years was reported by 13 countries/territories, ranging from 62 % to 98.5%. Limited VCR data were available for other vaccines. Community health centers are predominantly used to deliver vaccines.

Conclusion: Most LAC NIP had seasonal influenza vaccination policies in place for older adults for different age ranges. Few NIPs had Td/Tdap booster, hepatitis B catch-up, pneumococcal and herpes zoster vaccines in their older adult vaccination schedule. In light of COVID-19 pandemic, almost all countries/territories implemented COVID-19 vaccination prioritizing older adults for initial supply and achieved high VCR. These findings may help the development of context-specific policies including adult immunization program prioritization and innovative ways to improve VCR.

Disclosure of Interest: L. H. Iha Conflict with: MSD Brazil , L. M. Gutiérrez-Robledo: None Declared, F. Nacinovich: None Declared, X. Sánchez: None Declared, L. F. Reyes: None Declared, M. Kairalla: None Declared, T. D. N. F. Moreira Conflict with: MSD Brazil , M. Rojas Conflict with: MSD Colombia, C. I. Parellada Conflict with: MSD Brazil

Keywords: Older adults, Vaccines, Latin America, Vaccination

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1151

ALL-CAUSE READMISSION OR POTENTIALLY AVOIDABLE READMISSION: WHICH IS MORE PREDICTABLE USING FRAILTY, COMORBIDITIES, AND ACTIVITIES OF DAILY LIVING?

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Preferred presentation method: Poster Presentation

Introduction: The development of more accurate prediction models for early readmission after discharge is important for the efficient identification of patients who require transitional care during admission. Readmission-related healthcare reforms are shifting their focus from all-cause readmissions (ACR) to potentially avoidable readmissions (PAR). Although studies have shown that tools to assess frailty and comorbidities based on International Classification of Diseases, 10th Revision (ICD-10) codes in administrative data have poor performance in predicting ACR, little is known about the applicability of these tools in predicting PAR.

Objectives: This study examined whether ACR or PAR is more predictable using tools to assess frailty, comorbidities, and activities of daily living (ADL) from administrative data.

Methods: This retrospective cohort study was conducted using administrative data (July 2016 to March 2021) from a large general acute care hospital in Tokyo, Japan. The data included patient-level demographic characteristics, diagnoses (ICD-10 codes) during insurance-covered clinical encounters, and ADL at admission. Our analysis focused on patients aged ≥ 65 years who had been admitted to the subject hospital and were discharged to home or a facility between July 2017 and February 2021. The Hospital Frailty Risk Score, Charlson Comorbidity Index, and Elixhauser Comorbidity Index were assessed at the index admission and during a one-year lookback period. The Barthel Index for ADL was assessed at the index admission. To determine the influence of each explanatory variable, several logistic regression models were constructed for unplanned ACR and PAR within 30 days after discharge.

Results: Among 14,200 study patients, 3.8% experienced ACR and 1.8% experienced PAR. The full model (adjusting for sex, age, income, frailty, comorbidities, and ADL) was the strongest predictive model for both outcomes. However, the full model for PAR showed better discrimination (C-statistic: 0.764, 95% confidence interval: 0.736-0.793) than the full model for ACR (0.715, 0.695-0.735). There were no notable differences in predictive performance for both outcomes between the variables measured at the index admission and one-year lookback period.

Conclusion: PAR is more predictable than ACR when using variables on frailty, comorbidities, and ADL from administrative data.

Disclosure of Interest: None Declared

Keywords: comorbidities, frailty, readmission, transitional care

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1146

IS CALF CIRCUMFERENCE A GOOD PREDICTOR OF MUSCLE MASS IN THE ELDERLY?

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Preferred presentation method:: Poster Presentation

Introduction: The growing aging of the population is a worldwide trend that generates a concern about the necessary care for the health and well-being of these people. Especially because physical decline and functional impairment are phenomena commonly observed in the elderly, especially in those with sarcopenia. A disease characterized by loss of muscle quality, with reduced muscle mass and strength [1]. An easy and quick measure to assess muscle mass is calf circumference. However, this measurement has been questioned for its lack of accuracy and may represent a misleading finding for estimating muscle mass in the elderly.

Objectives: To evaluate whether calf circumference is a good predictor of muscle mass in the elderly.

Methods: A descriptive, cross-sectional research in which 250 community-dwelling elderly people (164 women) with average age of 70.4 ±6.4 years. The data collected were body mass index (BMI), total muscle mass index (TMMI) by Lee's predictive equation [2], abdominal circumference (AC), calf circumference (CC) and some functional tests, such as the Timed Up and Go Test (TUGT), the Walking Speed Test (WST), and grip strength (GS).

Results: The correlation analysis between CC and the other study variables showed a strong and significant correlation with BMI, TMMI and AC in both genders (r 0.70 to 0.88 p<0.000). The Lee's equation uses some variables in common with BMI, thus a strong and significant correlation was observed between these indices, being in women (r 0.95 p 0.000) and in men (r 0.98 p 0.000). No differences were found between the active and sedentary elderly.

Conclusion: In fact, CC showed a strong correlation with quite dangerous indices related to obesity, such as BMI and AC, and not specifically with muscle mass. Thus, this measure should be normalized to be considered in the physical evaluation. There is a need to use other measures to estimate muscle mass in the elderly, either corrected by BMI [3] or by some other individual anthropometric measure, which would make more accurate the evaluation of this physical valence, so important in the diagnosis of this emerging and potentially disabling disease, the sarcopenia.

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Disclosure of Interest: None Declared

Keywords: Physical Examination; Elderly; Sarcopenia.

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1143

RELATION BETWEEN CONCERN OF FALLS AND MOTOR RISK FACTORS FOR FALLS IN OLDER PEOPLE WITH DEMENTIA

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Preferred presentation method:: Oral Presentation

Introduction: Falls in older people with cognitive impairment can result in reduced independence and functionality. Tools that are able to assess risk of falls and environmental perception are essential to establish preventive measures for future falls in older people with dementia.

Objectives: to verify if there is a correlation between concern about falling and motor risk factors for falls in older people with dementia.

Methods: This is a cross-sectional analysis data from a randomized clinical trial, with blinded evaluator and conducted remotely. Older people diagnosed with mild to moderate dementia were evaluated by concern about falling using the Iconographic Falls Efficacy Scale (ICON-FES) (10-40 points, with higher scores indicating greater concern about falling), balance using the *Short Physical Performance Battery* (SPPB), mobility using the *Timed Up and Go* (TUG) and the TUG - dual task (TUG-DT) and strength of lower limbs (30-second Sit to Stand Test). The Pearson's correlation analysis was performed to verify if there is a correlation between ICON-FES and other data obtained.

Results: Thirty tree participants (mean age of 78.06 ± 6.28 years old) were included in this study. The mean score of ICON-FES was 16.90 (SD ± 6.64) points. A moderate significant negative correlation was found between ICON-FES and SPPB ($r=-0.469$; $p=0.006$), that is, the greater the perception and concern about falling, the lower the balance presented by older people with dementia. When compared to the TUG and TUG-dual task, it shows a moderate significant positive correlation ($r=0.546$; $p \leq 0.01$ and $r=0.505$; $p \leq 0.01$, respectively). And, finally, no correlation was found between ICON-FES and the sit and stand test ($r=-0.336$; $p=0.056$).

Conclusion: There is a moderate correlation between concern about falling and some motor risk factors for falls, including balance and mobility, in older people with mild to moderate dementia. However, there was no correlation between concern about falling and strength of lower limbs. This study was supported by FAPESP (2021/00181-1).

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Disclosure of Interest: None Declared

Keywords: aged, concern of falls, dementia, falls

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1138

ORAL HYGIENE MANAGEMENT ISSUES FOR OLDER ADULTS WITH ALZHEIMER'S DISEASE

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Preferred presentation method:: Poster Presentation

Introduction: Older adults with the Behavioral and psychological symptoms of dementia (BPSD) may exhibit confused behavior such as refusing oral hygiene care, which might make it difficult for caregivers to provide appropriate oral health care. However, little is known about the effects of BPSD on oral hygiene management in older adults with dementia.

Objectives: The purpose of this study was to clarify issues related to oral hygiene management in older adults with Alzheimer's disease (AD), according to the stages of dementia defined by the Functional Assessment Staging of Alzheimer's Disease (FAST).

Methods: We analyzed 521 cases (67 men and 454 women, mean age 87.3 ± 6.3 years) from the database of survey conducted annually at one rural prefecture in Japan, from the year 2016 to 2021. The study items were sex, age, FAST (1-7), independence of oral health care, refusal of oral health care, dental plaque accumulation, tongue coating, rinsing availability, and number of present and functional teeth. Trend of the study times according to the FAST was tested. The statistical software SPSS version 24 was used and the level of significance was set at 0.05.

Results: We found that the more advanced the FAST, the more people tended to be incapable of independent oral health care, to refuse oral health care, to have more plaque accumulation, and to be unable to perform rinsing. There was no uniform trend between the FAST stages and tongue coating status. FAST stage advancing was associated with the functional teeth but not with the number of present teeth.

Conclusion: This study demonstrated that, as the severity of dementia progresses, the implementation of oral health care became more difficult, and the oral hygiene status became poorer. The study results indicate the necessity to consider the remaining ability of the patient and the response to refusal when considering oral hygiene management methods, depending on the severity of dementia.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1136

MALNUTRITION AND MORTALITY BURDEN OF ANOREXIA/APPETITE LOSS IN OLDER ADULTS

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Introduction: Anorexia/appetite loss in older patients is frequently overlooked in clinical practice, which may in part be due to a deficient understanding of clinical sequelae.

Objectives: To assess the morbidity and mortality burden of anorexia/appetite loss in older populations, through a systematic review of the literature (SLR).

Methods: SLR followed PRISMA guidelines. Searches were run (January/1/2011-July/31/2021) in PubMed, Embase®, Cochrane databases to identify English-language studies of older adults (aged ≥65 years) with anorexia/ appetite loss. Two independent reviewers screened the titles/abstracts and full text of identified records against pre-defined inclusion/exclusion criteria. Population demographics were extracted alongside risk of mortality, malnourishment, and other outcomes of interest.

Results: Of 146 studies that underwent full-text review, 58 met eligibility criteria. The majority were from Europe (34/58 [58.6%]) or Asia (16/58 [27.6%]), with just 3 (5.2%) from the United States. Most were conducted in a community setting (n=35/58 [60.3%]), 12 (20.7%) were hospital-based (inpatient), 4 (6.9%) in institutional care (nursing/care homes), and 7 (12.1%) in mixed or outpatient settings. Simplified Nutritional Assessment Questionnaire (SNAQ; n=14) and patient-reported appetite questions (n=11) were the most common methods used to assess anorexia/appetite loss, but significant variability in assessment tools was observed across studies. The most commonly reported outcomes were malnutrition and mortality. Malnutrition was assessed in 15 studies; all reported a significantly higher risk of malnourishment in older individuals with anorexia/appetite loss (vs. without), regardless of country or healthcare setting (community, n=9; inpatient, n=2; institutional, n=3; other, n=2). Of 18 longitudinal studies that assessed mortality risk, 17 (94%) reported a significant association between anorexia/appetite loss and mortality, regardless of either healthcare setting (community, n=9; inpatient, n=6; institutional, n=2) or method used to assess anorexia/appetite loss. This association between anorexia/appetite loss and mortality was as expected observed in persons with cancer but was also observed in older populations with a range of comorbid conditions.

Conclusion: In individuals aged ≥65 years, anorexia/appetite loss is associated with increased risk of malnutrition and mortality across community, care home and hospital settings. Such associations warrant efforts to improve and standardize detection, evaluation and management of anorexia/appetite loss in older adults.

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Keywords: anorexia of aging, elderly people, healthcare setting, Malnutrition, MORTALITY

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1134

BODILY ILLUSION INTERVENTION IMPROVES PAIN AND LOWER EXTREMITY FUNCTIONALITY OF PRE-FRAIL ELDERLY PEOPLE.

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Preferred presentation method:: Poster Presentation

Introduction: Neuroplasticity of the residual corticospinal fibers, motor cortex and spinal neurons plays an important role in the reorganization of the motor system of the elderly (1). This neuroplasticity can be stimulated with different therapeutic approaches (2-5).

Objectives: To explore the impact of a bodily illusion therapy, a neuroplasticity-based intervention, on perceived pain, lower extremity function and gait.

Methods: Sixteen participants volunteered to participate (9 corresponding to the experimental group [EG] and 7, to the control group [CG]). The EG underwent a 3-month program of lower extremity bodily illusion 3 times per week. The intervention consisted on sessions of 10 minutes' visualization of shape-matched running legs on a mirror while standing static and 30 minutes of lower extremity physical exercise. The CG intervention included the same 30 minutes of physical exercise and a placebo video.

Perceived pain was measured using a visual analogue scale (participants were asked for their maximum, minimum and average pain in the last week); lower extremity function was measured with the Short physical performance battery and gait functionality was explored using the 2 minutes walking test to assess endurance and the 4 meters walking test (4meWT) to assess velocity. A mixed MANOVA (i.e. group factor and time factor) was conducted.

Results: There were no significant differences between groups at baseline ($p > 0.05$). EG experienced a significant decrease (mean difference [95% CI]) of maximum (3.66 [1,21-6,12] points), minimum (2.40 [0,81 - 3,99]) and average pain (3.16 [1,53 - 4,80]). Further, lower extremity function significantly improved (-1.44 [-2,626 to -0,263]) and gait velocity significantly improved (-0.70 [0,11 - 1,28]). No significant differences were observed in the endurance ($p > 0.05$).

Conclusion: Lower extremity bodily illusion therapy improves perceived pain, lower extremity function and gait velocity in pre-frail elderly people. No improvement was observed for their endurance.

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Disclosure of Interest: None Declared

Keywords: bodily illusion, elderly people, functionality, pain

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1133

EFFECTIVENESS OF BODILY ILLUSION THERAPY COMBINED WITH PHYSICAL THERAPY ON PAIN AND GAIT IN ELDERLY VOLUNTEER WITH INCOMPLETE SPINAL CORD INJURY.

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Preferred presentation method:: Poster Presentation

Introduction: Incidence of incomplete spinal cord injury (iSCI) is increasing in the elderly population.

Objectives: This study aimed to evaluate the effectiveness of bodily illusion therapy combined with physical exercise on pain and gait impairment in an elderly man with iSCI.

Methods: A 72-year-old man with chronic traumatic iSCI (L5-S1, AIS D) producing oedema in epiconus medullaris were involved in this study. Seven years after injury, volunteer courses with neuropathic pain and motor impairments. The program lasted twelve weeks with three sessions per week. Each session included two parts: at the first part, the volunteer stood in front of a mirror (upper body) and a screen (lower body) with a projected video with walking legs, for 10 minutes. The second part consists of 30 minutes of physical exercise.

Neuropathic pain and its impact on the volunteers' life were assessed by the Brief Pain Inventory (points), strength was assessed by a load cell (Newtons) and gait velocity was assessed by the 10 meters walking test (seconds). These assessments were conducted three times: before intervention (T1), after intervention (T2), and one month after intervention (T3).

Results: Results showed a decrease of neuropathic pain severity (from 3.25 to 1.75) and pain interference on volunteer's life (from 4.29 to 4) between T1 and T2, keeping the improvement at T3 in pain severity (1.25) but not in interference (4.57).

Moreover, results showed a general increase of strength in leg muscles (ankle dorsiflexors (from 31.37 to 64.67), knee flexors (from 11.5 to 63.63), knee extensors (from 103.16 to 109.81), and hip abductors (55.77 to 108.51)) between T1 and T2, but not in ankle plantar flexors. At T3, strength remained at similar levels for ankle dorsal flexors (77.01) and knee flexors (59.8), but not for knee extensors (99.72) and hip abductors (30.39).

Regarding gait velocity, results showed an improvement in the required time to walk 10 meters between T1 and T2 (from 27.57 to 20.59), maintaining the improvement one month later (21.00).

Conclusion: In conclusion, bodily illusion therapy combined with physical exercise improve neuropathic pain severity and interference in daily activities, legs strength and gait velocity in an elderly man with iSCI.

Disclosure of Interest: None Declared

Keywords: bodily illusion, elderly people, pain, spinal cord injury

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1132

ASSOCIATION BETWEEN DIETARY CHANGES DURING THE COVID-19 PANDEMIC AND ADVERSE HEALTH OUTCOMES: A COMMUNITY-BASED COHORT STUDY OF JAPANESE OLDER ADULTS

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Preferred presentation method:: Poster Presentation

Introduction: Social restrictions with COVID-19 measures have increased the incidence of frailty in older adults. Diet quality is a major frailty-influencing factor. Studies have shown eating habits have changed due to social restrictions during the pandemic. However, little is known about the impact of dietary changes on health outcomes, especially in Asian older adults.

Objectives: We aimed to investigate the association between dietary changes during the COVID-19 pandemic and adverse health outcomes in adults aged ≥ 75 years in Japan.

Methods: The participants were 4436 adults aged ≥ 75 years who did not need long-term care. We conducted a mailed survey in 2020. Of these, 2738 provided complete answers and were followed up for one year. Participants who died within six months of baseline were excluded, and data for 2722 participants (age: 75–96 years, 49.2% men) were analyzed. Dietary changes were assessed for 12 food categories. Participants who reported an increase or a decrease in ≥ 1 of the categories were defined as having dietary habit changes. Adverse health outcomes were defined as a new long-term care certification due to factors including slight dependency and death within a 1-year period. Lifestyle changes were compared between participants with and without dietary changes. Using multiple logistic regression analysis, odds ratio (OR) and 95% confidence interval (CI) of dietary changes for adverse outcome incidence were estimated with adjustments for sex, age, living alone, and frailty.

Results: Overall, 1088 (40.0%) participants had dietary changes; 47 (1.7%) experienced adverse health outcomes. Regarding lifestyle changes, compared to participants without dietary changes, participants with dietary changes reported more reduction in grocery shopping, greater food cost saving, and less interactions with friends (78.9% vs 60.2%, 17.7% vs 5.7%, 72.4% vs 57.5%, respectively, $p < 0.001$ for all). The adjusted OR (95% CI) of dietary changes for adverse outcomes was 1.88 (1.04–3.42).

Conclusion: Dietary changes due to social restrictions are significantly associated with adverse health outcomes. Our finding suggests the importance of dietary assessments and a social service such as food delivery for community-dwelling older adults by the social restrictions during the pandemic.

Disclosure of Interest: None Declared

Keywords: Adverse health outcomes, COVID-19, Dietary changes, Older adults aged ≥ 75 years

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1131

LONG-TERM EXPOSURE TO LOWER CONCENTRATIONS OF AMBIENT AIR POLLUTION AND RISK OF INCIDENT DEMENTIA IN OLDER MEN: THE HEALTH IN MEN STUDY

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Preferred presentation method:: Oral Presentation

Introduction: Mounting evidence suggests a relationship between moderate and higher concentrations of air pollution and dementia. However, little is known about the impact of air pollution exposure at lower concentrations.

Objectives: To determine whether exposure to lower concentrations of air pollution is associated with incident dementia, and subtypes of Alzheimer's disease and vascular dementia.

Methods: We considered data from 11,243 men who reside in Perth, Australia. Participants were aged 65 years or older with no history of dementia at the time of recruitment into the Health in Men Study in 1996 to 1999. Incident dementia was identified up to 2018 from subsequent study waves, via ICD diagnosis codes from hospital admission, emergency department and mental health service databases available through the Western Australian Data Linkage System, as well as via mental and behavioural diagnosis codes from the national Aged Care Assessment Program. Land-use regression models were used to estimate concentrations of nitrogen dioxide (NO₂), fine particulate matter less than 2.5µm in diameter (PM_{2.5}), and black carbon (BC), at participants' home addresses. Cox proportional hazards regression models, with age as the analysis time, were used to analyse the relationship between time-varying air pollutants and incident dementia and subtypes. Models were adjusted for confounders of smoking status, physical activity, education, and socio-economic status.

Results: A total of 3,053 (27.2%) incident cases of dementia, 1,670 (14.9%) cases of Alzheimer's disease and 355 (3.16%) cases of vascular dementia were identified. The average concentration of NO₂ was 13.5 (SD 4.4) µg/m³, of PM_{2.5} was 4.54 (SD 1.6) µg/m³ and of BC was 0.97 (SD 0.29) x10⁻⁵m⁻¹. In the unadjusted model, increased exposure to PM_{2.5} was associated with an increased risk of vascular dementia (for a 5 µg/m³ increase: HR 1.62, 95% CI 1.13, 2.31). However, this association weakened after adjusting for confounders (HR 1.40, 95% CI 0.94, 2.10). No air pollutants were associated with incident dementia nor Alzheimer's disease.

Conclusion: The increased risk of dementia previously observed with moderate to higher concentrations of air pollution was not observed in this cohort with a lower concentration of air pollution.

Disclosure of Interest: None Declared

Keywords: air pollution, dementia

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1123

QUALITY OF LIFE AMONGST FRAIL OLDER ADULTS IN HOME CARE: A QUALITATIVE STUDY

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Preferred presentation method:: Oral Presentation

Introduction: Given the ongoing COVID-19 pandemic, it is important to investigate how frail older adults who receive home care experience quality of life in their daily lives.

Objectives: The aim of this study was to understand the experiences of quality of daily life among frail older adults receiving home care.

Methods: A qualitative explorative design was used. 16 frail older adults receiving municipal home care were interviewed. Content analysis was used to analyse the data.

Results: Seven themes were found: Independence, community, meaningful activities, confirmation as a human being, nature, acceptance and security. 15 subthemes were also found. Independence brought joy and contentment and security emerged when the frail older adults received help, when they were able to do things their own way and take care of themselves, and maintain their integrity. Communion through social contacts was perceived as meaningful and invigorating. Meaningful activities aroused interest and brought joy, well-being and contentment. Affirmation as a human being was experienced when someone expressed interest in the frail older adults and they were treated as a valuable human being. Nature provided pleasure and enjoyment. Acceptance meant inner harmony and reconciliation with one's course of life. Security emerged both on a practical level, by being cared for and receiving help, and on a deeper, existential level, by having faith.

Conclusion: The findings may serve as a foundation in home care for understanding how to promote the well-being, quality of life, and health of frail older adults. This understanding may be significant during the periods of pandemics and other crises.

Disclosure of Interest: None Declared

Keywords: experiences, frail older adults, home care, quality of life

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1112

TAKOTSUBO SYNDROME IN ELDERLY FEMALE PATIENT WITH MIDDERMAL BURN INJURY AND ELDER MISTREATMENT, A CASE REPORT

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Preferred presentation method:: Poster Presentation

Introduction: Takotsubo Syndrome known also as broken heart syndrome, is one type of cardiomyopathy, which is temporary in nature and often misdiagnosed as acute myocardial infarction. Wide range of stressors can trigger this syndrome, from emotional stressors to physical stressors related to physical activities or medical condition and procedures. Elderly patients with multiple comorbidities, known with unspecific presentation, which made their prognosis unfavorable. Not mention the poor family support due to lack of knowledge or financial problem, which also serve as an important factors for continuing treatment. Early and comprehensive assessment, are important step to decide a personalized and precise advanced care plan regarding goal directed therapy and remaining resources.

Objectives: To Share experience in managing complicated case of elderly female with takotsubo Syndrome, mid dermal burn injury and elderly mistreatment

Methods: Case report, with interdisciplinary team, followed by home care program

Results: Elderly female, referred to Sardjito General Hospital, with suspicion of an acute myocardial infarction. Two days before admission patient suffered from mid dermal burn injury while preparing water for her bath. She lived alone and had difficulties in mobility after her second falls. Coronary angiography revealed no significant occlusion, left ventriculography revealed apical ballooning of the left ventricle. Echocardiography results show hypokinetic of septal and apical segment of the left ventricle. Comprehensive geriatric assessment was carried out during patient admission, with Barthel Index score 0, CAM Score 4, Charlson Comorbidity Index score 6, Norton score 6, MNA score 17.5, and CHS score 4. Patient underwent surgical debridement, received sufficient pain treatment and antibiotics, excellent wound care, fluid and nutritional support, discharged after 29 days of hospitalization. Discharge planning was made with involving family members support for homecare follow up.

Conclusion: comprehensive geriatric assessment played an important role in managing complicated patient. Assessing functional status, nutritional needs, risk of medical procedures and pain assessment in this patient, have a very good effect in patient outcome. Family member involvement were crucial aspect for successful treatment

Key words : Takotsubo syndrom, geriatric syndroms, burn injuries, homecare

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Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1055

FUNCTIONAL DISABILITY AND RECEIPT OF INFORMAL CARE IN CHINESE ADULTS LIVING ALONE WITH COGNITIVE IMPAIRMENT

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Preferred presentation method:: Oral Presentation

Introduction: A large proportion of adults with cognitive impairment live alone, but this subpopulation receives relatively little attention. To date, there are no population-level studies concentrating on the characteristics and health burdens of adults living alone with cognitive impairment in an Asian country, where different cultural norms apply compared to European countries and USA, and this brings a barrier for policy-makers to formulate corresponding interventional programs.

Objectives: The aims of this study were to evaluate whether adults living alone with cognitive impairment had a higher proportion of functional disability and received more informal care relative to those living with others and with normal cognition.

Methods: We identified 982 observations of participants living alone with cognitive impairment (case group) and 50695 observations of participants living with others and with normal cognition (original control group) from the 2011/2012, 2013, 2015 and 2018 waves of the China Health and Retirement Longitudinal Study (CHARLS). A matched control group was selected using propensity score matching (1:2) and then used in the association analyses. Functional disability included disability in Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), and mobility. Time of received informal care was measured in monthly hours.

Results: Compared to participants living with others and with normal cognition, those living alone with cognitive impairment had significantly higher odds of ADL disability (odds ratio [OR] = 1.59, 95% confidence interval [CI]: 1.30, 1.95), IADL disability (OR = 1.19, 95% CI: 1.00, 1.44), mobility disability (OR = 1.38, 95% CI: 1.12, 1.70), but received fewer hours of informal care (β = -127.74 hours per month, standard error = 25.83, $P < 0.001$).

Conclusion: This study highlights the high burden of functional disability but low coverage of informal care in Chinese adults living alone with cognitive impairment, and calls for more resources to be allocated to this disadvantaged subpopulation to promote their function and provide care services.

Disclosure of Interest: None Declared

Keywords: Chinese adults, Cognitive impairment, Functional disability, Informal care, Living alone

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1049

SEX DIFFERENCES IN THE ASSOCIATION BETWEEN SLEEP EFFICIENCY AND THE METABOLIC RISK SCORE IN VERY ACTIVE OLDER ADULTS

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Preferred presentation method:: Oral Presentation

Introduction: Disrupted sleep has been associated with increased rates of Type 2 diabetes, cardiovascular disease, and obesity, likely due to reduced insulin sensitivity and weight gain. Little is known about the protective interaction between high levels of physical activity and the negative association between poor sleep and metabolic risk.

Objectives: We examined the association between sleep efficiency and the continuous Metabolic Syndrome Risk Score (cMSy), using accelerometers in extremely active older adults.

Methods: A group of very active older adults were recruited from the Whistler Master's Ski Team (age ≥ 65). Subjects wore accelerometers (SenseWear) 24 hours per day for 7 days to measure both sleep efficiency (percent of time lying down spent sleeping) and daily energy expenditure (metabolic equivalents, METs). Each of the components of the metabolic syndrome (fasting blood glucose, high-density lipoprotein, triglycerides, waist circumference, blood pressure) were measured and a principal component analysis was used to compute a continuous metabolic risk score (cMSy, sum of eigenvalues ≥ 1.0).

Results: 54 subjects (30 women and 24 men, age=71.4 \pm 0.6 years) were recruited, and the subjects had very high physical activity levels. The average subject spent 2.5 \pm 0.2 hours engaged in light activity (between 1.5 to 3.0 METs) and 3.9 \pm 0.2 hours engaged in moderate/vigorous activity (greater than 1.5 METs daily). In our initial analysis, there was no significant association between sleep efficiency and cMSy ($p=0.22$), with only daily energy expenditure (Standardized $\beta=-0.362\pm 0.111$, $p=0.001$) and biological sex (Standardized $\beta=1.025\pm 0.221$, $p<0.001$) showing significant associations with metabolic risk in our final parsimonious model. When our analysis was stratified by biological sex, both women (Standardized $\beta=-0.538\pm 0.165$, $p=0.003$) and men (Standardized $\beta=-0.426\pm 0.190$, $p=0.036$) showed significant associations between energy expenditure and metabolic risk; only men showed a significant negative association between sleep efficiency and cMSy (Standardized $\beta=-0.407\pm 0.190$, $p=0.044$) in our final model.

Conclusion: When controlling for energy expenditure, only men showed a negative association between disrupted sleep and metabolic risk. Although more work needs to be done to uncover possible mechanisms, our work suggests that high levels of physical activity are less protective against the negative metabolic consequences of poor sleep in men.

Disclosure of Interest: None Declared

Keywords: metabolic syndrome, metabolic syndrome, sex differences, sleep quality

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1047

SOCIAL SUPPORT AND LONELINESS AMONG FRAIL OLDER ADULTS ATTENDING DAYCARE CENTERS: A MULTICULTURAL STUDY IN ISRAEL

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Preferred presentation method:: Oral Presentation

Introduction: Loneliness is very common in old age. Informal social network is the core resource to support older adults and to reduce loneliness in the aged population. Whereas, the contribution of formal support, and the effect of the interface between formal and informal support, on loneliness, are inconsistent

Objectives: To examine the link between intensity of use of formal support and loneliness among older adults, controlling for family support and covariates; and examine the moderating effect of contact frequency with family on this relationship.

Methods: Cross-sectional data were collected from September 2016 - April 2017 through structured interviews with 360 older adults attending adult day care centers (ADCCs) and representing three different ethnic groups in Israel. Loneliness was assessed by the UCLA Loneliness Scale. Hierarchical regression was applied to the study variables with loneliness scores as dependent variable, and bootstrapping with resampling strategies tested a moderating effect

Results: Loneliness was linked negatively with contact frequency with the family network, frequency of ADCC attendance, and greater involvement in social activities at the ADCC. Significant negative correlation between ADCC attendance frequency and loneliness occurred only when family contact was at low-to-average frequency, but not in cases of high-contact frequency

Conclusion: Frequent use of ADCCs emerged as a significant contributor beyond the contribution of family support for reducing loneliness in older age, particularly for those with insufficient family contact. Service providers should improve the accessibility and availability of formal community services for the older population

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Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1514

EARLY-LIFE FAMINE EXPOSURE AND LATER-LIFE MULTIMORBIDITY: LONGITUDINAL EVIDENCE FROM THE CHINESE FAMINE OF 1959-1961

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Preferred presentation method:: Oral Presentation

Introduction: Barker's fetal origins hypothesis and the critical period theory suggest that early life events have long-term health effects. However, evidence of the famine exposure in early life and its effects on health in later life is scarce and inconsistent.

Objectives: Our study aims to explore the effects of early-life exposure to the Chinese famine of 1959-1961 on later-life multimorbidity.

Methods: We performed Poisson growth curve models using CHARLS Life History 2014 and CHARLS 2011-2018 (42,775 observations from 12,060 respondents).

Results: Our analyses revealed two findings. First, there was an overall detrimental effect of the early-life famine exposure on multimorbidity, although there was no effect of severity of famine exposure. Second, there was no overall interaction between famine exposure and life stages, although a more parsimonious model suggested that the detrimental effect of famine exposure was more pronounced in earlier life stages than in later life stages.

Conclusion: Findings suggest that early life is a critical period in the life course and provides developmental origins of health and disease in later life.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1502

VIGNETTE DEVELOPMENT FOR MULTI-COUNTRY COMPARISONS OF LONG-TERM CARE (LTC) FOR OLDER PERSONS

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Preferred presentation method:: Oral Presentation

Introduction: Globally, there is little consensus on what LTC entails especially across countries with different social norms and care systems. This study takes a person-centric approach to understand and analyse LTC provision. A vignette methodology standardizes the key factors affecting LTC use for archetypal older persons, thereby distinguishing between types of care that might be provided in different settings.

Objectives: This study aims to develop and validate vignettes for the collection of standardized data about LTC systems across countries based on patient perspective.

Methods: Vignette development consisted of four steps: (i) Identification of archetypal older persons for the vignette story through latent class analysis (LCA) of World Health Organization Study on Global AGEing and Adult Health (WHO SAGE, Wave 1) data and literature review; (ii) Design of the vignette story based on (i); and vignette questions based on six patient-centered domains (availability, approachability, adequacy, acceptability, affordability, and accountability) adapted from Levesque (2013); (iii) Expert review with ILC GA (International Longevity Center Global Alliance) to validate the authenticity, coherence, and relevance of the tool; and (iv) Pilot in two countries to critically analyze the adequacy of the tool in providing judicious and sufficient data for multi-country comparisons.

Results: In step (i), LCA was applied to South Africa, India and China dataset (n=23,567), deriving three epidemiologically valid profiles of physical disability: “difficulty in mobility only”, “difficulty in mobility and transfers”, and “difficulty in all activities” which corresponded with the three stages of LTC needs in WHO Framework for Healthy Ageing - “starting to deteriorate from high and stable capacity”, “declining capacity”, and “significant loss of capacity”. Cognitive disability was described accordingly in three stages of “mild cognitive impairment”, “moderate dementia” and “severe dementia”. Constructs in Andersen’s behavioral model were used to describe predisposing and enabling factors that might affect care seeking, care reaching and use. In step (ii), a three-staged vignette story was built, with differentiation made between standardized descriptions (e.g., degree of disability) to ensure multi-country comparability and country-specific descriptions (e.g., demographic characteristics) to ensure authenticity of vignette. Steps (iii) and (iv) are in progress.

Conclusion: A vignette-based approach enables complex comparisons of LTC systems across different settings.

Disclosure of Interest: None Declared

Keywords: Functional disability, intrinsic capacity, person-centered care, Validation Study

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1490

INFODEMIC FIGHT IN AGED POPULATION IS A DIFFICULT TASK: HINTS OF SCIENTIFIC LITERATURE

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Preferred presentation method:: Oral Presentation

Introduction: Infodemic is a global threat to struggle with especially in the Novel Coronavirus Disease (COVID-19) days. Misinformation and disinformation can contribute to the pandemic burden and block to access to health care needs. As one of the major vulnerable groups, aged people are exposed to infodemic making their situation more complicated in the recent pandemic.

Objectives: In this paper, difficulties of infodemic fight among aged population has been discussed. A scientific database has also been searched to widen the answer to the question “How is infodemic in aged group tackled in the scientific literature?”

Methods: In addition to the current scientific perspective on infodemic, infodemic management and exposure of the older people to infodemic, one of the largest accessible scientific databases, *PubMed*, was searched by using the keywords “((older) OR (aging) OR (elderly)) AND ((misinformation) OR (disinformation) OR (infodemic))” on 1st of March 2022 in this regard. Search was done only for the first two months of 2022 in order to access to the most updated articles and 163 articles were accessible in the first step. “65 years of age and older” filter was applied. During the abstract reading, articles which were not directly linked with mis/disinformation were excluded.

Results: As aged people are among vulnerable groups; they are exposed to mis/disinformation as expected. Offline channels contributing to mis/disinformation in addition to the online risks increase the burden. Correction of the mis/disinformation is a more difficult task in older age as elderly people cannot access to the correct information via online channels, have disabilities in hearing and sight senses, and live in poorer conditions. Health literacy status is also poor in old age, and this contributes to challenges in infodemic management. COVID-19 crisis also increased old people’s vulnerability.

Conclusion: As aged people are among vulnerable groups; they are exposed to mis/disinformation as expected. Offline channels contributing to mis/disinformation in addition to the online risks increase the burden. Correction of the mis/disinformation is more difficult in older age as they cannot access to the correct information via online channels, have disabilities in hearing and sight senses, and live in poorer conditions. Health literacy status is poor in old age, and this contributes to infodemic management. In COVID-19 crisis, such vulnerability increases the risk for aged people.

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Disclosure of Interest: None Declared

Keywords: aged, infodemic, prevention

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1488

WHO CARES FOR THE CARERS: WHAT COULD SUPPORT OLDER CARERS OF OLDER PEOPLE TO IMPROVE THEIR HEALTH AND WELL-BEING?

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Preferred presentation method:: Oral Presentation

Introduction: Older carers of older people provide valuable contributions to support the person they provide care for. However, older carers often have multiple health problems of their own, and often struggle to look after these health problems, while providing very good support for managing the health problems of the person they provide care for. If carers' health is compromised, then the long term nature of the caring relationship may not be able to be sustained.

Objectives: This study aimed to identify how older carers (aged ≥ 50 years) of older people (aged ≥ 65 years) currently manage their own health problems, and factors they considered could assist them in improving their own health.

Methods: A survey was developed using Qualtrics® to gather information about the demographics of carers and the person they provide care for; and information relating to their current health problems, their current approaches to managing their health problems, and their perceptions of what might support them to achieve better health and well-being outcomes while maintaining their caring role. The survey included open and closed questions.

Results: 189 completed surveys were received. Carers had an average age of 68.0 years (sd=9.3, range 50-93), 84% were female, 56% were caring for their spouse/partner. Care recipients had an average age of 81.7 (8.7, range 63-100) years, 56% were male, with main health conditions being dementia (42%), arthritis/related disorders (36%) and heart problems (35%). Fifty-five percent of carers rated their own health as good or very good, although their overall Quality of Life (using the Dementia Quality of Life Scale for Older Family Carers (DQoL-OC) was moderately reduced (mean 62, range 28-103). Thirty-five percent of carers indicated their own health was a barrier to supporting their care recipient. Current sources to support carers' physical health were seeing their doctor (63%), walking (52%), diet/nutrition (44%) and adequate sleep (43%); while most common source to support carers' mental health were talk to family/friends (62%). While 58% attended specialist clinics to assist the health of their care recipient, only 19% of these also provided advice/support for them in their role as carer. A number of factors were associated with higher carers' DQoL-OC scores, including specialist clinic providing assistance with the caring role.

Conclusion: There remains substantial unmet need for older carers of older people in optimising their own health and well-being. Alternative approach and models of care to support the health and well-being of older carers of older people are needed.

Disclosure of Interest: None Declared

Keywords: carer, mental health, physical health, Services

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1478

TRENDS IN ANTIBIOTIC USE IN AUSTRALIAN RESIDENTIAL AGED CARE FROM 2016-2019: CASE STUDY OF ANTIBIOTICS COMMONLY USED TO MANAGE URINARY TRACT INFECTION

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Preferred presentation method:: Oral Presentation

Introduction: Antibiotic use is a key contributor to the development of antimicrobial resistance. Individuals living in residential aged care facilities are frail, older and have a high risk of infection, yet little is known about the patterns of antibiotic use among this population.

Objectives: To determine the trends over time in use of antibiotics in Australian residential aged care facilities focusing on the antibiotics commonly used for the management of urinary tract infection (UTI).

Methods: A cross sectional retrospective analysis of pharmacy medication supply data for aged care residents in the Illawarra region of Australia between May 2016 and May 2019 was conducted. Antibiotics of interest were defined as those recommended in the Australian guidelines for the management or prevention of UTI. The primary outcome was the monthly proportion of residents supplied with an antibiotic of interest. Secondary outcomes were type of antibiotic supplied and the duration of use stratified into duration groups (up to 14 days, 15 – 30 days, 31 – 90 days, 91 – 365 days and over 365 days of use). Trends were analyzed using descriptive statistics.

Results: This study included 3459 unique residents that were supplied a total of 7913 antibiotic episodes. Antibiotic use decreased throughout the study period with a mean of 17.0% of residents supplied one or more antibiotics of interest per month in May 2016 and 14.8% in May 2019. Of the antibiotics of interest, cefalexin, amoxicillin and amoxicillin with clavulanate were the most frequent antibiotics supplied. The majority of antibiotic episodes were for ≤ 14 days (89.7%, 7117/7913), however ≥ 90 days supply was provided for 2% (150/7913) of all antibiotic episodes.

Conclusion: We found that the supply of antibiotics commonly used for the treatment or prevention of UTI decreased in Australian residential aged care facilities between 2016 and 2019. Antibiotics supplied were generally broad spectrum agents and while the majority of episodes were of short duration, a small proportion were used for extended durations. With both broad-spectrum antibiotic use, and prolonged duration of use known accelerating factors for development of antimicrobial resistance, strategies to optimize antibiotic use in residential aged care facilities appear needed.

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Disclosure of Interest: None Declared

Keywords: Antibiotics, Residential Aged Care

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1476

IMPACT OF SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) IN THE NUMBER OF FALLS IN OLDER ADULTS LIVING IN THE COMMUNITY: DATA FROM PREVQUEDAS BRAZIL

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Preferred presentation method:: Poster Presentation

Introduction: Depression and use of antidepressants are risk factors for falls in older people. However, the efficacy and safety of of SSRIs in falls prevention is still uncertain. Are older adults using SSRIs at minor risk of falling?

Objectives: To investigate the likelihood of falling among older fallers (60 years and older) who use SSRIs compared to those who don't use antidepressants.

Methods: We analyzed secondary cross-sectional data of PrevQuedas Brazil that is a multicenter parallel-group randomized controlled trial aiming to investigate the effectiveness of a multifactorial falls prevention program in reducing the rate of falls in community-dwelling older people Brazil. Logistic regression modeling was used to compare the odds of falling in 3 groups: participants who were not in use of antidepressants (no-AD users), in use of SSRI (SSRI users), in use of other class of antidepressants (non-SSRI users).

Results: We included 612 participants (mean age 73.6±7.3years; 86.4% women; 60.5% white). Recurrent falls have association with SSRI's use (104 vs. 22, $p < 0.001$) – Chi-square test. Participants using SSRI's had 2.4 times the odds to be a recurrent faller compared to no-AD users (OR 2.39, 95%IC 1.44-3.97; $p=0.001$). No significance was found between the non-SSRI users and no-AD users (OR 1.12, 95%IC 0.55-2.30; $p=0.749$).

Conclusion: SSRI increases the likelihood of falling among community-dwelling older fallers and its prescription should be carefully evaluated and monitored.

Disclosure of Interest: None Declared

Keywords: antidepressants, falls prevention, Older people, risk factors for falls

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1472

IMPACT OF PELVIC FLOOR DYSFUNCTIONS ON QUALITY OF LIFE OF ELDERLY PEOPLE

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Preferred presentation method:: Poster Presentation

Introduction: Female aging affects negatively the muscular architectural parameters of the pelvic floor, which facilitates the appearance of dysfunctions in this region. Pelvic floor disorders have the potential to cause deleterious effects on the quality of life of elderly women.

Objectives: To assess the impact of pelvic floor disorders on the quality of life of elderly women.

Methods: A cross-sectional study was developed with 217 elderly women with pelvic floor disorders, in two urogynecology outpatient clinics, in Fortaleza, Ceará, Brazil, from February to September 2019. The Medical Outcomes 12-Item Short Form Survey was used to assess the quality of life of older people. Elderly women aged 60 years or older, diagnosed with pelvic floor dysfunction and with preserved cognitive capacity were included. Study approved by the research ethics committee with opinions nº 3.159.390 and nº 3.270.489.

Results: Regarding the impacts of PAD on the quality of life of elderly women, it was observed that: 33.7% (n=73) classified their general health as bad or very bad, 56.2% (n=122) had some difficulty in performing moderate activities, 64% (n=139) had difficulty climbing several flights of stairs, 48.8% (n=106) reported that physical health influenced the performance of activities they liked and that physical health limited the development of some tasks 49.8% (n=108). 25.8%(n=56) stated that emotional health influenced the performance of daily tasks, nevertheless , 38.2%(n=83) stated that they felt calm all the time. Regarding the energy level, most of the research participants stated that they had a lot of energy all the time (45.6%;n=99). Pain did not interfere in any way in 54.4% (n=118) of the interviewees. In addition, discouragement was demonstrated in a small part of the time (36.4%;n=79) of the interviewees.

Conclusion: The findings of this study show that pelvic floor dysfunctions impacted some physical and emotional aspects of the elderly, therefore, it is appropriate to adopt intervention measures and guidance with a focus on quality of life.

References: Good, M. M., & Solomon, E. R. (2019). Pelvic Floor Disorders. *Obstetrics and gynecology clinics of North America*, 46(3), 527-540.

Disclosure of Interest: None Declared

Keywords: Elderly, Pelvic floor disorders, Quality of life

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1471

PALLIATIVE CARE AND USE OF HEALTH SERVICES AMONG PATIENTS WITH HEART FAILURE

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Preferred presentation method:: Oral Presentation

Introduction: Palliative care (PC) improves the delivery of end-of-life care for cancer patients, but the evidence for patients with life-limiting cardiovascular diseases (CVD) such as heart failure (HF) is lacking.

Objectives: The aim is to investigate the associations between use of PC, and use of health services and invasive treatments in middle-aged and older adults with HF.

Methods: The 45 and Up Study collected baseline data (2006-09) for 266,942 participants aged 45+ years in New South Wales, Australia. These data were linked with administrative hospitalisation, emergency department, death, aged care, Medicare and pharmaceutical claims data through the Centre for Health Record Linkage and Australian Institute of Health and Welfare for 2006-14. This study comprised of all participants who died either from HF or had a HF diagnosis prior to death. We used logistic regression to calculate the odds of commencing community aged care, visiting emergency department, general practitioner, admitted to intensive care units, hospitalization and length of stays, and use of invasive ventilation in HF patients with PC compared to a matched group without PC.

Results: 835 of 4462 HF patients were accessing PC at end-of-life. HF patients with PC had greater odds of using community aged care (OR: 1.51, 95%CI: 1.12-2.05), and lower odds of visiting emergency department (OR: 0.60, 95%CI: 0.40-0.91), admitted to intensive care units (OR: 0.43, 95%CI: 0.24-0.78), and receiving invasive ventilation (OR:0.49, 95%CI: 0.21-1.15) when compared to those who did not access PC. There were no associations between use of PC with hospitalizations, hospital length of stay, general practitioner visits and location of death.

Conclusion: Our study suggest that PC may provide high value end-of-life care in HF patients as they are less likely to receive costly and potentially burdensome interventions and care in hospital and are receiving value models of PC.

Disclosure of Interest: None Declared

Keywords: CARDIOVASCULAR DISEASE, epidemiology, health service, heart failure, palliative and end-of-life care

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1466

SOCIODEMOGRAPHIC, GYNECOLOGIC AND OBSTETRIC EVALUATION OF ELDERLY WITH PELVIC FLOOR DYSFUNCTION

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Preferred presentation method:: Poster Presentation

Introduction: Aging promotes muscle changes, such as decreased length, size, elasticity and number of muscle fibers, causing muscle weakness, which may compromise pelvic floor muscles. Pelvic floor dysfunction (PAD) is responsible for considerable morbidity and includes urologic, gynecologic, or colorectal conditions. Studies indicate that one in four women will develop PAD and the prevalence increases with age.

Objectives: To analyze the sociodemographic, gynecologic and obstetric characteristics of elderly women with pelvic floor dysfunction.

Methods: A cross-sectional study carried out in two outpatient clinics specialized in urogynecology in the city of Fortaleza, Ceara, Brazil, between February and September 2019. The sample consisted of 217 elderly women diagnosed with PAD. Those with cognitive alterations using the Mini Mental State Examination were excluded. Data were collected through the sociodemographic and gynecologic and obstetric forms and were gathered using the Research Electronic Data Capture. Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 24.0. The project was submitted and approved by the ethics committee with opinions 3.159.390 and 3.270.489.

Results: Most elderly women were married/in a stable relationship, self-declared brown, Catholic, had between 6 and 12 years of schooling, average income of R\$1,859.16±1,184.53, retired/benefited, living with their children and in their own home, with a mean age of 69.51±6.75. As for PAD, the most prevalent was urinary incontinence (n=166; 76.5%), followed by pelvic organ prolapse (n=156; 71.9%) and finally anal incontinence (n=9; 4.1%). As for the gynecologic and obstetric variables, there is an average of 22.59±8.62 years of post-menopause, 5.46±3.37 pregnancies, 4.62±3.02 deliveries, with a vaginal delivery of 4.23±3.17 and 0.84±1.28 abortions.

Conclusion: Study participants were considered young elderly and the most prevalent PAD was UI present in 76.5% of the people. Thus, given the aging of the population in the Brazilian scenario and the emergence of symptoms related to PAD, it is up to the health professional to timely identify the symptoms for targeted assistance and treatment, in order to provide a better quality of life for these elderly women.

References: Good, M. M., & Solomon, E. R. (2019). Pelvic Floor Disorders. *Obstetrics and gynecology clinics of North America*, 46(3), 527-540.

Disclosure of Interest: None Declared

Keywords: Elderly, Pelvic Floor Disorders, Quality of life

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1464

VALIDATING INTRINSIC CAPACITY TO MEASURE HEALTHY AGING IN A LOW TO MIDDLE-INCOME COUNTRY: FINDINGS FROM THE ELSI-BRAZIL

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Preferred presentation method:: Oral Presentation

Introduction: While efforts have been made to validate intrinsic capacity as a multidimensional indicator of healthy aging, we need evidence from diverse older populations living in low- to middle-income countries.

Objectives: This study aimed to investigate associations of intrinsic capacity and its domains with a wide range of activities of daily living in a nationally representative sample of Brazilians aged 50 years and older. We also explored whether sociodemographic factors (e.g., age, sex, race/ethnicity, education) modify the relationship between intrinsic capacity and functional ability, from self-care to productive and leisure-time activities.

Methods: This cross-sectional analysis included 7,175 participants (mean age = 62 years; 53% women) from the Brazilian Longitudinal Study of Aging (ELSI-Brazil), a nationally representative sample of Brazilians aged 50 years and older. The domains of intrinsic capacity (cognitive, psychological, sensory, locomotor, and vitality) were determined using self-reported information and physical performance tests. We operationalized intrinsic capacity through factorial analysis. We investigated associations of intrinsic capacity and its five domains with functional ability in basic, instrumental, and advanced activities of daily living (ADL, IADL, and AADL) using multiple logistic regressions models adjusted for sociodemographic factors, clinical measures, and lifestyle variables.

Results: The bi-factorial model of intrinsic capacity revealed satisfactory goodness-of-fit. Preserved ability in ADL and IADL, respectively, ranged from 69% and 29% to 89% and 74% across intrinsic capacity quartiles. In adjusted analyses, every standard deviation increment in intrinsic capacity composite score was associated with almost twice the odds of preserved ADL (adjusted odds ratio [aOR] = 1.72; 95% confidence interval [CI] = 1.54–1.93; p<0.001), preserved IADL (aOR = 1.95; 95% CI = 1.77–2.16), and high performance in AADL (aOR = 1.79; 95%CI=1.59–2.00). Similar results were reported using the specific domains of intrinsic capacity as predictors. Although age, race/ethnicity, and education did not modify associations of intrinsic capacity with functional ability, we found sex differences with stronger relationships of intrinsic capacity with preserved ADL or IADL in women.

Conclusion: Our results support the validity and reliability of intrinsic capacity to measure healthy aging in diverse socioeconomic and cultural settings. Incorporating intrinsic capacity in routine practices can promote holistic and person-centered care approaches in aging societies. Future studies aiming to examine the impact of intrinsic capacity changes over time and investigate whether applying this multidimensional measure improves health outcomes in older people are warranted.

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Disclosure of Interest: None Declared

Keywords: aging, comprehensive geriatric assessment, functionality, intrinsic capacity, population-based study

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1463

SARCOPENIA BY SDOC CRITERIA IS ASSOCIATED WITH ADL DECLINE AND DEPRESSION IN JAPANESE ADULTS

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Preferred presentation method:: Poster Presentation

Introduction: The Sarcopenia definition and outcomes consortium (SDOC) has proposed new diagnostic criteria for sarcopenia. It is unclear whether sarcopenia, according to SDOC criteria, is associated with falls, ADL (activities of daily living) decline, and risk of depression in Japanese adults.

Objectives: This study aimed to determine whether the SDOC criteria are associated with falls, ADL decline, and risk of depression in older Japanese adults.

Methods: A cross-sectional study of older adults aged ≥ 65 years who visited a frail outpatient clinic. SDOC sarcopenia was defined as patients with muscle weakness (men < 35.5 kg, women < 20 kg) and/or slowness (< 0.8 m/s). ADL was evaluated using the Katz index, and ADL decline was defined as less than full scores on the Katz index. The risk of depression was assessed using the Geriatric Depression Rating Scale (GDS) 15, with a score of ≥ 5 defined as a risk of depression. Falls were assessed as the history of falls in the past year. We performed a logistic regression analysis to clarify the association between SDOC sarcopenia and the investigated outcomes.

Results: The study included 591 patients, of whom 161 (27.2%) were diagnosed with SDOC sarcopenia. The mean age was significantly higher in the SDOC sarcopenia cohort than in the non-sarcopenia cohort (80.0 ± 6.2 vs. 75.3 ± 7.5 ; $P < 0.001$). Patients with SDOC sarcopenia had higher rates of falls (42.9% vs. 33.3%; $P = 0.030$), ADL decline (24.2% vs. 7.0%; $P < 0.001$), and risk of depression (45.0% vs. 24.9%; $P < 0.001$) compared to patients without sarcopenia. The logistic regression analysis showed that SDOC sarcopenia was not independently associated with falls (odds ratio [OR] 0.96, 95% CI 0.62-1.475), but was independently associated with ADL decline (OR 2.74, 95% CI 1.53-4.91) and depression (OR 1.83, 95% CI 1.16- 2.88). 2.88).

Conclusion: SDOC sarcopenia was independently associated with ADL decline and risk of depression. Future studies are needed to investigate whether SDOC sarcopenia is associated with long-term outcomes in Japanese adults.

References: N/A

Disclosure of Interest: None Declared

Keywords: older adults, sarcopenia, SDOC

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1458

PORTUGUESE VERSION OF THE REVISED PATIENTS' ATTITUDES TOWARDS DEPRESCRIBING (RPATD) QUESTIONNAIRE: CROSS-CULTURAL ADAPTATION AND VALIDATION

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Preferred presentation method:: Poster Presentation

Introduction: For the success of deprescribing, it is essential to identify its barriers; among the most frequent are the patient's attitudes and beliefs about medications.¹⁻⁴ The revised Patients' Attitudes Towards Deprescribing (rPATD) questionnaire is an instrument that captures older adults' beliefs and attitudes towards deprescribing.⁵

Objectives: To translate and validate the rPATD questionnaire (older adults version) to Portuguese.

Methods: The rPATD questionnaire⁵ was translated and cross-culturally adapted using forward-backward translation and pre-testing. A cross-sectional study with 192 older adults aged ≥ 65 years taking at least 1 regular medication was conducted for validity assessment. Participants were recruited by convenience sampling in 3 Portuguese outpatient physical medicine and rehabilitation clinics. Psychometric properties were evaluated through face and content validity; construct validity, by assessing structural validity through exploratory factor analysis, hypotheses testing, including concurrent validity and cross cultural validity; reliability with internal consistency; and item-total correlation. Floor and ceiling effects were examined.

Results: The exploratory factor analysis (EFA) revealed a 4-factor structure that explains 51.08% of the total variance, as in the original rPATD. These 4 factors are related to the level of involvement in medication management, beliefs in the appropriateness of medication, perceived burden of medication, and concerns about stopping medications. Factor loadings ranged from 0.226 to 0.800; only 2 items scored < 0.3 , and no cross-loading was found. The exclusion of the 2 items loading < 0.3 in the EFA showed no significant improvement in factor loading or internal consistency, so the initial item structure was maintained. In hypotheses testing, 78% of the correlations were correctly predicted. Internal consistency of the 4 factors was generally acceptable, with Cronbach's alpha ranging from 0.638 to 0.830. The item-total correlation ranged between 0.223 and 0.7. A ceiling effect, 15,1%, was found in the involvement factor (expected value $< 15\%$).

Conclusion: The Portuguese rPATD questionnaire for older adults presents globally good or acceptable psychometric properties.

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Disclosure of Interest: None Declared

Keywords: deprescribing, medication review, older adults, Psychometric properties, rPATD questionnaire

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1455

GERIATRIC SYNDROMES AND RISK OF CHEMO-TOXICITY IN PATIENTS EVALUATED AT GERIATRIC ONCOLOGY AMBULATORY IN BRAZILIAN HOSPITAL DURING THE COVID PANDEMIC

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Preferred presentation method:: Poster Presentation

Introduction: Aging is a known risk factor to develop neoplastic diseases, and world-wide life-expectancy has been exponentially increasing. However, most studies of oncological treatment don't involve patients older than 65yrs and they end up being evaluated more superficially, even with all their peculiarities. Although many patients had their diagnosis delayed during this period, those that received some consultation in our service could be guided by a multiprofessional team, with oncologists, geriatrician, nurses, dentist and nutritionist.

Objectives: To identify how many geriatric syndromes have the patients who were evaluated at geriatric oncology ambulatory located at Hospital das Clínicas da Universidade Federal do Pernambuco, Brazil, between March 2020 and March 2021 (first year of the covid-19 pandemic), specially those with good performance status by Karnofsky scale (≥ 80)

Methods: We performed a transversal, retrospective, unicentric study, evaluating the first assessment file of the patients that attended geriatric oncology ambulatory of Hospital das Clínicas da Universidade Federal de Pernambuco, located in Recife – Brazil, between March 2020 and March 2021. We searched for geriatric syndromes: cognitive dysfunction, functionality, polypharmacy, comorbidities, falls, depression, using the scales suggested by ASCO Guidelines.

Results: After verifying inclusion and exclusion criteria, the result was a sample of 58 patients, between 60 and 96 years of age, and similar distribution among genders. The majority of the group (84,5%) had at least one geriatric syndrome. Thirty-seven (63,8%) had KPS ≥ 80 , and even being habitually considered able to follow any treatment, most of them (78,4%) also had geriatric dysfunctions. Regarding toxicity, those who had their risk calculated showed results of medium (24,1%) or high (15,5%) risk.

Conclusion: It is important to recognize that patients over 60 years deserve specialized follow up to make interventions at found syndromes and provide better quality of life and results of the treatment, when indicated, including during this pandemic.

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Disclosure of Interest: None Declared

Keywords: COVID-19 pandemic, geriatric assessment, karnofsky, oncology, toxicity

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1450

DEVELOPMENT OF RESILIENCE INDEX AMONG COMMUNITY DWELLING OLDER ADULTS IN MULTIRACIAL LOW-MIDDLE INCOME COUNTRIES (LMICS): A MALAYSIAN STUDY

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Preferred presentation method:: Oral Presentation

Introduction: While resilience among older adults may stem from unmet needs, none of the existing measurement tools for resilience have been considering this important aspect and mainly focused on psychological wellbeing.

Objectives: To develop a culturally relevant resilience index which incorporates constructs related to unmet needs, multidomain geriatric syndromes, physical and psychosocial health and disability among the community dwelling older adults.

Methods: Individuals age 60 years and above, living in Kuala Lumpur and Selangor are interviewed by using a series of validated questionnaires covering Comprehensive Geriatric Assessment (CGA) including the psychological and social participation domains in addition to physical and anthropometry measurement. Unmet needs are measured by using Camberwell Assessment of Need for the Elderly (CANE-S 24 items) and disability was measured by using World Health Organisation Disability Assessment Schedule (WHODAS-12 items) questionnaire. Geriatric syndromes were assessed by selected questionnaires such as Mini Nutritional Assessment (MNA-SF), Katz and Lawton & Brody questionnaires, Numeric Pain Rating Scale and questions on fall history. In addition, resilience is determined by using the existing tool, Connor-Davidson Resilience Scale (CD-RISC-10 items). By using the data collected during the cross-sectional survey, we will further develop the resilience index.

Results: A preliminary analysis was conducted among 41 participants with mean age of 65.2 years (standard deviation [SD] 4.26 years). Two-third of them (63 percent) were women and 83 percent from Malay ethnicity, coming from five data collection sites. Out of 24 CANE-S items, 19 percent of needs (total of met and unmet) were identified and 93 percent were met. As for the resilience measurement, the mean for CD-RISC-10 scores was 34.14 and SD (5.89). After classification into three groups; low, intermediate and high resilience (<23(R1), 23-29(R2) and >29(R3)), the majority lies in high resilience group, account for 4.9, 9.8 and 85.4 percent respectively.

Conclusion: The present resilience tool used (CD-RISC) might have overestimated the resilience level in our population emphasizing the need for a new resilience index which is more holistic and culturally relevant. However, it is too early to draw the conclusion. It is crucial to study the population living in rural areas to evaluate the socio-demographic influence on resiliency.

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Disclosure of Interest: None Declared

Keywords: comprehensive geriatric assessment, disability, older adults, resilience, Unmet need

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1449

DYSPHAGIA IN ELDERLY PATIENTS AS A CONSEQUENCE OF POLYPHARMACY.

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Preferred presentation method:: Poster Presentation

Introduction: Dysphagia in Elderly Patients as a Consequence of Polypharmacy.

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Dysphagia is a complex problem and a pandemic among elderly people, affecting 27% to 91% of the population aged 70 and over. Older people are more susceptible to developing dysphagia, which is the reason for high physical, mental, social and financial costs associated with this disease. Dysphagia can lead to decreased food intake resulting in malnutrition and increased risk of aspiration pneumonia and mortality. Although dysphagia can cause serious complications, it is often not detected, examined or treated.

Objectives: The purpose of our study is to evaluate the risks of polypharmacy associated dysphagia occurrence in older people.

Methods: Observation and analysis of scientific literature in the electronic database PubMed.

Results: There are currently a number of studies on dysphagia. One of them is a study by Igarashi K et al., conducted to determine the prevalence of suspected dysphagia and its features in elderly patients living at home. The study included 510 independent older people aged 65 and over and 886 dependent older people. The prevalence of suspected dysphagia was 25.1% and 53.8%, respectively, and showed a significant increase with age and level of required care.

Researches show a significant lack of knowledge on adequate drug modification and relatively little knowledge on effective management and treatment of dysphagia. There are many practical errors in medication administration in patients with dysphagia. Polypharmacy leads to the development of undesirable adverse reactions, including dysphagia. The use of M-anticholinergics (atropine, ipratropium bromide, etc.) in the treatment of elderly patients can potentially lead to esophageal motility disorders, resulting in the development of dysphagia. Local anesthetics (benzocaine, lidocaine, etc.) often lead to the development of dysphagia. Due to dopamine receptors blockade, antipsychotics such as chlorpromazine, clozapine, haloperidol and others can cause the development of drug-induced parkinsonism and tardive dyskinesia and subsequently lead to the development of dysphagia. Immunosuppressants such as azathioprine, cyclosporine, daunorubicin and others, used in anticancer therapy can cause dysphagia. Furthermore, anticancer drugs increase the risk of infectious diseases of the gastrointestinal tract due to the immunosuppressive effect. Immunosuppressant-induced dysphagia significantly impairs the quality of life of patients with cancer and worsens the prognosis. Prolonged use of glucocorticosteroids such as dexamethasone, prednisolone, methylprednisolone causes atrophy of muscles involved in the swallowing process.

Conclusion: All healthcare professionals need additional professional training and advice for adequate treatment of elderly patients. Large observational and interventional studies are needed to identify and confirm the effect of pharmacological agents on the swallowing function.

Disclosure of Interest: None Declared

Keywords: dysphagia, polypragmasia, elderly patient, geriatrics

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1444

COGNITIVE DEFICIT AS A COMMON GERIATRIC SYNDROME IN CHF PATIENTS AFTER COVID-2019

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Preferred presentation method:: Poster Presentation

Introduction: Similar to chronic heart failure (CHF), COVID-19 is spreading and has become a pandemic, affecting the health of millions of people. Cognitive deficit can be detected as a common clinical feature, when comparing long-term consequences of CHF in geriatric patients and the symptoms of COVID-2019 in the same age group.

Objectives: The purpose of the research is to study publications on the incidence of cognitive deficit cases in patients with CHF after COVID-2019.

Methods: Research materials and methods – analysis of publications on the novel coronavirus infection using PubMed, Scopus and Google Scholar databases.

Results: A research including 88 patients with CHF was conducted at Saratov State Medical University. The research assessed the incidence of COVID-2019 symptoms upon hospital admission (n=88) and 1 month later (n=72). The most common initial complains of patients were the feeling of fear, insomnia, memory decline, headaches. According to the results of the research, 1 month later 63.9% of patients still had sleep disorders in the form of night awakenings (19.4%) and insomnia (16.6%), 55.5% – still had memory decline. The feeling of fear was observed in 66.0% of patients during inpatient care and remained in 36.0% of respondents one month later after discharge. A.Paniz-Mondolfi detected virus particles in neurons of brain sections of patients who died from COVID-19, using an electron microscope in his study. According to the experts from Wuhan, 36.4% of hospitalized patients with COVID-19 had acute cerebrovascular disorders, confused consciousness. British scientists conducted a study including 81337 patients with coronavirus infection. The results were published in the scientific journal The Lancet. The experts came to the conclusion, that among patients who had the disease in a severe form, the composite intelligence score decreased by a level corresponding to seven points in IQ tests.

Given the above data, it seems hard to overestimate the importance of vaccination of elderly and senile patients. 83% of deaths from COVID-19 are among patients over 60 years of age. A UK analysis found that unvaccinated people over 60 years old were 5 times more likely to die than middle-aged patients.

Conclusion: COVID-2019 increases the symptoms of cognitive deficit in patients with CHF, disrupts their household and social activities, leading to a decline in their quality of life, disability and development of complete dependence on others.

References: Sazontova N.A., Nekrashevich Y.A.

Disclosure of Interest: None Declared

Keywords: chronic heart failure , Cognitive deficit , COVID-19

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1442

COMORBIDITY IN ELDERLY PATIENTS. POLYPHARMACY.

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Preferred presentation method:: Poster Presentation

Introduction: Comorbidity in Elderly Patients. Polypharmacy.

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In recent decades, there has been a trend towards an increase in life expectancy. As a result, the elderly population is growing. The number of elderly people with comorbidities is also increasing. The problem of comorbidity is of huge significance for geriatricians and all professionals working with elderly people. Comorbidity is a serious problem not only for patients living with multiple diseases, but also for the entire healthcare system.

Patients with multiple chronic diseases need multi-drug therapies. Which leads to the development of polypharmacy, reduced adherence to treatment in elderly patients.

Objectives: detection of concomitant pathology and determination of the level of polypharmacy in elderly patients

Methods: In order to identify comorbidity and determine the level of polypharmacy among elderly patients, we conducted a study including a group of elderly patients at the age of 65 to 75 years old, enrolled in outpatient care. In the study group, which included 50 elderly patients, 37 patients had a combination of more than 4 chronic diseases.

Results: diseases of the cardiovascular system were detected in all patients, the most common concomitant diseases were type 2 diabetes – in nine patients from the study group, diseases of the musculoskeletal system – in twelve patients, diseases of the gastrointestinal tract – in five patients. Less common: asthma – in two elderly patients, Parkinson's disease – in one patient, two patients from the study group had oncological diseases. 38 elderly patients took 8 or more drugs per day, which indicates a high level of polypharmacy.

Comorbidity in combination with polypharmacy requires an individual approach to each patient. Patients taking more than 7 drugs have an 80% risk of developing undesirable adverse effects.

Conclusion: The prevalence of diseases increases with age, therefore their timely detection and treatment will reduce the prevalence of comorbidity and the development of polypharmacy in old age. The percentage of diseases detection during health screening is extremely low among employees of non-budgetary organizations in Belgorod region. This means, that health screening is used inefficiently as a tool for early diagnosis of diseases in employees. More than half of the respondents, 53.45% of the employees who took part in the survey, did not detect any chronic diseases they have during their medical screening. In addition, the diseases were diagnosed during health screening only in 3.79% out of 10.13% of

employees with diseases of the ENT organs; in 4.14% out of 8.00% of employees with diseases of the musculoskeletal system and in 3.10% out of 6.13% employees with diseases of the gastrointestinal tract.

Disclosure of Interest: None Declared

Keywords: comorbidity, polypragmasia,elderly patient,geriatrics

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1440

SEXUAL ORIENTATION AND SEXUAL SATISFACTION

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Preferred presentation method: Oral Presentation

Introduction: Sexual satisfaction is an important part of sexual health and overall well-being. A large number of older people continue to be sexually active and many are satisfied with their sex life. However, little is known about whether sexual satisfaction differs according to sexual orientation.

Objectives: The aim of the study is twofold. First, we will report the level of sexual satisfaction with regard to sexual orientation and age. Second, based on the ecological model proposed by Del Mar Sanchez-Fuentes et al., we aimed to investigate whether sexual satisfaction differs according to sexual orientation in later life.

Methods: The German Ageing Survey (DEAS) is a nationally representative study of the German population aged 40+. In the third wave (2008), data on both sexual orientation (heterosexuals; homosexuals, bisexuals, other) and sexual satisfaction (1-very dissatisfied to 5-very satisfied) were collected. Following the model proposed by Sánchez-Fuentes et al., covariates were selected. We adjusted for sex, age, and labour force participation. Educational attainment was determined according to the ISCED. We included smoking status and the frequency of physical activity. In our analysis we incorporated a set of measures of physical health. For example, single self-rated health item was used to assess global health. Furthermore, we used the subscale "Physical Functioning" of SF-36 to measure physical functioning. Depressive symptoms were measured with Center for Epidemiological Studies Depression Scale (CES-D). We controlled for family status, the overall assessment of the current relationship and the assessment of relationship with own family.

Multiple regression analyses with sampling weights were performed (stratified by age: 40-64;65+).

Results: We included 4,856 individuals in our analysis (mean age 57.6(±11.6) years, 50.4% were women, 92.3% (n=4,483) were heterosexual and 7.7% (n=373) were sexual minority adults). There was no difference in average satisfaction with sex life (3.4(±1.0) and 3.6(±1.0); p=0.45, respectively for sexual minority adults and heterosexual). In sum, 55.9% of heterosexual individuals and 52.3% of LGBT individuals were satisfied or very satisfied with their sex life. Multiple regression analysis showed that sexual orientation was not significantly associated with sexual satisfaction among both middle aged ($\beta=0.07$; p=0.45) and older adults ($\beta=0.01$; p=0.87).

Conclusion: Our analysis showed that sexual orientation was not significantly associated with sexual satisfaction among both middle-aged and older adults. In contrast, in both age groups, higher sexual satisfaction was associated with, among others, lower loneliness and higher importance of sexuality and intimacy.

Approximately 45% of older individuals (aged 65 years and older), regardless of their sexual orientation, were still satisfied with their sex life.

Disclosure of Interest: None Declared

Keywords: LGBT, older individuals, sexual minorities, sexual satisfaction

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1439

NEW PERSPECTIVES ON THE USE OF CARDIOPULMONARY EXERCISE TESTING FOR OPERATIVE RISK ASSESSMENT OF AGED PATIENTS WITH LUNG CANCER

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Preferred presentation method:: Poster Presentation

Introduction: The decrease of body functional reserves is one of the key positions of the pathogenesis of postoperative complications. Performing cardiopulmonary exercise testing (CPET) with assessment of the range of oxygen uptake on anaerobic threshold (AT), and peak of exercise, and the slope of ventilatory equivalent on carbon dioxide is recommended by international guidelines for patients whose perioperative risk is difficult for determine. However, for aged patients it may be difficult to achieve AT because of comorbidities.

Objectives: Our purpose was to study if some parameters of CPET, registered before AT, may be used for preoperative risk stratification in aged patients with lung cancer.

Methods: We studied the data of case histories of patients who underwent elective surgery in case of primary non-small cell lung cancer. We analyzed anamnesis, results of routine preoperative examination, preoperative CPET data (the standard protocol with ramp exercise on cycle ergometer), and features of postoperative period.

Results: Our study included 88 patients aged 60-90 years (mean age 71,4 years, 58% were male). 47 patients had stage I lung cancer, 15 stage II, and others – stage III. Lobectomy was performed in 80 cases, bilobectomy – in 8 cases. Postoperative complications occurred in 20 cases, 13 of them were cardiovascular events (77% of them - hemodynamically important arrhythmias). The data of routine laboratory and instrumental tests, and risk scales were similar in patients having complications (group 2) and without them (group 1). When analyzing the CPET data, we identified that during the 3-minute period of pedaling without any load patients of the 2 group had higher ranges of oxygen uptake (VO₂/kg) and carbon dioxide output (VCO₂/kg), and decrease in saturation (SatO₂). They also showed lower ranges of cardiac output.

Conclusion: The data obtained show that signs of lower functional reserves of the body may occur in the beginning of CPET, before achieving AT. These data may be helpful for more accurate risk stratification for aged patients with lung cancer, and be a reason to think about some changes in preoperative treatment or performing prehabilitation measures.

Disclosure of Interest: None Declared

Keywords: cardiopulmonary exercise testing, functional reserves, lung cancer, old age

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1426

QUALITY OF GERIATRIC REHABILITATION FROM THE PATIENTS' PERSPECTIVE: A SCOPING REVIEW.

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Introduction: The efficacy of geriatric rehabilitation (GR) have been investigated previously. However, a systematic synthesis of quality of GR from the patients' perspective does not exist.

Objectives: The aim of this scoping review was to systematically synthesize of quality of GR from the patient perspective.

Methods: For this scoping review, we followed the ScR methodology framework outlined by Arksey and O'Malley and was performed to gather literature with a qualitative study design. A systematic search was performed in multiple databases. The timeframe within the databases was from inception to 28th of May 2021. We used the following inclusion criteria: a) a qualitative study design, b) (quality of) geriatric rehabilitation was assessed by the patient, c) geriatric population and d) had participated in a geriatric rehabilitation program. The result sections of the included studies were analyzed using a thematic analysis approach.

Results: Twenty articles were included in this review. The main themes identified were: 1) need for information about the rehabilitation process, 2) support in being hindered by restrictions (physical, psychological and social), 3) being autonomous during rehabilitation, 4) need for telling one's story, 5) situational and environmental context, 6) the patient's rehabilitation at home.

Conclusion: Our findings highlight the need for patients to express their questions and wishes in the rehabilitation process. The need for more information, getting autonomy in the process, space to tell their story, feeling supported by professionals, a good rehabilitation environment and the need of support in the process of discharge. The quality of GR from the patients' perspective leaves room for improvement. These themes ensure that GR should be more adapted to the patients' preferences and needs.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1423

FACTORS ASSOCIATED WITH THE FUNCTIONAL CAPACITY OF OLDER ADULTS IN BUCARAMANGA, COLOMBIA. STUDY ARENA

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Preferred presentation method:: Oral Presentation

Introduction: As a consequence of demographic aging, societies will experience a number of challenges, including the preservation of functional capacity, which are common but not universal skills among older groups. Through the Disability Process Model and orientation of the determinants of healthy aging this study aims to analyze the sociodemographic and health status factors associated with the functional level to perform activities of daily living and the socio-family risk of older adults in Bucaramanga, Santander-Colombia.

Objectives: (a) Characterize the demographic variables and the health status of older adults, (b) Evaluate the level of functionality to carry out basic and instrumental activities for daily life, (c) Identify the prevalence of socio family risk in older adults and (d) Establish associations between demographic and health variables, with the level of functional impairment for basic and instrumental activities of daily life and the level of family social risk.

Methods: Analytical cross-sectional study of secondary data. The information n= 196 older adults was obtained from the gerontological nursing database of a life center. The functional level was evaluated using the Barthel index, the Lawton index and the socio-family assessment scale. Logistic regression was used to determine the association between outcomes and control variables. We expected that demographic and health status factors would be significantly associated with a high functional level at the basic and instrumental level, in addition to reducing socio-family risk situations.

Results: The mean age was 72.91 years (SD ± 7.88), 58.16% were women and 41.84% men, all of them belonged to low socioeconomic strata. More than half of the older adults presented functional impairment to carry out basic activities (59.69%), compared to instrumental activities (44.90%). The prevalence of socio-family risk was 47.45%. Functional impairment was associated with age, gender, and socioeconomic status, as well as with health status factors such as cognitive impairment, low weight, polypharmacy, and risk of falls. High blood pressure was associated with an increased probability of functional impairment and socio-family risk.

Conclusion: This study contributes to the management of knowledge about the factors related to the functional capacity of older adults from Santander under the Disability Process Model. The implications of the results are aimed at strengthening standards of comprehensive care and social protection of older adults, in addition, invigorating intersectoral work in favor of health and reduction of complications.

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Disclosure of Interest: None Declared

Keywords: Activities of Daily Living, Geriatrics, Health of the Elderly, Independent Living

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1417

IMPACT ON RISK OF FALLS QUANTIFIED WITH THE TINETTI SCALE AFTER COMPREHENSIVE REHABILITATION. ACUTE GERIATRIC UNIT. HOSPITAL DR. LUIS TISNÉ 2019-2020

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Preferred presentation method:: Poster Presentation

Introduction: Do older people at risk of falls according to the Tinetti scale reduce their risk after integral rehabilitation in the Acute Geriatric unit (UGA)?

Objectives: To demonstrate that after a daily integral rehabilitation, the elderly of the acute geriatric unit of the Dr. Luis Tisné hospital reduce their risk of falling

Methods: Observational, descriptive - retrospective study. Target population: elderly hospitalized in the acute geriatric unit of the Hospital Dr. Luis Tisné, from January 2019 to February 2020. Inclusion criteria: Older adults with or without cognitive impairment, who understand and follow orders; speak Spanish; admitted to the UGA in the period from January 2019 to February 2020. Elderly evaluated with the Tinetti Scale at admission and discharge; that according to the Tinetti scale classify with high, moderate or without risk of falling.

Results: Of 408 patients admitted to the UGA of Hospital Dr. Luis Tisné in the previously described period, 99 patients who met the inclusion criteria were selected. When analyzing the risk of falling, of the 99 patients studied, at admission 70 presented risk of falling, of which 41% presented high risk and 30% moderate risk. When applying the test again at discharge, it was shown that the group that presented high risk, 26 remained at high risk of falling, 11 decreased to moderate risk and 4 discharged without risk of falling, that is, 63% remained and 37% decreased their risk of falling. Of the group that was admitted with moderate risk at discharge, none presented high risk, 15 remained with moderate risk and 14 improved, being discharged without risk of falling, so that 52% remained and 48% improved and their risk decreased.

Conclusion: After applying the Tinetti scale to older adults at admission and discharge at the UGA of the Dr. Luis Tisné Brousse hospital, after comprehensive rehabilitation by a multidisciplinary team, their risk of falling is reduced. The risk of falls is multifactorial, prevalent and potentially serious, so evaluating whether there is a decrease in it, after multidisciplinary care at the AGU of the LTH could lead to protocolized strategies/policies that allow the reduction and prevention of falls in elderly.

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Disclosure of Interest: None Declared

Keywords: TINETTI SCALE, RISK OF FALLING, OLDER PEOPLE

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1413

A STUDY ON ALCOHOL RECIDIVISM AND SMOKING BEHAVIOR AFTER LIVER TRANSPLANTATION AMONG RECIPIENTS AGED 50 YEARS AND OLDER

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Preferred presentation method: Poster Presentation

Introduction: Liver transplantation (LT) is the only and standard treatment for end-stage liver disease and hepatocellular carcinoma. The 5-year survival rate after LT is over 70%. As important as the stability of the transplanted liver for long-term survival is the perioperative management of LT recipients. Alcohol recidivism and smoking are risk factors for survival after transplantation, which may adversely affect long-term survival and graft function.

Objectives: The purpose of this study was to examine whether there was a difference between alcohol recidivism and smoking after LT, according to the history of alcohol use and smoking before LT among recipients aged 50 years and older. In addition, based on the findings, we intend to develop a specific intervention plan to design a counseling and discharge program before and after LT.

Methods: This study was conducted with 406 LT recipients (295 men and 111 women) who underwent LT at Severance Hospital in Seoul, South Korea from 1999 to 2019. Patient demographics, alcohol and smoking related questions were retrospectively collected and analyzed through self-reported questionnaire survey and medical record review. A chi-squared test was performed using SPSS ver. 25.0.

Results: As a result of the study, 15.5% of recipients who drink alcohol before LT and 0.6% of recipients who non-drinking alcohol before LT had alcohol recidivism after LT. Recipients who drink alcohol before LT had a much higher rate of alcohol recidivism ($p < 0.001$). In addition, the onset time of alcohol use was the highest one year after LT (74.4%). For smoking, 16.7% of recipients who smoked before LT and 0% of non-smokers smoked after LT. Only recipients with a history of smoking before LT were found to smoke after transplantation ($p < 0.001$).

Conclusion: It is necessary to plan a multidimensional intervention for perioperative management of LT recipients (aged 50+). In particular, special care is required for LT recipients with a history of alcohol use and smoking before transplantation. Moreover, one year after LT is a time when the recipient's alcohol use is prone to relapse. To reduce alcohol recidivism and smoking after LT, continuous counseling and post-operative rehabilitation programs to increase motivation for life are needed.

Disclosure of Interest: None Declared

Keywords: Alcohol recidivism, Liver transplantation, Perioperative medicine, Rehabilitation, Smoking behavior

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1408

EFFECT OF TWO PHYSICAL EXERCISE PROGRAMS ON STRENGTH, FUNCTIONALITY AND QUALITY OF LIFE IN ELDERLY PEOPLE: A RANDOMIZED CLINICAL TRIAL

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Preferred presentation method:: Poster Presentation

Introduction: The body of the elderly, in general, suffers impacts with the aging process, which may result in changes in the body as a whole, and exercise has been commonly used by health professionals as a form of intervention for the mitigation and prevention of changes in the aging process.

Objectives: To compare the effect of two different exercise programs on strength, functionality, and quality of life in elderly people from Porto Alegre, Brazil.

Methods: This was a randomized, blinded, intent-to-treat clinical trial in which 31 elderly subjects participated, 16 in the strength training group (G1) and 15 in the Pilates solo training group (G2), with a duration of approximately 1 hour, and frequency of 3 times a week during 12 weeks, with evaluations every 4 weeks of training. To measure strength the handgrip test and the isokinetic dynamometer (Biodex) were used for knee flexion and extension strength. For functionality the TUG, SPPB, Berg and TC6 were evaluated and for quality of life the SF-36 questionnaire was used.

Results: Although the elderly gradually improved in the strength outcome, there was no statistically significant intragroup or intergroup difference. As for functionality, there was a statistically significant difference ($p=0.010$) in the predicted percentage of the 6-minute walk test between the groups in evaluation 4, where G1 walked $126.51\pm 10.28\%$ and G2 walked $112.11\pm 5.99\%$. As for quality of life, despite the improvement in all domains, only in the Emotional Aspects domain there was a statistically significant difference ($p=0.017$), between groups G1 and G2 at Assessment 1 and Assessment 3, being respectively 72.92 ± 32.70 and 55.56 ± 41.25 , and 77.78 ± 28.87 and 100.00 ± 0.0 .

Conclusion: There was no significant difference in strength when comparing the groups. In functionality G1 presented a higher predicted percentage of the 6-minute walk test when compared to G2. In quality of life, in the domain of emotional aspect G2 was able to overcome G1 despite the fact that initially G1 had significantly higher values.

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Disclosure of Interest: None Declared

Keywords: aging, sarcopenia, functional capacity, exercise, quality of life

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1402

“FIND-NEEDS” QUESTIONNAIRE TO SCREEN GERIATRIC CONDITIONS

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Preferred presentation method:: Poster Presentation

Introduction: Comprehensive geriatric assessment (CGA) has been used to multidimensionally find out complex health and care problems in older adults. However, CGA must be performed by trained professionals and is time-consuming. A simple screening tool is needed to routinely identify common geriatric problems of older adults by health care workers.

Objectives: Through literature review, a screening tool with mnemonic “FIND-NEEDS”, comprised 11 categories of “function (functional decline, falls, frailty), incontinence, nutrition, dementia, number of medications, eyes, ear, depression, and social interaction”, and a total of 24 items was drafted to screen common geriatric conditions. This study aims to validate a screening questionnaire for clinicians to quickly identify health problems in older adults.

Methods: Seven experts in geriatrics and gerontology were invited to test the consistency for the validity of the FIND-NEEDS questionnaire. Using Likert’s four-point scoring method, if the experts scored the question below 3 points or have any suggestions, they can comment or directly correct it. In the last 3 months of 2021, a sample of outpatients aged ≥ 65 years in the Geriatric Department of a medical center was assessed in the main survey to measure preliminary item selection and removal, reliability and construct validity analyses.

Results: The first round of item content validity index (I-CVI) was between 0.71 and 1.0, of which 4 questions of 4 categories are less than 0.8, including screening of frailty, depression, number of medications/high-risk drugs. After modification based on the expert opinions, the second round of I-CVI score ranged from 0.86 to 1.0. Moreover, the Scale-Level Content Validity Index (S-CVI/UA) in the first round of expert opinion was 0.5, and the second round raised to 0.94. When it comes to the average of summary Scale-Level Content Validity Index (S-CVI/Ave), the first expert round was 0.90, and the second round increased to 0.99. Cronbach’s α of the FIND-NEEDS questionnaire was 0.881. Mean age of the 76 outpatients was 77.1 ± 7.5 (64~94) years, 54 (71.1%) were female. Sensitivity and specificity was 100% and 75%, respectively.

Conclusion: The results show that the FIND-NEEDS questionnaire might be used to screen occurrence of geriatric conditions of older adults. Future research is needed to practice the clinical application for early assessment and intervention.

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Disclosure of Interest: None Declared

Keywords: screening, assessment, validity, geriatric syndrome, geriatric conditions

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1391

TRANSLATION AND MEASUREMENT PROPERTIES OF THE BRAZILIAN-PORTUGUESE VERSION OF THE FEAR OF FALLING AVOIDANCE BEHAVIOR QUESTIONNAIRE (FFABQ)

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Preferred presentation method: Poster Presentation

Introduction: Fear of falling may lead to avoidance of activities and participation in older adults, which in turn might contribute to physical and mental decline.

Objectives: To translate and culturally adapt the Fear of Falling Avoidance Behavior Questionnaire (FFABQ) into Brazilian-Portuguese (FFABQ-B) and to examine its internal consistency, test-retest reliability, construct validity, and ceiling or floor effects in Brazilian older adults.

Methods: We translated and tested the FFABQ-B in 10 Brazilian older adults. We later assessed 52 community-dwellers aged 68.7 (\pm 6.2) years using the FFABQ-B, BERG Balance Scale (BBS), Activities-specific Balance Confidence Scale (ABC), Falls Efficacy Scale (FES-I), 6 Minute Walk Test (6MWT), the Timed Up and Go (TUG) test and activity levels measured using activity monitors for internal consistency, construct validity, and floor and ceiling effects. We assessed 42 participants to determine test-retest reliability of the FFABQ-B.

Results: The FFABQ-B had adequate internal consistency (Cronbach's $\alpha=0.90$) and good test-retest reliability (ICC=0.81; 95% CI 0.68 – 0.90). The FFABQ-B was associated with daily caloric expenditure, 6MWT, TUG and BBS scores. The FFABQ-B was moderately correlated with total activity time and low speed uptime ($p<0.05$), and with the ABC and FES-I ($p<0.001$). FFABQ-B scores were higher in those who had the most severe avoidance behavior compared to those with minimal or no avoidance behavior ($p<0.001$). No ceiling or floor effects were observed.

Conclusion: The FFABQ-B is both reliable and valid to assess avoidance behavior in activities and participation due to fear of falling in Brazilian community-dwelling older adults.

Disclosure of Interest: None Declared

Keywords: Activity and Participation, Avoidance Behavior, Fear of Falling, older adults, Psychometric properties

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1390

NATIONAL SURVEY OF SHORT-TERM RESIDENTIAL CARE IN THE NETHERLANDS

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Preferred presentation method:: Oral Presentation

Introduction: Short-term residential Care (STRC) is bed-based care for simple health problems of older adults and aims to prevent early admission to long-term care. STRC was implemented in the Netherlands in 2015. No guidelines were provided for STRC. A previous qualitative study in Amsterdam showed that STRC is used by older adults with complex health problems which made discharge home nearly impossible. A second important result was the heterogeneity of how facilities organized care. It is unknown on a national level what the characteristics are of older adults using STRC and how facilities organize care.

Objectives: To describe characteristics of patients using STRC and the different organizational characteristics of facilities providing STRC in the Netherlands.

Methods: Data of Statistics Netherlands on patients admitted to STRC in 2019 and an email survey of facilities providing STRC distributed between December 2019 and January 2020.

Results: Individual patient data was available for 35.000 admissions to STRC. Less than 50% of the patients admitted was discharged home. We collected surveys of 176 facilities, mainly consisting of nursing homes and residencies for assisted living. 30.1% of facilities delivered STRC at an independent ward, 27.3% at a ward shared with geriatric rehabilitation care, and 33.5% at a ward shared with long-term care. The number of beds varied from 1 to 40. 70% of the facilities were able to admit patients in evenings, nights or weekends. Almost all wards had registered nurses and paramedics at its disposal. Frequency of medical rounds and multidisciplinary consultations varied from never, monthly, biweekly to weekly.

Conclusion: We conclude facilities providing STRC organise care differently by the location of the ward, the number of beds and frequency of medical rounds and multidisciplinary consultations. We objectified the differences and similarities which can be used to evaluate outcomes of STRC and to compose a guideline.

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Disclosure of Interest: None Declared

Keywords: INTERMEDIATE CARE, nursing home, SHORT TERM CARE

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1386

CONTENT ANALYSIS OF BURDENSOME SYMPTOMS AND STATES OF PEOPLE WITH DEMENTIA AT END OF LIFE IN JAPAN

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Preferred presentation method: Poster Presentation

Introduction: In the end-of-life stage of dementia, caring for the burdensome symptom and states are crucial for good and peaceful death, but those states are difficult to identify because of the characteristics of the disease.

Objectives: This study aims to identify the burdensome symptom and states observed during the end stage of people with dementia (PwD) in special nursing homes in Japan.

Methods: The data were collected through semi-structured group/individual interviews conducted in 2018. The care staff and nurses who had experience in providing end of life care at special nursing homes in Japan were purposely invited. The participants were asked to describe the symptoms and states which they regard to be burdensome for PwD. They were also asked to explain their decision to provide care after residents develop dysphagia. The transcribed data were analyzed using qualitative content analysis. The data was coded by multiple coders; the validity was checked by the author, using Cohen's Kappa for trustworthiness of analysis.

Results: Five nurses and 25 care-staffs from eight special nursing homes participated in the interviews. Two themes; with 16 related categories were elucidated. *Exceeding care for needs*, *Pain caused by physical aid*, *Intake mismatch with eating capacity*, and *Avoidable Skin breakdown* were categories under the theme of "Avoidable Burdens" and perceived burden. These were described along with provision of care, namely, the level of symptoms or states that may be altered by care. *Fever*, *Vomiting*, *Skin breakdown*, *Mouth problem*, *Confusion*, *Active body movement retraction*, *Emaciation*, *Physical Pain*, *Dyspnea*, *Surplus water*, *Difficulty in exposing one's will*, and *Loneliness* were categories under the other emergent theme of "Possible Burdens" and perceived as burdens which were described along with the deterioration of the resident's condition. The reproducibility of categorizing subcategories was calculated as good (Cohen's kappa= 0.92).

Conclusion: Burdensome symptoms and states observed at end of life of PwD not only have the symptoms caused naturally with the decline in life functions as known from previous studies, but also the ones caused due to the care. Such burdens should be paid attention to, in the end-of-life care of dementia in addition to the known burdensome symptoms and states.

Disclosure of Interest: None Declared

Keywords: End of life care, Dementia, Burdensome symptom

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1384

CROSS-CULTURAL ADAPTATION OF THE KNOWLEDGE OF MALNUTRITION – GERIATRIC (KOM-G 2.0) QUESTIONNAIRE TO THE AUSTRIAN CZECH, DUTCH AND TURKISH LANGUAGE

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Preferred presentation method:: Oral Presentation

Introduction: It is necessary to have adequate knowledge of malnutrition in older people among nursing staff in order to provide high quality care. Systematically developing and testing a questionnaire that is available in different languages to assess this knowledge will help to identify areas of adequate knowledge across country borders.

Objectives: The aim is to update and cross-culturally adapt the Knowledge of Malnutrition – Geriatric (KoM-G) questionnaire to the German, Czech, Dutch and Turkish languages.

Methods: This study used a psychometric methodological design. In Part 1 of the study, the KoM-G questionnaire was updated. Content validation of the resulting English version of the KoM-G 2.0 was carried out with 16 international experts in the field. The final KoM-G 2.0 questionnaire consists of 16 items with a Scale Content Validity Index/Average of 94.5%. In Part 2 of the study, the English KoM-G 2.0 was cross-culturally adapted and translated into the four languages. This process included four steps: the forward translation, the back translation, the expert committee assessment and the pilot testing of the four questionnaires. In Part 3 of the study, psychometric evaluations of the Austrian, Czech, Dutch and Turkish KoM-G 2.0 versions were performed with 2056 participants from all four countries.

Results: The discrimination index and the item difficulty of four items, respectively, were below the recommended values; therefore, these were deleted. Afterwards the mean discrimination index ranged between 0.33 (the Netherlands) and 0.40 (Turkey), and the mean item difficulty ranged between 36.9% (Turkey) and 54.5% (Austria). The discriminative validity showed that nursing staff with higher levels of educations had better knowledge scores as compared to nursing staff with lower levels of education in all countries.

Conclusion: The KoM-G 2.0 is an up-to date questionnaire with a highly satisfactory content validity index. It has been cross-culturally adapted and psychometrically tested in the German, Czech, Dutch and Turkish languages. This enables the scientific community to compare nurses' knowledge between various countries and to evaluate the effectiveness of interventions among nursing staff. Over the long term, all of these strategies will be beneficial for patients and residents.

Disclosure of Interest: None Declared

Keywords: adaptation, knowledge, malnutrition, nurse, questionnaire

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1380

PERIOPERATIVE CARE OF ELDERLY PATIENTS UNDERGOING EMERGENCY SURGERY AT THE PRINCESS ALEXANDRA HOSPITAL, BRISBANE

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Preferred presentation method:: Poster Presentation

Introduction: Elderly patients undergoing emergency surgery are a vulnerable group, well established to have poor outcomes. These patients often have complex care needs due to multiple comorbidities, cognitive dysfunction, and frailty, necessitating a multidisciplinary management approach. Despite this, they been shown to receive a lower standard of care than their younger counterparts undergoing the same procedure.

Objectives: This audit aimed to assess the standard of care received by elderly patients undergoing fractured neck of femur surgery, the most performed emergency surgery in this age group at the Princess Alexandra Hospital.

Methods: A retrospective chart review was performed of all patients aged >65 years undergoing surgical management of fractured neck of femur from July to December 2020 at the Princess Alexandra Hospital. Nine outcomes were assessed, developed from evidence-based recommendations, spanning pre, intra and post-operative periods.

Results: 70 cases were included. The average age was 81.6 years and 34% were male. 38 (54%) were living independently and 32 (46%) had 3 or more co-morbidities. 23 (33%) had documented frailty assessment, with a median clinical frailty scale score of 5. 34 (49%) were reviewed by a geriatrician during their admission. 21 (30%) were fasting for greater than 12 hours (twice the recommended fasting time). Documentation of malnutrition assessment was poor, although 20 (29%) had low albumin, suggesting possibly malnutrition. Of these patients, only 1 (5%) was fasted for >12 hours. 23 (33%) had intraoperative hypotension (MAP <65) for >10 minutes. BIS monitoring was performed in 54 (77%) cases. 30 (43%) received deliriogenic medications in or prior to theatre (Anticholinergics, antipsychotics, benzodiazepines). 54 (77%) received pre-operative delirium screening and 51 (73%) received post-operative screening. 22 causes of delirium were identified, of which 16 (73%) received medical review and 15 (68%) of these cases occurred post-operatively.

Conclusion: 70% attainment was achieved in 5/9 outcomes, but none achieved 80% attainment. Development of care pathways with multidisciplinary team involvement may assist in coordinating care and improving outcomes for these patients. Such pathways should promote vigilance in avoiding perioperative risk factors for delirium, promote regular screening and facilitate early medical review.

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Disclosure of Interest: None Declared

Keywords: Anaesthesia, Emergency surgery, Perioperative medicine

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1378

STAFF'S ATTITUDE TOWARDS THE USE OF MOBILE TELEPRESENCE ROBOTS IN CANADIAN LONG-TERM CARE HOMES: A SURVEY STUDY

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Preferred presentation method: Oral Presentation

Introduction: COVID-19–related restrictions on family visits and physical distancing have exacerbated isolation and loneliness among older adults in long-term care (LTC). The use of technologies has been consistently identified as a solution to mitigate those issues. Mobile telepresence robots (MTRs)—equipped with a monitor, web-camera, speaker, microphone, and wheels—enable individuals to interact without being in the same location and thus have been considered as a tool to address issues of loneliness in LTC settings. However, little is known about how staff perceive the use of MTRs in LTC.

Objectives: This study aims to investigate staff's attitudes towards the use of MTRs in LTC in Canada.

Methods: Drawing from a Health Technology Assessment Core Model 3.0, we designed a survey examining attitudes towards nine aspects of MTRs: features and characteristics, self-efficacy on technology use, residents' technological competence, clinical effectiveness, residents and social aspects, organizational aspects, safety, privacy, and costs. The survey was administered online and in person between June and August 2021. Eligible participants were staff members at two LTC homes in western Canada. We analyzed data using descriptive statistics and ANOVA to identify attitudinal differences based on demographic characteristics.

Results: A total of 181 staff completed the survey. Participants presented positive attitudes towards features and characteristics, self-efficacy on technology use, organizational aspects, clinical effectiveness, and residents and social aspects; neutral attitudes towards residents' ability to use technology, costs, and safety; and negative attitudes towards privacy. One-way ANOVA revealed that the "Health Care Assistant/Support Worker" groups presented statistically more positive attitudes (3.11 ± 0.92 , $p = .010$) towards residents' technological ability than the "other allied healthcare profession" group (2.42 ± 0.58). In terms of safety, participants who reported that they had never heard of or seen robots being used presented significantly more negative attitudes towards safety (2.26 ± 1.03 , $p = .007$) than those who reported having heard of or seen robots (2.72 ± 0.95). There was no statistically significant difference in attitudes towards costs or privacy according to demographic characteristics.

Conclusion: We discuss how MTRs can be implemented effectively in LTC settings.

Disclosure of Interest: None Declared

Keywords: attitudes, long-term care, robot, technology

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1377

DETERMINING APPROPRIATE FREQUENCY OF FOLLOWING UP FOR THE FRACTURE LIAISON SERVICES PROGRAM: A RANDOMIZED CONTROL TRIAL

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Preferred presentation method:: Poster Presentation

Introduction: Since 2014, the National Taiwan University Hospital (NTUH) Healthcare system established fracture liaison services (FLS). Patients were followed by telephone at baseline, every 4 months for 1st year, and every 6 month for 2nd year.

Objectives: However, optimal follow up frequency is not known. The objective of this trial is to determine whether frequency of telephone follow-ups would affect clinical outcomes.

Methods: Nearly 500 subjects with new hip fracture or newly identified vertebral fracture or newly initiation of anti-osteoporosis drugs were randomly assigned into osteoporosis liaison services (OLS) and usual care (UC). Both OLS and UC subjects received osteoporosis-related assessments, treatments, consultations on diet, medications, exercise, fall preventions given mainly by care managers at baseline. OLS group subjects were followed up by telephone at 4, 8, 12, 18, 24 months then annually for up to 10 years. UC group subjects were followed-up by telephone annually for up to 10 years.

Results: The mean age for this cohort was 76.1±10.3 years with 78% female, and the mean age for the OLS / UC group was 75.5±10.1 / 76.7±10.5 years with 79% / 78% female. One-year total mortality was 5.5%, total fall rate was 16.7%, and total recurrent fracture rate was 2.9%.

There were no significantly differences between the OLS and UC group in mortality (5.3% versus 5.7%, p value= 0.82) and recurrent fracture rate (3.3% versus 2.4%, p value= 0.65). There was significantly different between the OLS and UC group in fall rate (20.7% versus 12.6%, p value= 0.03).

Conclusion: Except fall, major clinical outcomes did not differ with FLS follow-up frequencies. Annual follow-up can be an acceptable option when resource is limited.

Disclosure of Interest: None Declared

Keywords: appropriate frequency of following up, fracture liaison services (FLS), randomized control trial

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1376

ADVANCE DIRECTIVES FOR RESEARCH – A STRATEGY TO SUPPORT RESEARCH IN GERONTOLOGY AND GERIATRICS

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Preferred presentation method:: Oral Presentation

Introduction: Older people with cognitive impairment are often excluded from research due to concerns about decision-making capacity. Advance research planning, including making an advance research directive (ARD), enables people to document their wishes about research participation in the event of incapacity. Internationally, ARDs have been endorsed by bodies including the World Psychiatric Association's Section on Old Age Psychiatry, Alzheimer Europe and the Council for International Organisations of Medical Sciences. However, there is a lack of research to understand stakeholder perspectives on ARDs and there are no generally available templates.

Objectives: To elicit the views of adults with interests in dementia research on ARD documentation and their perspectives on processes for implementing advance research planning.

Methods: Qualitative interviews with adults who had read and completed ARD documentation. An ARD template and guidance document were developed as part of an earlier study. Recruitment focused on adults with interests in dementia research and/or experience of dementia or other chronic conditions.

Results: Interviews were conducted with 25 participants, aged 54-83, mainly recruited through an Australian dementia research registry. Participants expressed strong support for advance research planning, including making an ARD. All participants described the ARD template as easy to understand and all would use it to document their willingness to take part in future research. Nearly all participants indicated willingness to be involved in a range of research activities (e.g. behavioural observations, scans, blood draws, drug studies). Participants stressed the importance of respecting the wishes in their ARD in the event of future incapacity. Around half of participants felt an ARD was sufficient to include a person in research, especially low risk studies. Nearly half of participants believed an ARD should be legally enforceable, while others saw it as a non-binding document to guide decisions about their participation in research. Close family members were preferred as proxy decision-makers.

Conclusion: Participants strongly endorsed advance research planning as a strategy to support inclusion in health research. The ARD template and guidance document were highly acceptable as a way for people to consider and communicate their wishes about being involved in research in the event of incapacity.

Disclosure of Interest: None Declared

Keywords: advance research directive, dementia, ethics, research

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1375

LONGITUDINAL TRAJECTORIES OF SLEEP DURATION AND THEIR ASSOCIATIONS WITH DEPRESSION, MILD COGNITIVE IMPAIRMENT, FRAILITY, AND ALL-CAUSE MORTALITY

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Preferred presentation method:: Oral Presentation

Introduction: Adverse changes in sleep duration often occur as individuals age, with older adults reporting higher rates of sleep disorders. Both short and long sleep duration have been linked with health outcomes related to physical and cognitive function.

Objectives: To estimate the associations of sleep duration trajectories with depression, mild cognitive impairment, frailty, and all-cause mortality in a nationally representative sample of older adults in Mexico.

Methods: We used data from three waves (2009, 2014, 2017) of the World Health Organization (WHO) Study on global AGEing and adult health (SAGE) in Mexico. The sample was constituted by 2,722 subjects. Sleep duration was assessed by asking to participants about their sleep duration on each of the preceding two nights, not including daytime sleep. Depression was evaluated through a set of symptomatic questions based on the World Mental Health Survey version of the Composite International Diagnostic Interview. Mild cognitive impairment (MCI) was determined based on recommendations from the National Institute of Aging-Alzheimer's Association. Frailty status was determined using the criteria proposed by Fried et al. The date and cause of death was recorded using verbal autopsy. Growth mixture modelling was used to investigate the longitudinal trajectories of sleep duration. The associations of sleep duration trajectories with the outcomes analyzed were estimated using logistic mixed-effects (depression and MCI), ordinal logistic mixed-effects (frailty), and Cox proportional hazards (all-cause mortality) models.

Results: Three sleep duration trajectories were identified: "optimal-stable", "long-increasing," and "short-decreasing". Short-decreasing class had a higher probability of depression than the optimal-stable class. The long-increasing trajectory had the higher odds of MCI in comparison with the optimal-stable. The groups long-increasing and short-decreasing had a higher likelihood of frailty than the optimal-stable. For all-cause mortality, the short-decreasing group had a higher risk of dying than the optimal-stable group.

Conclusion: This study suggests that long and short sleep durations are risk factors for depression, mild cognitive impairment, frailty, and all-cause mortality among older Mexican adults. These findings are clinically important given the growing rates of depression, MCI, and frailty, and aging populations globally.

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Disclosure of Interest: None Declared

Keywords: all-cause mortality, depression, frailty, Mild Cognitive Impairment, sleep duration trajectories

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1370

INCREASING CHOICE FOR RESIDENTS IN CARE; LESSONS LEARNT FOR FOODSERVICES

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Preferred presentation method:: Oral Presentation

Introduction: The majority of residents in residential aged care (RAC) rely solely on foodservices to provide their meals. Being able to choose the food you eat is a decision that occurs multiple times a day for those in the community, however, research has shown for residents in RAC, this decision is often restricted with limited choice provided in meals. Increasing choice for residents requires significant changes to be made to the foodservice system to deliver nutritionally adequate, timely and enjoyable meals to residents.

Objectives: The aim of this pilot project was to understand the effect of increasing choice on the foodservice system, staff and residents.

Methods: An experienced based co-design approach was used to design and implement a restaurant style dining service in one RAC. Researchers, staff, residents, and their relatives partnered to design a foodservice that met the needs of the residents. Using a mixed method approach, and validated tools, data was collected pre and post implementation from all stakeholder groups.

Results: To implement the new system a combination of both pre-prepared and onsite site-prepared meals was used. Residents placed their order at the mealtime and were able to choose from a menu of seven hot options for lunch and dinner. The restaurant style menu was well accepted by the majority of residents, but several barriers were identified throughout the implementation of the system change, including difficulties managing equipment requirements, appropriateness of products for older people and their use in large foodservices, staff skills to facilitate and run a complex foodservice system with increased choice and the challenging external environment of RAC. For residents living with severe dementia, the change of system was more challenging due to the disruption of the usual mealtime routine and difficulty with communication of preferences for meals.

Conclusion: This pilot study highlighted the challenges involved in altering foodservice systems to provide greater choice for residents in RAC. It provides important learnings for organisations about systems and menu design considering changing their foodservice system to increase choice.

Disclosure of Interest: M. Wheeler Conflict with: Australian Government Research Training Program (RTP) Scholarship, Conflict with: Andrews Meat Industries, S. Capra Conflict with: Andrews Meat Industries, K. Abbey Conflict with: Andrews Meat Industries

Keywords: Choice, Food Service, nutrition, Residential Aged Care

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1369

POLYPHARMACY AND COMMONLY PRESCRIBED MEDICATIONS THAT POTENTIALLY AFFECT NUTRITIONAL STATUS AMONG HOSPITALIZED OLDER PATIENTS

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Preferred presentation method:: Oral Presentation

Introduction: Polypharmacy is associated with malnutrition especially among frail older adults with multiple comorbidities. Furthermore, certain classes of commonly prescribed medications in inpatient settings potentially worsen nutritional status due to their side effects such as dry mouth, reduced appetite, vomiting, diarrhoea, decreased gastrointestinal motility, and impaired nutrient absorption.

Objectives: This study aims to determine the rate of in-patient prescription of medications classes that potentially affect nutritional status due to side effects and their association with malnutrition and inpatient mortality.

Methods: This is a retrospective cross-sectional study of patients aged 60 years old and above admitted to Subacute Geriatric Ward Kuala Lumpur Hospital from 1 March 2021 to 31 May 2021. Malnutrition was identified using the Mini Nutritional Assessment-Short Form (MNA-SF). Classes of medications investigated included: 1. medications used to treat medical illness with gastrointestinal side effects (biguanides, opioids, and antibiotics); 2. psychotropic drugs that affect appetites (benzodiazepines, antidepressants, and antipsychotics); 3. Medications with miscellaneous side effects that were prescribed for malnourished patients (proton pump inhibitors and iron); Their association with malnutrition and inpatient mortality were assessed.

Results: 73 patients were included (mean age 74.7, female 58.9%). 59(80.8%) had Clinical Frailty Scale of ≥ 4 . The median Charlson Comorbidity Index was 6.0(IQR 4.0-7.0). 28(38.0%) were malnourished and 41(56.2%) received polypharmacy. The rate of malnutrition was higher among patients who received polypharmacy(67.9% vs 32.1%). Rate of prescription of biguanides, opioids, and antibiotics 28.8%, 26.0%, and 47.9%; benzodiazepine, antidepressants, and antipsychotics were 11.0%, 13.7%, and 15.1%; proton pump inhibitors and iron were 61.6% and 17.8%. Except for benzodiazepine, which showed a borderline significant difference($p=0.048$), the rates of malnutrition were similar among patients who were or were not prescribed the mentioned classes of medications. Mortality rates were significantly higher among those who took opioids(36.8% vs 5.6%, $p=0.002$) and antipsychotics(36.4% vs 9.7%, $p=0.038$).

Conclusion: The prescription rates of medications potentially affecting nutritional status were high but most of them were not associated with malnutrition in this cohort. Despite the risk of malnutrition, certain medications were unavoidable in treating acute medical issues. Therefore, a greater emphasis on nutritional optimization should be placed when polypharmacy prevails.

Disclosure of Interest: None Declared

Keywords: Malnutrition, Polypharmacy

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1361

RISK FACTORS OF SARCOPENIA AMONG OLDER MEN AND WOMEN IN THE PHILIPPINES: ARE THERE SEX DIFFERENCES?

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Preferred presentation method:: Poster Presentation

Introduction: *Sarcopenia is a geriatric syndrome that has recently gained momentum among scholars in Asia. The Philippines has so far no national-level estimate on the prevalence of sarcopenia. Using the Longitudinal Study of Ageing and Health in the Philippines (LSAHP) baseline data and the standard measures set by the 2019 Asian Working Group for Sarcopenia,*

Objectives: *(1) determine the levels of sarcopenia and severe sarcopenia among older Filipinos 60 years and over and the extent they vary across sex and (2) assess the sociodemographic and health factors associated with sarcopenia.*

Methods: *Employing binomial logistic regression to determine the factors associated with the disease,*

Results: *findings indicate that age, socioeconomic status, education, work status, and BMI are significantly associated with sarcopenia among males. Those belonging to older age cohorts (70-79, 80+), the poor, the underweight, those who have experienced a fall, and those who have fewer original teeth are more likely to have severe sarcopenia. Among females, the following are significant risk factors for sarcopenia: age, work status, having average health, experiencing at least one ADL difficulty, BMI, and being diagnosed with heart disease. Severe sarcopenia is more likely for older females in their 70s, those with difficulty in at least one ADL, and the underweight, while the odds are lower for those currently working, those having average health, those living with children only, and those diagnosed with heart disease.*

Conclusion: *The findings of this study will address the current knowledge gaps on this specific health condition of older Filipinos and contribute to the formulation of evidence-based interventions for the promotion of their overall health and well-being.*

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Disclosure of Interest: None Declared

Keywords: philippines, prevalence, sarcopenia

Abstract Submission Professional

Health Sciences (HS)

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ADVANCE CARE PLANNING IN GROUP HOMES FOR PERSONS WITH DEMENTIA IN JAPAN: SURVEY OF ACTUAL PRACTICES

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Preferred presentation method:: Poster Presentation

Introduction: In a group home for persons with dementia (GHPWD), caregivers can provide end-of-life care (EOLC) to residents while supporting their daily lives. In Japanese GHPWDs, the number of residents per unit ranges from 5 to 9, with care during the day provided by care workers mainly in a 3:1 ratio. While Advance Care Planning (ACP) is important to improve EOLC, the status of ACP practices in GHPWDs has not yet been clarified.

Objectives: The aim of this study is to clarify the status of ACP practices in GHPWDs in Japan.

Methods: A cross-sectional survey was conducted via questionnaires mailed to 2,000 GHPWDs, stratified and randomly selected by prefecture from approximately 6,000 facilities registered with the government as providers of end-of-life care. The 39 items reflecting ACP practice status were developed based on scoping reviews and opinions of an expert panel who were providing EOLC. For each item, the status of practice was rated from 1 to 4. Descriptive statistics of implementation status were calculated as "not implemented" (responses 1 and 2) and "implemented" (responses 3 and 4).

Results: The number of valid responses was 968 (valid rate: 48.4%). Ten items were "implemented" in over 90% of facilities, including "We asked Mr./Ms. A's family members and other relevant parties about what Mr./Ms. wished regarding the final stage of life." Three items were answered "not implemented" in between 80% and 90% of facilities, including "We asked Mr./Ms. A to state their wishes regarding medical treatment/care, as well as any other wishes, in writing."

Conclusion: The descriptive statistics of ACP practices showed both items with high and with low rates of implementation. Items with high rates included asking the family for their wishes and sharing information among relevant staff, and low-implementation rate items included those in which the residents themselves expressed their own wishes. In the future, it will be necessary to promote ACP by determining why identified items are not being implemented, and examining approaches that encourage ACP practices.

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Keywords: Advance Care Planning, Dementia, Group Homes, long-term care

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1348

FRAILTY AND SARCOPENIA ASSOCIATED FACTORS AMONG NONAGENARIANS WITH ISCHEMIC HEART DISEASE

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Preferred presentation method:: Poster Presentation

Introduction: Current pharmacological and interventional treatment for ischemic heart disease improves life expectancy in the general population. However, other outcomes, such as frailty and sarcopenia, may be more relevant for older adults. The factors that predispose to these conditions in this population have not yet been described.

Objectives: This study aims to describe the factors associated with frailty and sarcopenia in nonagenarians with ischemic heart disease.

Methods: Cross-sectional study that included 116 nonagenarians with a diagnosis of ischemic heart disease evaluated at the Geriatric Cardiology Clinic of a tertiary hospital. Demographic data, comorbidities, as well as the characteristics of ischemic heart disease and biochemical parameters were collected, which were compared according to the state of frailty and sarcopenia.

Results: 50.9% of the patients were classified as frail, while 75.9% had a diagnosis of sarcopenia. The comorbidities associated with frailty were atrial fibrillation and stroke, while osteoporosis and hypothyroidism were associated with sarcopenia. Osteoarthritis, malnutrition, depression, and major neurocognitive disorder were associated with both entities. Nonagenarians with chronic coronary syndrome were 3.78 times more likely to develop sarcopenia than those with unstable angina or acute coronary syndrome.

Conclusion: It is necessary to offer multidimensional care to the elderly with ischemic heart disease, where the presence of frailty and sarcopenia and the factors associated with them are evaluated, in order to give prompt treatment and to prevent adverse outcomes associated with these conditions.

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Disclosure of Interest: None Declared

Keywords: Frailty, Ischemic Heart Disease, Nonagenarians, sarcopenia

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1344

DETECTION OF SARCOPENIA IN THE ELDERLY

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Preferred presentation method:: Poster Presentation

Introduction: Due to the increasing aging of the world population, some pathologies associated with this natural process have stood out in recent decades [1]. Among them, sarcopenia is one of the most relevant, because it's related to adverse events, such as falls, hospitalization, and even death [2].

Objectives: To evaluate community-dwelling elderly in the city of Joinville-SC to detect sarcopenia.

Methods: This is a cross-sectional descriptive, population-based study in which community-dwelling elderly from the same city participated. An assessment protocol based on the latest European Consensus on Sarcopenia (2018) was used, consisting of a general anamnesis, the mini nutritional assessment and screening for cognitive impairment and depression. The main measuring instruments were grip strength and quadriceps femoris strength of the dominant limb, sit and stand test, gait speed, timed up and go test, calf (CC) and abdominal (AC) circumferences, as well as total muscle mass index (TMMI) by Lee's equation [3] and body mass index (BMI).

Results: 162 elderly individuals (102 women) were included in the study and classified according to their performance in the diagnostic tests. Thus, 57.7% were considered non-sarcopenic, 39.9% pre-sarcopenic and only 2.4% were sarcopenic. Also, it was found that 24.5% of the participants were affected by Covid-19, and among men, the BMI, TMMI and AC were higher in those who were infected. A very positive finding was that the percentage of those who engaged in physical activity (PA) did not decrease when compared before and during the pandemic (52.8% vs. 56.5%, respectively). In addition, elderly who performed PA had better physical performance. When analyzed by sex, it was observed, in addition to this, greater strength among men and lower BMI and AC in women.

Conclusion: A small percentage of elderly in this study were diagnosed with sarcopenia; however, an important portion of pre-sarcopenic people drew our attention. Despite this, more than half of the participants practiced PA and these had better performance in functional tests. This is a valuable information since this is the main strategy for the prevention and treatment of sarcopenia [4]. It is worth noting that all participants received guidance on nutritional aspects and the practice of physical activity.

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Disclosure of Interest: None Declared

Keywords: Elderly; Sarcopenia; Health Assessment.

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1333

BENEFITS OF USING A BALANCE EXERCISE ASSIST ROBOT WITH RESISTANCE TRAINING IN ELDERLY PATIENTS WITH CARDIOVASCULAR DISEASE

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Preferred presentation method:: Oral Presentation

Introduction: Recent research has focused on the effects of physical exercise in improving the functional capacity of frail older adults. Training with a balance exercise assist robot (BEAR) system is effective for improving posture.

Objectives: We compared the clinical safety and efficacy of postural strategy training using a BEAR system with conventional resistance training in elderly patients with cardiovascular disease (CVD).

Methods: Elderly patients (n=76; mean age, 77.5 years) admitted due to worsening CVD were randomly divided into two cardiac rehabilitation groups: conventional resistance training (group R) and using BEAR (group B). After appropriate medical therapy, patients underwent cardiopulmonary exercise testing, including assessment of comfortable walking speed, time up-and-go (TUG), and a short physical performance battery (SPPB) just before discharge and at 4 months after cardiac rehabilitation.

Results: Use of the BEAR had no adverse effects in any patient. In group B, the anaerobic threshold was significantly ($p=0.032$) increased from 10.2 ± 1.6 mL/min/kg at baseline to 10.8 ± 2.1 mL/min/kg at 4 months. Comfortable walking speed, TUG, and SPPB were significantly improved in both groups at 4 months but did not significantly differ between groups. In addition, the Geriatric Nutritional Risk Index tended ($p=0.082$) to be improved in group B, but left ventricular ejection fraction tended ($p=0.06$) to be greater in group R.

Conclusion: Exercise training by using a BEAR system is safe and effective for elderly patients with CVD. This study demonstrated that using BEAR is comparable to conventional resistance training for improving exercise capacity and balance in frail patients with CVD.

Disclosure of Interest: None Declared

Keywords: CARDIOVASCULAR DISEASE, Exercise, Robot

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1331

NURSING STAFF'S PERCEPTIONS ON REQUIRED COMPETENCES WITHIN NURSE-LED ACUTE AMBULATORY CARE FOR GERIATRIC PATIENTS; A QUALITATIVE BRIEF REPORT

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Preferred presentation method:: Poster Presentation

Introduction: Hospital admission for the elderly is associated with adverse events, which emerged the trend for possibilities of 'hospital avoidance' by providing care at the patient's home. This type of ambulatory care needs specific expertise. Evidence shows that substituting doctors for trained nursing staff, and using 'nurse-led'-services, reduces waiting time, costs, and use of resources, while maintaining patient's safety. To work within an acute ambulatory nurse-led service, teammembers need educational preparation and training, yet little research has been done on which competences nurses themselves consider essential.

Objectives: Therefore, the aim of this study was to explore and describe the perceptions of specialized nursing staff, on nursing competences required in nurse-led acute ambulatory care for the geriatric population, and to contribute to nurse-led service innovation and implementation.

Methods: A descriptive generic qualitative study was conducted, by performing semi-structured interviews until thematic saturation. Purposive sampling was used for maximum variation in heterogeneity. Interviews were audio-recorded, and transcribed verbatim. A thematic content analysis was performed in two key-stages: identifying categories and iteratively applying them to the data, and refining categories into broader themes. MaxQDA-software was used for data-analysis.

Results: A descriptive generic qualitative study was conducted, by performing semi-structured interviews until thematic saturation. Purposive sampling was used for maximum variation in heterogeneity. Interviews were audio-recorded, and transcribed verbatim. A thematic content analysis was performed in two key-stages: identifying categories and iteratively applying them to the data, and refining categories into broader themes. MaxQDA-software was used for data-analysis.

Conclusion: Nurses are aware of, and can clearly indicate, which competencies are essential for an acute ambulatory teammember, within the scope of practice. Hopefully, having identified these necessary competencies, the findings of this study will enhance the development and implementation of an nurse-led acute ambulatory team.

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Keywords: acute ambulatory care, competences, geriatrics, nursing staff's perceptions, qualitative research

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1330

THE PERCEPTIONS OF FRAIL OLDER ADULTS ON CONTRIBUTING FACTORS CAUSING THE ONSET OF CRISES; A QUALITATIVE STUDY

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Preferred presentation method:: Poster Presentation

Introduction: There is a clear increase of frail older adults transferred to an Emergency Department because of healthcrises. Admissions lead to negative outcomes, like functional decline, delirium, death. To explore older adults' perspectives on factors leading up to crises can help to gain insight, to anticipate earlier, and to possibly avoid admission.

Objectives: Primarily, to explore the perceptions of frail older adults, who were admitted to the Emergency Department, to identify contributing factors towards the onset of healthcrises. Secondary, identifying and combining chronological similarities in these perceptions, seen in the months prior to the healthcrisis.

Methods: An exploratory-descriptive qualitative study was conducted, using purposive sampling to recruit. Fifteen semi-structured interviews were performed, and analysed by thematic analysis. Patient journey mapping was used to identify and combine possible chronological similarities.

Results: Five themes emerged: 'luxating event prior to ED-admission'; 'perception on frailty'; 'self-management ability in daily life'; 'impact of available support system'; 'complexity of healthcare structure'. A combined journey map was compiled, showing overall multicentre treatment, deterioration from approximately six-nine months prior, and a time-marcation of an inducing event four weeks prior to admission

Conclusion: An acute luxating moment was perceived as directly related to the ED-admission. More long-term contributing factors, were not interpreted accordingly gradually creating a cascade of problems, difficult to counter when already being frail. The found chronological similarities suggest, strategies can be applied to inform older adults, be more patient-oriented, and provide an anticipated plan towards health ageing and admission avoidance.

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Disclosure of Interest: None Declared

Keywords: crises, frail older adults, patient journey mapping, perceptions, qualitative study

Abstract Submission Students

Health Sciences (HS)

IAGG2021-STUDENT-1321

A NURSING TEAM'S QUEST FOR OPTIMAL 'GOAL SETTING AND ACHIEVING' IN GERIATRIC REHABILITATION: DIAGNOSING CURRENT PRACTICE AND PLANNING FOR THE FUTURE

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Preferred presentation method:: Oral Presentation

Introduction: In patient-centered care professionals aim to tailor their treatment or care to patients' lives and needs. In geriatric rehabilitation a means to achieve patient centered care is to work collaboratively on setting and achieving goals. This might enhance self-efficacy, motivation, adherence to rehabilitation and goal-specific performance in patients. In the multidisciplinary team nurses can play an important intermediate role between patient and team in this goal setting and achieving. Unclear is which aspect of nursing care needs to be strengthened to fulfill this role.

Objectives: This study aims to implement and strengthen patient-centered goalsetting within a geriatric rehabilitation ward.

The aim of the diagnostic phase of the study in particular was to gain knowledge about the opportunities nurses see to improve working with goals.

Methods: The research method applied in this study is participatory action research. In their natural environment, during workdays, facilitated by a lecturer practitioner, nursing team members reflected on their practice, linking theory and practice. Through eight group sessions, both staff and students worked towards consensus on the action to be taken striving for improved goal setting and goal achieving with geriatric patients in rehabilitation.

Results: The nursing team identified two themes influencing their goal setting and goal achieving with patients. Firstly, they mentioned the sub-optimal continuity of care and secondly they found that patients could be better informed about rehabilitation in general and their treatment path in particular. From the problem agenda drawn up by the team, the team chose to work on better preparation of the multidisciplinary care plan meeting, together with the patient. Going through this phase of the participatory action research process has helped the team become aware of how they can strengthen their mediating role in the multidisciplinary team when it comes to setting and achieving goals.

Conclusion: Time and setting for reflection and collective learning supported the nursing team to diagnose their current practice and plan for the future. Key outcome of the diagnostic phase was that collaboration with the patient should be more embedded in the rehabilitation process.

Disclosure of Interest: None Declared

Keywords: geriatric rehabilitation, Nursing, Participatory action research, reflection on practice

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1320

SYMPTOM MANAGEMENT OF CEREBROVASCULAR AND CARDIOVASCULAR DISEASE IN END-OF-LIFE STAGE

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Preferred presentation method:: Poster Presentation

Introduction: The number of older adult patients is increasing and symptom management is needed not only for cancer patients, but also non-cancer patients. Japanese national plan for promotion of measures against cerebrovascular and cardiovascular disease seek improvement of the medical services, one of them is that providing palliative care.

Objectives: This study investigated nurses' symptom management for heart failure and stroke.

Methods: A cross-sectional survey using a questionnaire was conducted. Nurses working in cardiology or neurology wards, which are community support hospitals and university hospitals with specialized departments in Japan, were invited to participate. A total of 336 nurses (180 cardiology and 156 neurology ward nurses) were approached and 229 (132 cardiology and 97 neurology ward nurses) consented to participate (response rate, 68.2%). Survey items were implementation of assessment and non-pharmacological interventions for 14 symptoms at the end-of-life stage, participation in palliative care training courses, and attitude toward death and caring as assessed by the Frommelt attitude toward care of the dying (FATCOD) Scale.

Results: The participants' average age was 33.2 years, and the mean years of work experience was 10.3. Regarding participation in palliative care training courses, 33.6% had attended on-the-job training and 15.3% had attended off-the-job training. In total, more than 90% assessed dyspnea (95.5%) and edema (90.2%). Over 80% assessed 9 of the 14 symptoms. On the other hand, about 20% did not assess depression (35.7%) or diarrhea (23.3%). Non-pharmacological palliative care such as Positioning/movement and daily life adjustment provided by nurses for relief of dyspnea. The mean FATCOD score of participants in this study was 113.2, with a mean score of 59.0 for FATCOD I, and 50.3 for FATCOD II.

Conclusion: Nurse assessed symptom such as dyspnea and provided non-pharmacological palliative care, however, other mental symptom should be managed to promote symptom management for cerebrovascular and cardiovascular disease.

Disclosure of Interest: None Declared

Keywords: symptom management, heart failure, stroke

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1285

RETHINKING PHYSICAL ACTIVITY: ASSISTING OLDER PEOPLE IN LONG TERM CARE FACILITIES TO MOVE THROUGH SOCIAL AND STRUCTURAL ADJUSTMENTS

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Preferred presentation method:: Oral Presentation

Introduction: Physical inactivity is a public health concern across all age groups but older adults living in long term care facilities (LTCFs) are even more sedentary than younger adults or their counterparts in communities. WHO 2020 guidelines on physical activity highlights the importance of doing more physical activity for optimal health outcomes. Doing as much physical activity as LTCF residents want and is practically possible for them may confer the most health and functional benefits. Given the prevalence of complex health issues among residents and the fact that they rely on assistance for daily living, the practicality of residents' doing physical activity needs to be considered within their functional capacities and access to staff resources in LTCF environments. However, little has been documented about residents' desire in terms of physical activity and the ways in which their desire is responded towards so that residents could do as much physical activity as they want.

Objectives: Walking is a mode of physical activity that poses challenges to residents with impaired sensation, gait, balance or cognition. This study examined residents' experiences of sitting, walking and transfer (sitting to standing) to illuminate the ways in which residents' desire to walk manifested differently, and was, or was not, given a response by LTCF staff.

Methods: This ethnographic research is based on 12-months fieldwork in two South Australian care facilities with 150 and 80 government-subsidised aged care beds. Residents were observed during day shifts in communal areas. Descriptive fieldnotes were analysed in relation to each resident's health, personal and environmental characteristics.

Results: Sitting residents sought staff attention when they desired to walk, by verbally communicating to staff or attempting to walk unsafely on their own. A lack of staff response towards residents' desire to walk was evident due to heavy workload and low staffing level.

Conclusion: LTCF Residents are not enabled to do as much physical activity as they need or want, due to limited access to staff assistance. Findings highlight the importance of staff response towards residents' attempts to walk to ensure activity and safety. Aged care funding policy should be adjusted with an emphasis on maintaining resident functional ability.

Disclosure of Interest: None Declared

Keywords: aged care funding policy, ethnography, sedentary behaviour, staff assistance, walking

Abstract Submission Professional

Health Sciences (HS)

IAGG2021-PROFESSIONAL-1280

CORRELATION BETWEEN TONGUE STRENGTH AND CLINICAL OUTCOMES IN MEDICAL PATIENTS: A SYSTEMATIC REVIEW

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Preferred presentation method:: Poster Presentation

Introduction: Tongue strength measurement is simple and non-invasive and can be routinely performed in patients. It is an important indicator of oral functions including swallowing and may be useful for the assessment of the nutritional status. Thus, tongue-strength measurement may have important clinical implications. However, whether reduced tongue strength is a risk factor for poor clinical outcomes is not fully understood.

Objectives: This systematic review investigated the effect of tongue strength on clinical outcomes in adults requiring medical treatment.

Methods: The MEDLINE, CINAHL, Ichushi-web (in Japanese), Web of Science, ClinicalTrials.gov, UMIN, Cochrane Library, and Cochrane Central Register of Controlled Trials databases were searched for systematic reviews, randomized control trials, intervention studies, and longitudinal observational studies on adults with decreased tongue strength requiring medical treatment published between January 2000 and June 2021. The study protocol was pre-registered in PROSPERO. The risk of bias was assessed using the Risk-of-Bias Assessment Tool for Nonrandomized Studies.

Results: The searches identified a total of 3040 articles. After excluding duplicates, the full texts of 74 articles were evaluated. Finally, seven articles (one interventional study, four prospective cohort studies, and two case control studies) with a total of 787 patients were included in the review. The mean age ranged from 20.0 to 84.6 years. The cut-off value for decreased tongue strength ranged from 13.8 to 21.6 kPa. Qualitative synthesis showed that patients with decreased tongue strength had poorer recovery of their swallowing function, a higher incidence of pneumonia, and lower life expectancy than those without. An interventional study showed that tongue strength increased with physical exercise and strict nutritional management in patients with decreased tongue strength. The risk-of-bias assessment indicated that the quality of the included articles was relatively high, although the risk of bias due to confounding variables was high in many articles. The number of eligible papers was small, and the results could not be integrated.

Conclusion: This systematic review showed that decreased tongue strength was associated with poor clinical outcomes in medical patients. Further research is needed to improve clinical outcomes in older adults.

Disclosure of Interest: None Declared

Keywords: Nutrition, oral frailty, swallowing

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1797

DIFFERENTIATED HEALTH CARE: ATTITUDES OF HEALTH PERSONNEL OF FIRST LEVELS OF CARE BEFORE THE ELDERLY ADULTS

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Preferred presentation method:: Poster Presentation

Introduction: Atención diferenciada en el acto médico al Anciano: Se refiere a un tipo de discriminación dentro del propio acto médico, que se le da a este grupo etario (que padece alteraciones fisiológicas y socioculturales), contemplando un trato diferente al que se brinda a los demás. grupos de edad y que se encuentra dentro de diferentes legislaciones como un tipo de discriminación

Objectives: Analizar la actitud hacia el adulto mayor por parte del personal de salud de los centros públicos de salud de primer nivel de Cochabamba, durante la gestión 2019

Methods: Es un estudio observacional, subtipo Analítico-Descriptivo, prospectivo y longitudinal, con enfoque de análisis cualitativo-cuantitativo.

Results: Se estudiaron un total de 270 sujetos de estudio, los cuales para su análisis por triangulación, se dividieron en adultos mayores, familiares de pacientes, personal de salud, obteniendo así resultados validados para denotar conclusiones confiables.

Conclusion: Se denotó la existencia de un grado de discriminación hacia los adultos mayores, considerado como atención "DESFAVORABLE diferenciada" y que la solución directa y real sería contar con profesionales de la salud que cuenten con formación de posgrado en la atención de pacientes adultos mayores en primera y segunda niveles de atención de la salud

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Disclosure of Interest: None Declared

Keywords: Differentiated health care, Older adults

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1791

POPULATION AGING: CHALLENGES FOR THE LABOR MARKET IN THE FACE OF AGEISM IN BRAZIL

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Preferred presentation method:: Oral Presentation

Introduction: Brazil stands out among Latin American countries in terms of population aging, having 14% of elderly population in 2021. In this Brazilian scenario, the participation of the elderly in the labor market tends to increase, due to the need to complement the family income and the Social Security Reform. However, most work environments are not yet adapted to the conditions of elderly workers. For the International Labor Organization (ILO), the main problems faced by elderly workers are related to aging prejudice, intergenerational conflicts in work environments and professional depreciation. According to the World Health Organization (WHO), in Brazil, 16.8% of 60 years or older people have already experienced some type of ageism, including in the work environments.

Objectives: To analyze the influence of ageism on the participation of the elderly in the labor market and on workers' health.

Methods: The focus group technique and semi-structured interview were used with 16 workers between 60 and 82 years old. Data were analyzed using the thematic content analysis technique.

Results: Two analytical categories emerged: the social representation of the elderly and the social representation of the elderly in work environments.

Conclusion: The representations in society values were anchored to dignity, family values and knowledge. On the other hand, representations in work environments were presented under the idea of organization, experience, social integration and income. Ageism emerged in both categories, being that when pointed out to social media, it is related to depression and social isolation. In the labor market, age prejudice was related to worker illnesses, intergenerational conflicts, depreciation and exclusion of the elderly from work. Thus, it is important to develop public policies that integrate the elderly into the labor market, paying attention to workers' health and opposing to ageism.

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Disclosure of Interest: None Declared

Keywords: ageism, aging, occupational health, public policy, work

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1777

UNDERSTANDING AND ADDRESSING VULNERABILITY TO FOOD INSECURITY IN LATER LIFE: WHAT CAN WE LEARN AFTER THE COVID-19 PANDEMIC?

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Preferred presentation method: Oral Presentation

Introduction: The older population is susceptible to food insecurity, one possible outcome of which is malnutrition, affecting 1.3 million people aged 65+ in the UK. When the authors began work exploring the vulnerability of older people within the food system, the UK was thought to have a relatively stable food system, with most of the risk occurring within the household and major external risks being mainly hypothetical.

The COVID-19 pandemic that reached the UK in 2020 highlighted the vulnerability of many households, with shocking images appearing in the media of older people standing in front of empty supermarket shelves, stripped of food by fellow citizens.

Objectives: This study will explore how the pandemic affected the food security of older people and how adverse and protective factors influenced these threats.

Methods: The study includes data from 4 studies, two collected data from older households prior to the pandemic, one study was in progress when the pandemic reached the UK, and one collected data during the pandemic. Studies involved ethnographic methods, with observation of food practices within the home as well as visual methods and interviews with the pandemic studies using qualitative interviews.

This paper uses a model of vulnerability developed across these studies of older people's food practices as theoretical framework that guided data collection and analysis. Two of which collected data during the pandemic, to demonstrate vulnerability as a dynamic, relational, socially constructed state.

Results: The studies revealed assets that older households draw on to protect themselves from threats to food security and included bonding and bridging social capital. Declining health, particularly issues affecting mobility or visual acuity, moved people towards vulnerability. Additionally structural factors within the food environment pushed people towards a vulnerable state.

Conclusion: The vulnerability model highlights where public health measures and interventions that supported households to achieve food security could be deployed to protect this population against future threats and build a more food secure future.

Disclosure of Interest: None Declared

Keywords: food insecurity, Food practices, older adult, Pandemic consequences self/household, Vulnerability

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1764

DEVELOPMENT OF A REGISTRY-BASED QUALITY IMPROVEMENT PROGRAM OF HIP FRACTURE PATIENTS IN ARGENTINA. A PRELIMINARY REPORT

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Preferred presentation method:: Oral Presentation

Introduction: Hip fractures in people aged 60 or older stands for a serious public health issue worldwide with high socio-economic impact. Registry-based quality improvement programs showed an improvement in health outcomes, although experiences in Argentina have been scarce.

Objectives: To describe the initial development process of a registry-based quality improvement program of hip fracture patients in Argentina.

Methods: Descriptive and explanatory

Results: In 2019, an alliance was formed between two Non-Governmental Organizations (NGOs) Fundación Trauma, Fundación Navarro Viola, and the Argentine Hip Fracture Network with the aim of creating the Argentine Registry of Hip Fractures.

Between 2020-2021, the registry web tool was developed according to previous successful projects (like national hip fracture registries, the Fragility Fracture Network minimum data set and the indicators proposed by the International Osteoporosis Foundation), but also tailored to local needs (according to the consensus of the alliance, made up of professionals from 11 scientific entities). The registry finally includes 99 variables of key aspects of hip fracture management, such as clinical frailty, cognitive status, functional motor condition and social interaction.

Between 2021-2022, the PASOS® Program project was developed. It is a registry-based quality improvement program with its own indicators and automatic reports. It has built-in alerts and audit filters, all of which are interconnected with healthcare team training in quality improvement techniques. The implementation program has three phases: 1. Planning: presentation of the Program to hospital boards, agreement writing, and contract signing; 2. Implementation: healthcare team training, role-of-user assignment, and launch of data load; 3. Continuous audit: identification of opportunities for improvement, monitoring, communication and training. The PASOS® Program implementation is projected to start in the first semester of 2022 in 30 leading hospitals in the management of hip fractures.

Conclusion: The PASOS® Program, a registry-based quality improvement program in hip fracture patients, was developed in two years with the alliance of 11 scientific societies and 2 NGOs. As far as we know, this is the first program with these characteristics in Latin America.

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Disclosure of Interest: None Declared

Keywords: hip fractures, Program, Quality improvement , registry

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1745

UNFORSEEN CLINICAL DETERIORATION IN OLDER PATIENTS ADMITTED FROM THE EMERGENCY

DEPARTMENT: ASSOCIATION WITH A GERIATRIC VULNERABILITY SCORE

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Preferred presentation method:: Oral Presentation

Introduction: The epidemiological transition has generated a great increase in the demand of older people for emergency care. These patients, when admitted to the Intensive Care Unit (ICU), are at greater risk of unfavorable clinical outcomes, such as death, functional loss and institutionalization, especially when it happens due to complications in non-ICU units. Several scores have already been developed to identify older patients with a worse prognosis during the initial emergency department (ED) evaluation, but the risk of intrahospital deterioration causing ICU unplanned admission has not been explored yet.

Objectives: To assess the association between geriatric vulnerability, defined according to the tertiles of the PRO-AGE score, and risk of clinical deterioration requiring unplanned ICU transfer after admission to a non-critical unit from the ED.

Methods: Retrospective cohort study. We included patients aged 70 years or older admitted to the Hospital Sírio Libanês ED with clinical complaints and clinically stable. In the descriptive analysis, numerical variables were reported as means and standard deviations, or medians and interquartile ranges (IQR) depending on their distribution. Comparisons between the distributions of numerical variables according to the PRO-AGE score tertiles and the primary outcome (unplanned ICU admission) were performed using Student's t test, Wilcoxon rank sum test or analysis of variance (ANOVA), as appropriate. The distributions of categorical variables were compared using the chi-square test, or Fisher's exact test, when appropriate. The main statistical analysis consisted of logistic regression between geriatric vulnerability, defined by the tertiles of the PRO-AGE score, and clinical deterioration requiring unplanned ICU admission. Unplanned ICU admission was defined as transfer to the ICU after initial admission to a non-ICU unit.

Results: We included 1822 visits of clinically stable patients aged 70 years or older that resulted in hospital admission from the ED. 18% of patients were 90 years of age or older, 48% were male, 50% used 7 or more medications at hospital admission, 45% had been hospitalized in the last 6 months, 19% had delirium at baseline, and 139 had clinical deterioration requiring unplanned ICU admission during hospital stay. Patients with clinical deterioration had a higher prevalence of diabetes mellitus, heart failure and liver disease than those with an uncomplicated course. Patients classified in the upper tertile of the PRO-AGE score had a 68% higher risk (odds ratio 1.68, 95% CI 1.08-2.62) of deterioration requiring transfer to the ICU when compared with those classified in the first tertile.

Conclusion: Geriatric vulnerability is associated with the risk of unforeseen clinical deterioration requiring transfer to the ICU in older patients admitted from the ED. The use of screening instruments such as the PRO-AGE score may aid in the selection of higher risk patients for specialized care strategies, such as comprehensive geriatric assessment, geriatric acute care unit and care transition team.

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Disclosure of Interest: None Declared

Keywords: Geriatric Emergency Care, Geriatric Medicine, Risk Prediction, Unplanned ICU admission

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1744

A SYSTEMATIC REVIEW OF ACTIVE AGEING POLICIES IN ITALY: CURRENT STATUS AND CHALLENGES FOR FUTURE DEVELOPMENT

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Preferred presentation method:: Oral Presentation

Introduction: According to the World Health Organization (WHO), active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing is usually framed in a positive policy discourse in many high-income countries, where it constitutes a new component of welfare states in times of ageing populations. The concept and purpose of active ageing was challenged by the new circumstances and consequences of the COVID-19 pandemic.

Objectives: The aim of the study was to understand the current status of active ageing policies in Italy and the challenges for future policy-making, also in the light of the lessons learnt from the COVID-19 pandemic.

Methods: A systematic review of national and regional policies on active ageing was carried out in 2019 (before the pandemic). Researchers interviewed policy officers and managers responsible for implementing active ageing policies in 14 ministries and governmental offices and 21 regions and autonomous provinces. Further rounds of data collection and discussion with a national stakeholders network (N=79) were held in 2020-2021 (during the pandemic waves).

Results: The review showed the lack of a comprehensive active ageing approach in the national welfare state. Active ageing policies are sectorial and fragmented by design, especially at national level where the focus is mostly on extending working lives, supporting families, promoting social inclusion, and enabling healthy ageing. Some regions and autonomous provinces developed structured and sustainable policy strategies addressing multiple active ageing dimensions, whereas others lag behind and faced implementation or awareness issues. The impact of the COVID-19 pandemic was substantial and constrained policy makers to re-focus their active ageing interventions on health and social care. Promotion of cultural awareness, intergenerational relations, and community data collection are three main challenges for future policy-making in the field.

Conclusion: Although Italian policy makers increasingly address active ageing by incorporating its core principles and aims in actual policies, several implementation gaps can be identified. These issues are becoming even more problematic due to the pandemic and its social, cultural and economic consequences for individuals during the entire life course.

Disclosure of Interest: None Declared

Keywords: active ageing, employment, healthy ageing, Policy, social participation

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1734

ONE FOR ALL, ALL FOR ONE: A MIXED METHODS CASE STUDY INTO THE ROLE ORGANISATIONAL AND PERSONAL INTERESTS PLAY ON COOPERATION IN DUTCH INTEGRATED DEMEN

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Preferred presentation method:: Oral Presentation

Introduction: Integrated care is considered a key strategy to overcome care fragmentation; service models for integration are being developed and evaluated in various countries for different subpopulations. Older people with dementia may particularly benefit from integration because their needs are complex, continuously changing and because they often require a range of services provided over a longer period of time (1). Cooperation is key to provide integrated dementia care. This is why the Dutch government promotes close collaboration between dementia care providers within regional interorganisational dementia care (IDC-) networks. However, various kinds of (personal and organisational) might affect collaboration in IDC-networks.

Objectives: It is crucial to understand how interests influence relations in IDC-networks in order to shape future policies. This research does not only provide an insight in the relationships present in an IDC-network, but, more importantly, tries to understand how personal and organisational interests affect interorganisational cooperation in these networks.

Methods: A sequential mixed methods single case study design was used, in four phases: 1) document analysis, 2) Social Network Analysis (SNA) based on data from questionnaires (n=25), 3) explorative interviews (n=14) and 4) a focus group (n=7) to explore the conceptual generalisability of the single case of the IDC-network.

Results: The SNA revealed that highly connected organisations were often established care organisations that deliver case-management, while smaller care organisations of welfare organisations tend to be less connected. Care-related, strategic, and financial interests influence participation of organisations in the IDC-network, while personal intrinsic motivations determine a representative's contribution to the network. Especially conflicting interests strongly influence the network structure.

Conclusion: We conclude that conflicting interests in IDC-networks stand in the way of reaching the collective goal of a regional IDC-network, i.e., optimising the wellbeing of people with dementia and their informal caregivers in the region. Thus, IDC-networks should act to manage, resolve and prevent disputes arising from conflicting interests.

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Disclosure of Interest: None Declared

Keywords: Integrated Care Network, mixed-methods, Person-centered Dementia Care, Social Network Analysis

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1716

THE ASSOCIATION BETWEEN PERFORMING MEDICAL/NURSING TASKS AT HOME FOR OLDER ADULTS AND CAREGIVER WELL-BEING: THE MODERATION EFFECT OF SUPPORT.

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Preferred presentation method:: Poster Presentation

Introduction: Recently family caregivers are increasingly performing medical/nursing care tasks at home for adult care recipients. For family caregivers who are not medical professionals, performing those tasks is likely to be difficult and burdensome. However, medical/nursing tasks may have positive consequences such as caregiving gains for family caregivers. Adequate support may decrease negative outcome and increase positive one.

Objectives: This study examined (a) the association between family caregivers performing medical/nursing tasks at home for older adults and their sense of caregiving burden and gain, (b) the indirect effects of support by doctors and/or nurses, and (c) the buffering effects of these support.

Methods: The interview survey was conducted in 2013, 2016, and 2019 in a city of Tokyo Metropolitan Area, with the family caregivers of the probability sample of the community-dwelling elderly persons certified as in need of care in the long-term care insurance system of Japan (excluding those who were residents of nursing homes). This study analysed the combined data of each survey (n = 983).

Results: Approximately 20% of the community-dwelling elderly persons certified need of care required some medical/nursing care, and approximately 9% of family caregivers performed some medical/nursing tasks at home. Structural equation modelling analyses with covariates of ADL, cognitive impairments, caregiver's age, gender, and income, showed that performing medical/nursing tasks were not directly related to higher psychological burden and gain of caregivers. However, the results of multigroup analyses showed that the use of doctor's visit and/or home-visit nursing was related to higher sense of caregiving gain.

Conclusion: These results suggest that support from medical staffs could increase the positive affect of family caregivers performing medical/nursing tasks at home.

Disclosure of Interest: None Declared

Keywords: burden, family caregivers, gain, medical/nursing tasks, support

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1707

THE VALUE OF MIND-BODY CONNECTION IN PHYSICAL ACTIVITY FOR OLDER PEOPLE

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Preferred presentation method: Oral Presentation

Introduction: Balance-specific exercise prevents falls in people aged 60+ years. Yoga is popular, accessible and can provide a high challenge to balance; however, the effect of yoga on falls has not been evaluated. The Successful AGEing (SAGE) yoga randomised controlled trial is testing a twice weekly yoga-based fall prevention program in people aged 60+. Over half the 700 participants have now completed the 12-month intervention. We conducted a realist process evaluation in parallel with the trial. Participant reported high levels of participation, adherence and enjoyment.

Objectives: The aim of this qualitative study was to explore in more detail, through participants' experiences, how the potential mechanisms of mindfulness and embodiment, identified in the process evaluation, maximised engagement with yoga.

Methods: Purposively sampled in-depth participant interviews (21 participants and 4 instructors) were conducted using a realist approach to investigate how aspects of the SAGE program maximised engagement with yoga, focusing on essential elements of the intervention and causal mechanisms. Recordings were transcribed and coded using NVivo software to develop program theories that explain how intervention activities, in context, generated outcomes. An emergent theory that there is "something special about yoga" forms the basis of this study.

Results: Participants described how relaxation, breathing and yoga's mind-body connection created a satisfying internal focus on bodily sensation which they valued and often compared favorably with other physical activities.

The mechanisms of mindfulness and embodiment appeared to facilitate this. These mechanisms sustained engagement with the program, grew physical competence and generated an ongoing commitment to yoga or other physical activity. We argue that, far from being unique to yoga (as our participants suggested), these mechanisms are likely to be present in other activities which incorporate mind-body connection in conjunction with movement.

Conclusion: Incorporating the potential mechanisms of mindfulness and embodiment into future fall prevention exercise programs and other physical activities for older people could enhance their success through improved participation and adherence. The challenge is to become more creative and person-centred in our thinking about program design.

Disclosure of Interest: None Declared

Keywords: accidental falls, embodiment theory, exercise, qualitative research, yoga

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1700

FRIENDLY ENVIRONMENTS: AN OPPORTUNITY OF PARTICIPATION FOR THE ELDERLY

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Preferred presentation method:: Poster Presentation

Introduction: This applied research process recovered the experience of a training process on Friendly Environments within the framework of the Decade of Healthy Aging, in which 19 elderly community leaders from all over Costa Rica enrolled.

Objectives: The general objective of the research was based on the recovery of the forms of participation for older adults in friendly environments based on 3 axes: the meaning they attribute to them, their construction based on the verification of the indicators and the link of intergenerational relationships with the construction of friendly environments.

Methods: This study was based on an applied research methodology through a participatory training process in which older adults played a leading role in the knowledge generated, given that each of the sessions contained spaces for the exchange of experiences, questions and alternatives for the construction of actions that strengthen the development of people.

Results: Older adults give the same importance to infrastructure as to the social and symbolic in the construction of friendly environments.

The meaning assigned to the indicators based on their experiences were: *equity* seen from the intersectional approach, having age as a starting point; the *contributions and products* must be proposed based on the needs of the people and the *results and impact* must be built from the aspirations that are had for the environment, for example, intersectoral and intergenerational work.

They understand that intergenerational relationships start from an exchange between equals with common goals that allow promoting empathy and demystifying old age.

Conclusion: The importance of this research lies in understanding the way in which older adults recognize their participation in the construction of friendly environments, maintaining a balance between work to improve the development possibilities of new generations and identity with their stage of the life cycle, ensuring the promotion of their rights and the enjoyment of improvements in the surroundings.

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Disclosure of Interest: None Declared

Keywords: friendly environments, older adults, participation, training process

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1686

ENCOUNTERING AGEISM WHEN SEEKING HEALTH CARE: EXPERIENCES OF OLDER PATIENTS

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Preferred presentation method:: Oral Presentation

Introduction: Older people are one of the largest target groups in health care services. When receiving these services, older people often face ageism, which manifests in stereotypes, prejudice and discriminatory behaviour¹⁻². As a result, the actions of professionals whose main purpose is to prevent, treat and manage common health conditions are affected by their attitudes, which have entirely negative consequences for the health (in the broadest sense) and well-being of older people³⁻⁴.

Objectives: The aim of the research was to investigate how older people experience age-related attitudes from health professionals when receiving health care.

Methods: The presentation is based on the results of a qualitative study conducted in 2021 in Lithuania. The data was collected using semi-structured in-depth interview (average duration 65 min.) 22 older people (average age 76 years) took part in the research. All participants suffer from multiple chronic diseases. The method of data analysis was thematic analysis.

Results: Older people internalize ageist attitudes (particularly about health in old age) throughout their lifetime, which are permanently and / or definitively entrenched in interactions with health care providers, who emphasize the chronological age as the main cause of physical discomfort. This enables the normalization of disease, poor health in old age. Ageism in health care most obviously manifests through health care professionals' language (humiliation, ridicule, shouting at older patients and etc.) and behaviour, when complaints are ignored, the doctors avoid referring to other professionals or not prescribe the required number of treatment procedures. Encountering ageism changes the trajectories of chronic disease medical management, older patients gradually refuse to access to healthcare, try to find alternative ways of managing physical symptoms. Without a doubt, all of this affects physical and emotional well-being and quality of life.

Conclusion: The findings of the study revealed how older people experience various forms of ageism in their interactions with health care professionals. In the future, the basis for these findings should be quantified to assess the extent of the problem. The results of the study can help to identify the manifestations of ageist attitudes and can be useful for older patients, health professionals, and health policy makers.

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Disclosure of Interest: None Declared

Keywords: ageism, health care, older patient-health care provider interactions, primary health care

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1681

IMPORTANCE OF CIVIL SOCIETY IN THE MONITORING OF HUMAN RIGHTS

THE EXPERIENCE OF AGEKO IN THE CREATION OF AN ALTERNATIVE REPORT (SHADOW REPORT), 2020

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Preferred presentation method:: Poster Presentation

Introduction: Civil society has a leading role in monitoring the fulfillment of all rights for all people. There are population groups that have been historically vulnerable; such is the case of the elderly.

Age discrimination is latent in societies and it is related to stereotypical images of old age, unfounded in the exaltation of youthful characteristics, which nullify the assumption that aging is a natural part of life.

The Costa Rican Gerontological Association is a civil society organization that for more than 40 years has been developing programs and services for the promotion of a dignified and active old age.

Objectives: During the year 2020, aware of the need to have synthesized information on the rights of the elderly, a documentary review process was developed and resulted in the *Alternative Report: Situation of the human rights of the elderly in Costa Rica during 2020*.

The organization wanted to position this document as an alternative (shadow) report, that expose different information than the official version presented by the Governments in different accountability processes, follow-up to Human Rights agreements or international commitments.

Methods: The synthesis consider the status of twelve human rights: participation, work, social security, risk management, education and culture, property, life without violence, independence and autonomy, access to justice, equality and non-discrimination, accessibility and freedom; also established in the Inter-American Convention on the Protection of the Human Rights of Older Persons.

Results: This exercise compiles updated data on each of these rights, their placement in different legal instruments and specific recommendations of the United Nations System in its different reviews and evaluations as part of the follow-up to human rights agreements with the States Parties, obtained from the Universal Human Rights Index.

Conclusion: The greatest strength of having reports of this type is to express a critical view that reveals the situations experienced by this population, with updated data that allow a quick reaction from a vigilant and protagonist civil society, that demands the State to fulfill their role as guarantor of rights.

Disclosure of Interest: None Declared

Keywords: civil society, human rights, Older persons, participation

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1666

CHALLENGES IN THE IMPLEMENTATION OF A TRANSITIONAL PALLIATIVE CARE PATHWAY FOR OLDER ADULTS: A QUALITATIVE PROCESS EVALUATION

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Preferred presentation method:: Oral Presentation

Introduction: To improve transitional palliative care for acutely admitted older patients, the PalliSupport transitional care pathway was developed. Implementation of this care pathway was challenging.

Objectives: The aim of this study was to improve understanding why the implementation partly failed.

Methods: We conducted a qualitative process evaluation study with semi-structured interviews. We held 17 online interviews with professionals who were involved in the PalliSupport program. Thematic analysis to create themes according to the implementation framework of Grol & Wensing.

Results: From this study, themes within four categories emerged: 1) The innovation: challenges in current palliative care, the setting, and boost for improvement. The gap between primary and secondary care was noted, and had an effect on opinions about the setting of the care pathway. The hospital setting was considered to be a misfit. Still, the implementation process resulted in a boost for palliative care and transitional collaboration. 2) Individual professional: feeling (un)involved and motivation. Due to the high number of professionals and organizations involved and the size of the project, not all professionals felt involved in the process. Motivation varied between professionals. 3) Organizational level: project management. Within the project, five regions were involved which made clear management complex. Feeling of leader- and ownership was missing. 4) Political and economic level: project plan and evaluation. The project plan and scientific evaluation requested implementation in a strict time frame with limited flexibility.

Conclusion: We learned that the challenges involved in implementing a transitional care pathway in palliative care should not be underestimated. For successful implementation, we emphasize the importance of creating a program that fits the complexity of transitional palliative care. We suggest starting on a small scale and invest in project management. This could help to involve all stakeholders and anticipate current challenges in palliative care. To increase acceptance, create one care pathway that can start and be used in all care settings. Make sure that there is sufficient flexibility to adjust the project plan, so that a second pilot study can possibly be performed, and choose a scientific evaluation with both rigor and practical usefulness.

Disclosure of Interest: None Declared

Keywords: Hospitalized older patient, implementation, palliative and end-of-life care, process evaluation, transitional care pathway

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1665

ASSESSING PRACTICAL JUDGMENT IN OLDER ADULTS IN THE COMMUNITY

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Preferred presentation method:: Oral Presentation

Introduction: The challenges of declining cognition and impaired functional performance among community-residing older adults raise concerns about their safety and quality of life. Yet, despite impaired cognition and function, many older people may still be able to “age in place”. Living through the COVID-19 pandemic has shown us even more the importance of keeping older people in safe and familiar living situations. **Judgment**, an important aspect of cognition and a predictor of function, may become impaired and compromise safe living. However, judgement is difficult to assess, and few valid instruments exist to accurately evaluate judgement in older people.

Objectives: To validate and culturally modify a verbal practical judgement assessment (VPJ), in order to optimally assess judgment in older adults.

Methods: Fifty older adults, 65 +, living in the community ($M = 78.2$ years; $SD = 9.79$). Half were independent ($n = 27$, 54%), and others were participants at the senior day center for those experiencing cognitive and/or functional decline (46%). All participants completed an evaluation that included cognitive and functional assessments.

Results: This pilot study ($N = 50$) revealed positive and significant ($p < 0.05$) relationships between the VPJ and the: MoCA, CLOX, Lawton, and medications and telephone task, demonstrating Convergent validity. By comparing the VPJ scores between independent participants and participants at the senior day center, the results also support discriminant validity. The score was found to be significant between participants defined as independent ($M = 15.04$, $SD = 3.03$), who had a higher mean score than participants from the senior day center ($M = 12.09$, $SD = 2.43$) ($t(48) = 3.75$, $p < 0.001$, $d = 1.08$). Finally, a multiple hierarchical regression was calculated to assess the relationship between IADL functioning and judgement.

Conclusion: The VPJ was found feasible, valid, and culturally suitable to assesses practical judgement in Israeli older adults living in the community. This initial validation assisted us in creating a larger nationwide study that will test this practical judgement assessment in a large heterogenous sample of older adults, both in hospital and in the community. This will provide essential information and enable older adults to live/return home in accordance with their autonomy, safety, and well-being.

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Disclosure of Interest: None Declared

Keywords: Aging in place, cognitive decline , older adults, practical judgment

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1657

THE FUTURE CARE: IMPLANTATION AND DILEMMA OF RULES OF MEDICAL DIAGNOSIS AND TREATMENT BY TELECOMMUNICATIONS ON HOSPICE HOME CARE PATIENTS

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Preferred presentation method:: Poster Presentation

Introduction: Rules of Medical Diagnosis and Treatment by Telecommunications was validated in Taiwan since 2018 to regulate the telecare providing in the remote areas with scarcity health care resources. During the COVID-19 pandemic, special application of the law was announced by Ministry of Health and Welfare in Taiwan. It brought convenient but also arouse some concerns discussed national-wide. Besides, the exceptions use under the pandemic overturned the conceptions of telecare and gradually influenced the law amendment currently.

Objectives: The aim of the study is to point out the problems of current implantation of regulations about telecare in Taiwan, including face-to-face visit duty of physicians, e-prescriptions and medicine delivery, private personal health information transfer, the benefit and risk of tele-hospice home care and the application of telecare by non-physician medical professionals.

Methods: With mixed study method(literature review, case report and field observational study) to analyze the application of the law implantated in clinical medical practice.

Results: Face-to-face visit duty of physicians although could not be replaced comprehensively, but the successful use of digital health devices make it impossible and could facilitate the virtual visits between face-to-face visits. E-prescriptions and medicine delivery should conquer the problems of drug storage, confirmation and safety and also need to broaden the indication of remote e-prescriptions of controlled drugs. Private personal health information transfer through internet and how to facilitate communications between professionals and protect the patient's privacy. The benefit and risk of tele-hospice home care is possible and benefit for patients from these virtual visit and there was no correspond payment from NIH, so motivations are low for doctors. The application of telecare by non-physician medical professionals was initiate by psychologists and was applied to nutritionist, physical therapist and pharmacist.

Conclusion: Telecare is available and can work in Taiwan's clinical practice to reduce patient's burden of visit in hospital and further regulations amendments for prescriptions and medical delivery are needed. The experiences of non-physician telecare should be analyzed for better regulations liberating.

Disclosure of Interest: None Declared

Keywords: community care, telecare

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1641

SOCIAL SERVICE AND AGING: WHAT DOES BRAZILIAN SCIENTIFIC PRODUCTION INDICATE?

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Preferred presentation method:: Oral Presentation

Introduction: The reflections carried out in this study understand that aging is a social phenomenon, imbued with historical, economical, political and social determinations. The aging process, in which reigns the capitalist production aegis, is allied to a class perspective, combined with social markers like race, gender, ethnicity, sexual and generational orientation.

Objectives: This study aims to evaluate the scientific productions on aging, published in the Proceedings of the Brazilian Congress of Social Workers (BCSW) in 2019.

Methods: This research is an integrative review with a qualitative approach, and content analysis was carried out to deepen the reflection on the articles related to the aging process published in the Proceedings of the Congress.

Results: There were 1741 articles presented in the Brazilian Congress of Social Workers, in which 3% (n=52) of the articles contemplated the theme of aging, with contents that comprised the “golden age”, older people’s health, gender and aging, social policies and aging population. Aging is little discussed in the Proceedings of the BCSW and when it is addressed, a biomedical hegemony is evident, showing that scientific production is precarious on understanding the aging process in its entirety.

Conclusion: The results reveal that the terminologies used (“third age”, golden age, “best age”) in Brazilian society is a way to segregate classes and highlight the order of capital, portraying these manifestations in the expressions of the State through public policies, revealing their contradictory nuances. The studies also indicate that capitalism serves its own interests, the aged worker is viewed as subaltern, valuing youth in detriment of the usefulness of the old worker. This work has the purpose to contribute with the discussion on the thematic, indicating the need for further studies related to aging in the Social Service area.

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Disclosure of Interest: None Declared

Keywords: Brazilian Congress of Social Workers, inequality, older people, social workers

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1631

OLDER PEOPLE WITH URGENT, UN-AWARE, AND UNMET MENTAL HEALTH CARE NEEDS IN TOKYO: VIEWPOINTS FROM OUTSIDE THE MENTAL HEALTH CARE SYSTEM.

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Preferred presentation method:: Poster Presentation

Introduction: Japan has established the universal health insurance and free access medical system, accordingly many older people can see a specialist for a 10% co-payment (30% for some wealthy people). However, we see some older people with urgent mental health care needs who never seek help from the mental health care system.

Objectives: To explore the factors related to urgent, un-aware, and unmet mental health care needs.

Methods: An interdisciplinary team covering medical, psychosocial and spiritual unmet needs, consisting of a geriatrician and psychiatrist, a public health nurses who is the leader of homeless shelter management organization, and a social welfare researcher who is also a Buddhist priest, conducted depth interviews with nine care professionals outside the mental health care system.

Results: Of the cases narrated, 24 were identified as involving people aged 60 years or older and people with neurodegenerative diseases. We identified seven categories; "intrinsic issue", "family issue", "physical health related issue", "mental health related issue", "social service related issue", "community-related issue", and "integration/continuity of care". In details, "Intrinsic issue" consisted of 'difficulty in help seeking' and 'being a person with delusion'. "Family issue" consisted of 'discord between family members', 'family denial to be engaged', 'multiple cases in one family', and 'family difficulty in help seeking'. "Physical health related issue" consisted of 'indifference of physical health care provider about mental health matter' and 'discontinuation of physical health conditions'. "Mental health related issue" consisted of 'uncomfortable experiences in the previous visit to clinics' and 'irresponsive mental health care system'. "Social service related issue" consisted of 'lack of time to take care enough', 'no appropriate service in the community' and 'social service is not allowed without diagnoses'. "Community-related issue" consisted of 'residents no longer be involved after the professional services start', 'isolation in the community' and 'exclusion from the community'. "Integration/continuity of care" consisted of 'un-integration between communities after moving" and 'un-integration between sectors'.

Conclusion: Broad factors beyond medical context might be barriers to the conventional mental health care system. This barrier is strong enough even in the 100% coverage insurance and free access medical system.

Disclosure of Interest: None Declared

Keywords: barrier to care, community care, unmet mental health care need

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1620

MANIFESTATIONS AND MANAGEMENT OF RESIDENT-TO-RESIDENT AGGRESSION IN PRIVATE SENIORS' RESIDENCES IN QUEBEC, CANADA

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Preferred presentation method:: Oral Presentation

Introduction: Resident-to-resident aggression (RRA) is an issue of considerable magnitude in congregate residential facilities for older adults. It is mostly studied among older adults with loss of autonomy living in long-term care centres, but little among independent or semi-autonomous older adults living in private seniors' residences (PSR). Little is known about the management of these situations by the residence and how it can help in the development of a program aimed at promoting wellness care and countering RRA.

Objectives: The goal of this presentation is to understand the manifestations of RRA in PSR, and the management of those situations by the residence in order to develop a program promoting wellness care and countering RRA.

Methods: Twenty-five individual interviews were conducted between March 5, 2020, and January 11, 2021, with three groups of actors of four PSR in Quebec, Canada: residents (n = 13) who have experienced RRA, staff members (n = 6) and external stakeholders (n = 6) who intervene in this type of situation. Participants were asked to share their experiences towards RRA and the management process of these situations.

Results: Results show various manifestations of RRA regarding the nature (psychological, physical, material, sexual), locations (dining room, leisure and circulation areas, outdoor spaces), triggers (such as the arrival of a new resident or limited communal spaces), characteristics and consequences (psychological physical and social) for residents involved in these situations. They inform on drivers (such as the desire to act for the common good or connection with a trust individual) and obstacles (such as fear of reprisals and misconceptions about RRA) for reporting a situation. Results also put forward the complex management process of these situations on a case-by-case basis. For the development of a program, they point to a necessity to address the process of managing situations of RRA, clarify the roles of different actors, and facilitate follow-up procedures.

Conclusion: This research is the first in Quebec to investigate manifestations of RRA and the management process from the viewpoint of different groups of actors related to PSR with the aim of developing a program. The program is currently being developed and simultaneously tested.

Disclosure of Interest: None Declared

Keywords: Private seniors' residences, Program, Quebec, Canada, Resident-to-resident aggression, Wellness care

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1601

NOT RETIREMENT PLANNING, BUT LIFE PLANNING IN AN AGEING SOCIETY

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Preferred presentation method:: Oral Presentation

Introduction: As the individual and population ageing has been emerged as one of the major social as well as individual issues, researchers, service experts, and policy-makers on ageing have suggested the need of retirement planning (planning for retirement, old age or the second half of life). However, such suggestions in general have only been abstract rather than concrete in theoretical basis, process, and methods, thus, individuals concerned with the planning may not systematically make it and put it into practice in their daily life. And what is more problematic is that the retirement planning itself as a measure against the individual and population ageing has many limitations.

Objectives: The objective of this study is to argue for the need of life planning instead of retirement planning on theoretical and practical bases and to have those concerned with measures against the individual and population ageing understand the importance of life planning and its practice in daily life in an ever-advancing ageing society.

Methods: This study was conducted through literature reviews; analyses of policies and services in public and private sectors of education and business addressing retirement planning and life planning; and also author's experiences of direct participations in retirement planning education and life planning education. Educational materials including textbooks of elementary, secondary and tertiary educational institutions that address life planning were also analyzed.

Results: Over the past more than 50 years research studies base on theories on lifespan development, developmental tasks, and life course have revealed that behaviors, decisions, opportunities, and conditions in earlier stages of life have had continuous impacts on each stage of life course up to old age. In common sense, the health and happiness that we want in our life is not only for old age or later parts of life, but for all stages of life course. In this sense the retirement planning usually made at the time drawing near to the later stages of life may have many limitations in leading healthy, active, and meaningful life to the very old age. A review of educational materials on life planning used in formal educational institutions mostly reveals lack of life course perspective. Life planning is defined as "setting up a comprehensive plan on identifying one's life missions and goals in eight aspects of life at each stage of one's whole life course, and to implement the plan through time management." Therefore, we need "life planning from the cradle to the grave," not retirement plan for old age usually made at the time drawing near to retirement age or old age in an ageing society. This study highlights logical and practical process of life planning and practice combining the time management method.

Conclusion: This study presents clear definition, characteristics, and the process of life planning; the theoretical and practical bases for life planning; and further social policy implications. In line with the trend of managing information through cell phone in our ICT-oriented society, a cell phone application through which life planning can be easily made and practiced in daily life that was developed under author's supervision is also introduced in this study. The results of this study strongly argue that setting up the life planning and its practice in daily life is the most effective and efficient measure in response to individual and population ageing.

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Disclosure of Interest: None Declared

Keywords: Life Planning , Process, Retirement Planning, Theoretical bases, Time Management

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1591

APPROXIMATION TO THE LIFE SATISFACTION STATEMENT OF MEXICAN OLDER ADULTS WITH ENASEM, 2018: CONSIDERATIONS FOR THE DESIGN OF PUBLIC POLICIES.

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Preferred presentation method:: Poster Presentation

Introduction: According to the OECD, quality of life is measured both in terms of objective-material well-being and subjective well-being, which comprises three aspects: emotions, happiness and life satisfaction. It is this last section that has been developed with greater theoretical and instrumental emphasis, which is taken up again as a central point. Social development policies aimed at older adults should consider this construct, which is part of subjective wellbeing, as a substantial and not isolated element, which outlines aspirations but also social and health states in general of the older adult population.

Objectives: The purpose of this paper is to propose the need to consider the declaration of life satisfaction made by older adults in Mexico as an essential element for the design of public policies, so that it can be seen as a fundamental instrument for the design of policies focused not only on this age group, but on the entire population.

Methods: Based on the National Study of Health and Aging (ENASEM) in its 2018 round, the life satisfaction states of this age group in Mexico are described with logit regression.

Results: The main factors associated with life satisfaction among Mexican seniors are health, followed by residential arrangements, and finally, the economic aspect.

Conclusion: Although there is a high life satisfaction of Mexican older adults, it is crucial to investigate which are the determinants of this statement and that they should be considered as a basis for decision-making in public actions focused on improving the quality of life of the Mexican population

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Disclosure of Interest: None Declared

Keywords: aging in Mexico, public policy, Satisfaction with life

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1579

ANALYSIS OF THE LAWS AND REGULATIONS FOR SOCIAL HOUSING EQUIPMENT AND SOCIAL HOUSING BUILT WITH COMPULSORY INFRASTRUCTURE IN TAIWAN

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Preferred presentation method: Oral Presentation

Introduction: As our country has entered an elderly society and will enter a super-aged society in 2025, Taiwan should improve the facilities and equipment for the construction of social housing, social welfare services, and necessary auxiliary facilities in advance to take care of the disadvantaged.

Objectives: This paper analyzed the laws and regulations for social housing equipment and social housing built with compulsory infrastructure in Taiwan.

Methods: Literature analysis, case investigation and analysis and expert interviews.

Results: 1. The "Housing Law" is the parent law for social housing and the "Provisions on Facilities, Equipment, and Social Welfare Service Assistance Projects" have put forward what content should be provided for living room, dining room, bedroom and other facilities and equipment. The "Compulsory Auxiliary Facilities Project and Scale" has proposed ancillary facilities projects, space requirements, and funding methods, and the "Social Housing Planning, Design, Construction, and Operation Management Manual" has put forward suggestions for the needs of social welfare public services. This study found that our country's social housing ancillary facilities are diverse, and should comply with accessible environment regulations. 2. In order to smoothly implement the social housing policy in Taiwan, the local government has formulated the principles of social housing base installation service facilities, management guidelines for the community operation, and precautions at the planning and design stage. 3. According to the case analysis of social housing in Taiwan, the diversity of facilities and equipment, social welfare service assistance, and necessary ancillary facilities is available, however, after on-site case investigations and expert interviews, it was found that there were facilities and equipment, social welfare service assistance, and necessary ancillary facilities not in line with actual needs, which still need to be improved.

Conclusion: This research suggests that the needs of the physically and mentally disabled and the elderly should be considered, and related facilities and equipment should also be installed. Before planning and design of additional social housing, the relevant bureaus of the local municipality, county (city) government should consult with relevant bureaus and offices about which ancillary facilities are to be installed, along with the consideration of the cost to be borne by the households, and if there are related ancillary facilities around the social housing, it may not be mandatory to install them.

Disclosure of Interest: None Declared

Keywords: social housing, compulsory auxiliary facilities, facilities and equipment

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1551

READINESS OF THE HEALTHCARE WORKERS TO IMPLEMENT ICOPE FOR HEALTHCARE QUALITY IMPROVEMENT

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Preferred presentation method:: Poster Presentation

Introduction: Quality of healthcare is a major challenge of Mexico's health system overall, affecting care for the elderly, thus contributing to the deterioration of their functional capacity. The World Health Organization (WHO) has proposed a program --the Integrated Care for Older People (ICOPE)—designed to improve older adults' quality of care and functional capacity as a component of community health.

Objectives: Assess the readiness to implement the ICOPE program in Mexico City.

Methods: A cross-sectional survey was implemented with healthcare workers and stakeholders in 2021. The instrument was a scorecard that measured the level of implementation that could be achieved for the ICOPE in their place of work.

Results: A total of 1,679 participants provided complete responses to the questionnaire. Overall, participants agreed that they have the capacity to deliver integrated care through the ICOPE program. In the dimensions of (1) engagement and empowering people and communities, (2) support coordination of services delivered by multidisciplinary providers, (3) orient services towards community-based care, and (4) strengthening governance and accountability systems, their perception was that could be a sustainable program. Nevertheless, in the last dimension -enabling system-level strengthening, the result was that they would have only initial implementation and their require some modifications on the health system.

Conclusion: The ICOPE program has a relevant potential for success in Mexico to improve the quality of care for older people. Nevertheless, there are substantial challenges related to the implementation context. The results collected with the scorecard assess the overall capacity of health and social care services and systems to deliver integrated care in community settings. This could guide and inform ICOPE implementation plans highlighting areas of opportunity and using them to monitor the ongoing progress of implementation.

Disclosure of Interest: None Declared

Keywords: Community Healthcare, ICOPE, Quality of Care

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1549

THE WORK RISK AND CAREGIVING ROLES OF FAMILY CAREGIVERS FOR OLDER ADULTS IN EAST ASIA

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Preferred presentation method:: Poster Presentation

Introduction: The aging of the population has increased the longevity of older adults with significant chronic diseases and disabilities in East Asia. Family caregivers may face increasing pressures to responsibilities of support and caregiving, typically unpaid to older adults with chronic illness and disability. However, family caregivers rarely receive adequate public and private support for their caregiving roles; thus, employees of family caregivers have to control their work like giving up paid employment or changing work time and workplace. Previous research has documented a negative relationship between caregiving demands and labor supply. However, this association had no exact estimates of family caregivers related to risk factors for caregiving roles and relationships with family and relatives of older adults in East Asia.

Objectives: This study were to explore the factors related to work risk for caregiving roles of family caregivers for older adults living in the same household in East Asia.

Methods: The study subjects of study were the family caregivers living with older adults at the same house in Japan, Korea, China, and Taiwan. A cross-sectional survey was conducted from October to December 2013. The survey methods were leaving (in Japan) and the interview method (in Korea, China, and Taiwan). The valid samples were 783 (92.9%) in Japan, 611(78.1%) in Korea, 800 (88.9%) in China and 555 (80.2%) in Taiwan.

Results: The results from the binomial logistic regression analyses indicated that awareness of filial piety was significantly associated with the work risk of family caregivers in Korea and China. However, Korean family caregivers with positive relationships with relatives had less work risk. Family caregivers with fewer levels of caregiving burden were significantly related to the less work risk in Korea, China, and Taiwan. The lower levels of IADLs in Taiwan and dementia in China were associated with the work risk of family caregivers in Korea. Women caregivers were associated with the work risk in Japan and Korea.

Conclusion: Caring for older adults negatively affects labor market and the national plan to prevent work risks for caregiving.

Disclosure of Interest: None Declared

Keywords: Awareness of filial piety, caregiving role, Family caregivers, Work risk

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1538

PERENNIAL POLICY ISSUES IN DIRECTLY-FUNDED HOME CARE IN CANADA: EXPLORING THE ROLE OF AGENCIES

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Preferred presentation method:: Oral Presentation

Introduction: Directly-funded (DF) home care provides government funds to older people and caregivers to arrange services. This national qualitative study asks, How can DF home care programs be designed to enhance social and health outcomes for diverse home care clients, informal supports, and care workers in Canadian contexts? The study focuses on three perennial policy issues that are relevant in Canada- that is, areas that present challenges to health equity: i) the role of home care agencies, ii) developing DF as a niche or mainstream program, and iii) adapting DF for rural contexts.

Objectives: Objective 1: Generate evidence related to the role of non-profit and for-profit agencies in delivering directly-funded home care in Canada

Objective 2: Identify whether there are inequitable health and social outcomes of DF programs based on first-person accounts from older people, their families and home care workers

Methods: Framed by the concepts of intersectionality and health equity, this study includes three research streams in four Canadian provinces. This presentation focuses on Stream A, which takes place in the provinces of Manitoba and Alberta. The experiences of those using agencies are compared with those hiring directly through focus groups with DF users/families (n=62) and semi-structured interviews with DF workers (n=24).

Results: Thematic analysis revealed three themes related to the role of home care agencies in DF home care in Canada. From the perspective of older people and their families, the use of agencies ameliorates the administrative burden of DF care, especially for people and families living with dementia. Secondly, both DF and agency-provided care is *more* flexible than publicly provided services. Finally, there are diverse reasons for hiring directly – notably, to pay workers more and to find workers with shared cultural backgrounds. However, the worker interviews reveal lower pay for agency-hired workers, as well as some concerning working conditions for directly-hired workers.

Conclusion: The Canadian context is ideal policy landscape for exploring DF home care services for older people given the complex, multi-tiered options available. It is essential to account for the implications for home care workers and how current DF programs, while increasingly popular, remain largely inaccessible to those of lower socio economic backgrounds.

Disclosure of Interest: None Declared

Keywords: Canada, consumer directed care, direct funding, direct payments, home care

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1498

HEALTH LITERACY AMONG OLDER SMARTPHONE USERS ATTENDING OUTPATIENTS CLINICS AT A TEACHING HOSPITAL IN MIDDLE-INCOME DEVELOPING NATION

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Preferred presentation method:: Oral Presentation

Introduction: Health literacy (1) is the ability to seek, understand, and use health knowledge, is considered crucial to successful management disease and to determinant of health status. This study aims to determine factors which influence health literacy of older adults attending outpatient clinics at a teaching hospital in a middle-income country.

Objectives: This study aims to determine factors which influence health literacy of older adults attending outpatient clinics at a teaching hospital in a middle-income country.

Methods: A convenient sample of smartphone users aged 55years, recruited from the hospital outpatient department,, were recruited. HL was measured with the European Health Literacy Survey Questionnaire (HLS-EU-Q47) was utilized. The cut-off value of above 33 was considered adequate for the overall general HL index (GHLI) and well as individual domain indices.

Results: Of the 580 respondents, mean (SD) age 67.9 (8.0) years and 319 (55.0%) women, 240 (41.3%) had GHLI score >33. Education, occupation, hypertension, high cholesterol and eye disease were associated with lower GHLI scores. Multivariate logistic regression models revealed that <5 years of education, homemakers and hypertension were independently associated with poorer GHLI scores, while all domain indices were additionally associated with ischaemic heart disease and DPI 33

Conclusion: Three out of five individuals aged 55 years scored beneath the desired cut-off for HCI. Lower education levels, homemakers, hypertension, high cholesterol and eye disease were independently associated with index scores 33 in at least one domain or the overall scores Future studies target individual with lower education levels, hypertension, high cholesterol, ischaemic heart disease and eye disease for interventions which enhance HL

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Disclosure of Interest: None Declared

Keywords: Health literacy; senior citizens; age influence; education level; health-related information

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1494

A COMPARATIVE STUDY OF MENTAL HEALTH, SENSE OF COHERENCE, WORK STRESS AMONG FOREIGN CARE WORKERS AND NATIVE CARE WORKERS DURING COVID-19 PANDEMIC

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Preferred presentation method:: Oral Presentation

Introduction: Foreign care workers of long-term care facilities (LTC) have been increasing in Japan due to a workforce shortage; however, little is known about the different states among mental health, sense of coherence, work stress between foreign care workers and native care workers during COVID-19 pandemic.

Objectives: This study aimed to investigate mental health, sense of coherence, work stress among LTC workers during COVID-19 pandemic and compare differences between foreign care workers and native care workers in Japan.

Methods: A cross-sectional online survey using structured questionnaires was conducted in 2021. Mental health was assessed according to the Kessler-6 scale, other factors were assessed by the Sense of Coherence (SOC-3) scale, Effort-Reward Imbalance questionnaire, UCLA Loneliness scale (UCLA-3). Due to pandemic, we also added the COVID-19 impacts into our survey. Comparisons of frequencies and means (chi-square, t-test, and analysis of variance) were used by R software v.4.1.1 (R Core Team, 2021) .

Results: In the study, the mean age of foreign care workers (N = 172) was 29, the mean age of native care workers (N = 154) was 41. Compared with the native care workers, foreign care workers were younger with less care work experience and had a better state of mental health. Sense of coherence (15.03 ± 2.82) of foreign care workers was better than native care workers (13.91 ± 3.37). Regarding work stress, the workload stress of native care workers had a higher level than foreign care workers with higher rewards. The drop in income due to COVID-19 was evident among native care workers.

Conclusion: The relationship between mental health and other factors needs to be verified even further. Our findings suggested that the mental health state and workload stress of native care workers should receive more attention in the future approach.

Disclosure of Interest: None Declared

Keywords: COVID-19; Mental health; Nursing homes; LTC workers;

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1492

RESULTS OF THE SHES PROJECT: ACTIVE AGEING WITH SHARING ECONOMY

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Preferred presentation method:: Oral Presentation

Introduction: How to maintain an active, independent and quality lifestyle with lower income after retirement? Being consistent with existing literature on sharing economy, part of the answer could be a concept of sharing economy. Despite that, the enormous potential and improvements that such platforms could make to the lives of older people have largely been left untapped.

Objectives: In order to be able to use the advances of sharing economy in everyday life, the older people need confidence, support and knowledge on how to use internet platforms and smart-phone applications. The objective of this research experiment was to develop methods to fulfil these needs and enable older adults the access to the usage of sharing economy initiatives.

Methods: An online survey followed by focus groups was carried out to test the users' requirements and attitude towards sharing economy practices, providing a qualitative understanding of seniors' needs and perception of the sharing economy. Based on that, in order to boost knowledge and sharing economy use, we designed a new educational programme with the curriculum, which included the relevant information about different sharing economy initiatives, guidelines for accessing sharing economy platforms, safety on Internet, practical issues of using ICT, basic digital skill knowledge, online payments, netiquette and other themes. The implemented curriculum was tested and subsequently evaluated.

Results: The participants' response was very positive, many expressed interests in continuing with the workshops even after the official end of the project. Participants found the topics of the programme of high importance and the gained knowledge of great value. The results demonstrated that the aim of bringing the concept of sharing economy closer to older people's everyday life was successfully achieved.

Conclusion: This applicative research project demonstrates that modern means of sharing economy can be successfully utilized by older people, resulting in their more active and socially included ageing. To bring this theoretical perspective into practice, advocacy through training and prepared materials are the key.

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Disclosure of Interest: None Declared

Keywords: active ageing, digital divide, older people, sharing economy, skill acquisition

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1469

ELDERLY WORKERS IN THE FORMAL MARKET: LEARNING AS A DIFFERENTIATING FACTOR.

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Preferred presentation method:: Poster Presentation

Introduction: The Brazilian population aging, associated with the new social security rules in Brazil, makes the employability of the elderly an object of scientific investigation and an important social concern.

Objectives: The main objective of this research was to understand how elderly people remain in the formal private labor market.

Methods: To this end, an exploratory descriptive research was carried out, with a qualitative character. The sample was intentional and for convenience, being constituted by 20 elderly formal workers, who were interviewed through a semi-structured instrument.

Results: Among the main results, it is a factor that contributes to the permanence in the work, in differentiated positions, the constant professional updating. Learning processes are part of the routine of interviewed workers who occupy strategic positions. The pleasure in carrying out professional activities, and the desire to continue learning, including with the younger generations, was highlighted in the interviewees' speeches. Unfortunately, part of the interviewees is forced to continue working due to financial need, since they cannot meet basic needs with their retirement income. The vast majority of these are in operational activities. The absence of extra-work activities as a source of leisure for many of these professionals is also highlighted, not identifying possibilities of occupation beyond work, which was not observed in professionals with higher education and income. Having plans beyond work seems to give workers peace of mind for when they are no longer working in their current jobs. It is noteworthy that, when carrying out the field of this research, many people who were contacted had been fired due to the pandemic. Age was a factor that contributed to their being, in some companies, the first people to be laid off due to being part of the so-called risk group at the beginning of the pandemic period.

Conclusion: Certainly, policies that encourage the hiring of older workers need to be developed, in order to guarantee the possibility for older people who, out of desire or necessity, want to continue working, find vacancies.

Disclosure of Interest: None Declared

Keywords: Work, Aging, Learning

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1468

SANDWICHED LIFE COURSES

CROSS-NATIONAL PATTERNS AND CONSEQUENCES ON OLDER PEOPLE'S WELL BEING

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Preferred presentation method:: Oral Presentation

Introduction: Increasing life expectancy at the end of life and delayed transition to independent live among young adults have pushed a number of scholars on focusing on the study of mature sandwich generations.

Objectives: Studies have investigated various aspect of this social phenomenon: from analyses of its prevalence across different national contexts, birth-cohorts and social classes, to analyses of its consequences on individuals' material, physical and mental wellbeing. In the current study we are interested in analyzing the association between individual's sandwiching careers and their wellbeing in later life (CASP-12, euro-D and life satisfaction).

Methods: We use data from all the regular waves of the Survey of Health Ageing and Retirement in Europe (SHARE) and adopt an array of techniques: sequence analyses, fixed effects and population averaged regression models. We focus on individuals who participated to at least two regular waves of the survey (i.e. waves 1, 2, 4, 5, 6 and 8), are between 50 and 75 years of age, and who were observed at least once as being demographically sandwiched, i.e. at risk of being socially sandwiched.

Results: Focusing on those respondents who during the observation period have experienced at least one episode of social sandwiching, the analysis observe that there are three main drivers of sandwiching careers: a child becoming older than 18 year, and/or an older parent becoming not self-sufficient, and/or the death of all natural parents and in-laws; this is also clear when considering the transition matrix between different statuses.

On average, individuals who are socially sandwiched report higher levels of life satisfaction than respondents who are in other situations, the largest difference being observed those who are socially sandwiched and those who only support their old parents/in-laws. The latter is also the group reporting the highest average score on the euro-D depression scale.

Conclusion: Moving our perspective from considering careers to single transitions, we adopt fixed effects models to explore changes in wellbeing indicators connected with moving in/out a sandwiching status. We note that the stress from being socially sandwiched likely has implications for health and wellbeing. Consequences may include increased depression and worse self-rated health.

Disclosure of Interest: None Declared

Keywords: depression, Life Satisfaction, Sandwich generation, transition, well being

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1445

"WEIGHT OF THE WORLD" AND "WHAT I WANT THEM TO KNOW":

SKILLED NURSING FACILITY ADMINISTRATORS' PERSPECTIVES ON COVID-19 IN RESEARCH POEMS

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Preferred presentation method:: Poster Presentation

Introduction: The COVID-19 pandemic has had a drastic, long-lasting impact on skilled nursing facilities (SNFs) serving older adults. The pandemic context has forced administrators, staff and residents of SNFs to continuously adapt to rapidly changing infection control guidelines, visitation restrictions, staffing challenges, and resident experiences including anger, fear, isolation, and loneliness. Even in the face of such challenges, communities have shown resiliency through their adaptive and creative responses with the goal of promoting resident health and quality of life despite dire circumstances.

Objectives: The purpose of this study was to examine the lived experience of SNF administrators as they adjusted to the early phases of the COVID-19 pandemic.

Methods: In spring 2020, we conducted a sequential mixed-methods study (Creswell & Clark, 2017) with administrators of SNFs in the Midwest to better understand the experience of administrators, staff, and residents during the early stages of the pandemic. We collected 60 surveys with open-ended items related to the impact of the pandemic on communities as a whole, staff, residents, policies and practices in SNFs. Findings from the survey informed the development of a semi-structured interview guide which was used to structure supplemental interviews with 6 administrators working in diverse geographic locations. Due to the deeply affective, evocative nature of the open-ended survey responses and interview data, we chose to present the findings of this study in the form of two found poems (Patrick, 2013), which emphasize the lyrical, emotional, and poignant aspects of the participants voices (Furman et al., 2006).

Results: The first poem, *Weight of the World*, captures the struggle to adapt, in which administrators narrate the transition into the early phases of the pandemic and its negative impacts on the lives of residents and their families. The second poem, *What I Want Them to Know*, describes the resiliency with which administrators and staff responded to the pandemic as well as their motivation for continuing the work in the midst of unprecedented challenges. The two poems are intentionally presented as a pair, as they offer contrasting, or perhaps balancing, narratives of struggle and survival inherent in the pandemic era.

Conclusion: Findings hold implications for what long-term adjustment will look like in SNF settings in and beyond the pandemic.

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Disclosure of Interest: None Declared

Keywords: covid-19, healthcare administration, long-term care

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1418

INPATIENT FALLS PREVENTION PROGRAM – DOES IT REDUCE FALLS?

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Preferred presentation method:: Poster Presentation

Introduction: Falls among inpatients are one of the most frequently reported safety incident

in Malaysia. Inpatient falls can lead to detrimental effects such as injuries, prolonged hospitalization and mortality. However, there is no clear and definite evidence for the effectiveness of falls prevention programs in falls prevention.

A Falls Prevention Program is instituted in Hospital Kuala Lumpur. The nurses are required to assess patients' falls risk using the Morse Falls Scale and prevention was perform for those assessed to be of high risk of falls.

The 5 Falls Intervention Tasks (FIT) for falls prevention includes:

- · Alert Sign Tagging - tagging of patient and bed head
- · Supervision and Assistance - for all activities daily living
- · Beds – locked and at lowest height
- · Walking aid – placed next to bed
- · Education – falls risk communicated with the patient

Objectives: To assess the usefulness of a Falls Prevention Program in the reduction of inpatient falls

Methods: An audit was performed to look at the compliance of the 5 Falls Intervention Tasks in the Uro/Nephrology, Neuroscience, Surgical and Medical departments and the correlation to a reduction of falls.

Results: The adherence to the Falls Prevention Program were seen best in the Uro/Nephrology wards (100%) and the least in Medical wards (81%). The rate of falls per 1000 bed days were seen to have dropped after the introduction of the Falls Prevention Program: Neuroscience (0.57 to 0.44), Surgical (0.83 to 0.51), Medical (1.85 to 1.61) apart from the Uro/Nephrology wards (0.67 to 0.95).

The least performed task for all the departments was the task of educating patients regarding the risks of fall in the hospital. The most adhered to intervention in the neuroscience and surgical department was tagging of patients with high risk of falls and supervising the mobility of patients in the ward for the medical department.

Conclusion: Falls Prevention program does reduce falls rate. The task of educating patient may specifically be less adhered to as it is time consuming. Tagging is most adhered to as it is done once and immediately after the falls assessment is performed. Medical wards may have the least compliance as they were managing Covid-19 patients and falls prevention may be affected logistically by the use of personal protective equipment.

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Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1383

MISTREATMENT, ABUSE AND NEGLECT IN NURSING HOMES FROM THE PERSPECTIVE OF MINISTRY OF HEALTH'S AUDITING TEAMS

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Preferred presentation method: Oral Presentation

Introduction: In recent decades, there has been a growing public and research awareness of the high prevalence of mistreatment, abuse and neglect in long-term care facilities (LTCF) in general and in nursing homes in particular. Against the background of partial privatization processes of social welfare services in Israel, as in many Western countries, governmental auditing teams constitute a significant factor in monitoring the quality of services provided in nursing homes.

Objectives: The aim of our study was to examine qualitatively how Ministry of Health auditing teams experience quality of care, mistreatment, abuse and neglect in nursing homes.

Methods: The research included four in-depth focus groups consisting of 19 multidisciplinary auditors. The qualitative analysis was encoded in stages with repeated comparisons between individual participants and within groups.

Results: Three themes emerged: (1) Failures in addressing the needs of residents in nursing homes including basic, personal and social needs; (2) Mistreatment, manifested in violation of residents' privacy, human dignity; as well as neglect that leads to physical harm; (3) Abuse, including psychological, financial and physical abuse.

Conclusion: The characteristics of nursing homes as "total institutions" as well as processes of ageism and de-humanization of the residents can explain our findings. Assimilation of these perceptions might explain the staff's normative approach to their behavior of abuse and neglect, to the point of not even attempting to hide these behaviors during audits. The findings highlight the importance of the auditing team's role in monitoring the nursing homes' quality of care and safety of the residents.

Disclosure of Interest: None Declared

Keywords: Elder abuse, Nursing homes

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1362

IMPACT OF SOCIAL RISK IN MORTALITY OF OLDER ADULTS WITH HIP FRACTURE IN A ORTHOGERIATRIC SERVICE IN URUGUAY

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Preferred presentation method: Poster Presentation

Introduction: Hip fractures are the most devastating type of fragility fractures in older patients, they are directly associated with falls, and they have a catastrophic impact on the quality of life, causing functional dependence, increased morbidity, and socio-economic impact, relocation to nursing home and death.

As specialized orthogeriatric care reduces the risk of perioperative complications, functional decline, and mortality rates, improving quality of life.

The social worker (SW) has a key role in the multidisciplinary team of the orthogeriatric service.

Objectives: To describe the association between social risk and factors related to mortality and adverse events in 367 elderly patients admitted with a diagnosis of hip fracture in the Orthogeriatrics Unit (UGO) of a private Hospital in Montevideo-Uruguay.

Methods: Descriptive, prospective study, that corresponds to the first operational year of the OGU, 2020.

The data was collected from the social interviews realized the admission day and throughout the hospitalization process. Emphasis was placed on identifying social strengths and vulnerabilities, carrying out the management and orientation to the patient, family, and social referents about existing resources, and ensuring discharge planning. At the time of discharge, based on the identified social risk, a planned home follow-up is carried out by a multidisciplinary team integrated into social work, geriatricians and nurses.

The approach with the families and the patient was considered beneficial for them during the transition period; allowing informational continuity.

Barthel Index and Gijon social risk index were used as objective rating scales. The data were analyzed with the statistical package R.

Results: 367 users with hip fracture admitted to the Orthogeriatric service were evaluated. Mean age 83.0±7.01 years, female gender 78.8%. Mean Barthel Index at admission was 75 points. On admission, 65% had comorbidity and 65.6% polypharmacy. 30 passed away during hospitalization.

91,8% received surgical treatment. The average length of stay in hospital was 5.64 days±2.68 (SD)

337 patients were discharged, of which 67.9% went home and 32.1% were referred to a Long term care (LTC). Among those who were referred to LTC, 37.0% died in the first year while 23.8% died at home.

After one year, it was observed that the patients who underwent osteosynthesis recovered 81.1% of their previous functionality, while the patients who underwent arthroplasty recovered 90.3% of their previous functionality.

When considering social risk, measured through the Gijon scale, the percentages of death are 6.41% for high-risk patients, 7.40% for moderate-risk, and 7.28% for low-risk patients.

When considering social risk, measured through the Gijon scale, the percentages of death are 6.41% for high-risk patients, 7.40% for moderate-risk patients, and 7.28% for low-risk patients.

Conclusion: The increase in social risk generates a higher mortality rate in our patients. Admission to LTC was associated with a greater presence of comorbidity and dependence measured by the Barthel index prior to the fracture, as well as its social risk. The contribution made by WS based on caring for transitions, maintaining informational continuity; conflict resolution; mediation between the family, the patient and the health system is a strategy that can help reduce unfavorable outcomes. It also addresses the need for a strong and continuous presence of WS in the care of patients at the UOG.

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Sims-Gould J, Byrne K, Hicks E, Franke T, Stolee P. "When Things Are Really Complicated, We Call the Social Worker": Post-Hip-Fracture Care Transitions for Older People. *Health Soc Work*. 2015 Nov;40(4):257-65. doi: 10.1093/hsw/hlv069. PMID: 26638501.

Disclosure of Interest: None Declared

Keywords: Elderly, Hip Fractures, Orthogeriatrics, Social workers

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1353

PREVALENCE AND TRENDS OF DECLINE IN INTRINSIC CAPACITY AMONG COMMUNITY-DWELLING OLDER ADULTS IN BEIJING, 2004-2012

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Preferred presentation method:: Oral Presentation

Introduction: Intrinsic capacity (IC) was a new concept introduced by WHO in 2015[1], which can help us to define healthy aging. Understanding the trends of decline in IC can help us better understand the health status of older adults.

Objectives: Few studies about epidemiological trends have been estimated for Chinese older adults. This study aims to investigate the prevalence and trends of declines in IC in community-dwelling older adults in Beijing.

Methods: Data was from the Beijing Longitudinal Study of Aging (BLSA), using cluster, stratification, and random sampling. A total of 1695, 2168, and 2344 participants were included in the 2004, 2009, and 2012 sample, respectively. Study conducted community residents of Beijing aged ≥ 60 years. IC was assessed by five domains: cognition (Mini-mental State Examination), psychological domain (Geriatric Depression Scale), hearing, vision and locomotion (Short Physical Performance Battery). Any abnormality of the five domains was defined as decline in IC.

Results: Prevalence of decline in IC was 50.1% (95%CI, 47.7%-52.5%) in 2004, 48.2% (95%CI, 46.1%-50.3%) in 2009, and 42.0% (95%CI, 40.0%-44.0%) in 2012, which decreased by 7.9% during 8 years, thus indicating a minor decrease in general but with no statistically significant difference ($Z = -1.1478$, $p = 0.25$). The prevalence of decline in IC was significantly higher in women (56.4% in 2004, 51.2% in 2007 and 45.0% in 2012) than that of men (43.6% in 2004, 44.8% in 2007, and 38.2% in 2012), higher in rural area (63.5% in 2004, 54.2% in 2007 and 53.3% in 2012) than in urban area (35.4% in 2004, 38.2% in 2007 and 30.4% in 2012). IC decreased with increasing age. The similar results in 2004, 2007 and 2012 was found in each domain of IC.

Conclusion: Among the community-dwelling older adults in Beijing, about half of the older adults suffered declines in IC, especially those who are female or living in rural areas, which indicates that government should pay more attention to the older women, and more policies should be made to improve the health of rural older adults.

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Disclosure of Interest: None Declared

Keywords: prevalence, intrinsic capacity, older adults, trends

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1352

100 AND NOT OUT: HEALTH AND HEALTHY AGEING FOR WOMEN APPROACHING 100 YEARS OF AGE

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Preferred presentation method:: Oral Presentation

Introduction: Later life is often characterised by increasing disease and disability, decline in physical function, decreased capacity for quality of life, and increased needs for health and social care. However, over recent decades, there has been greater emphasis on the potential for people to age “successfully” and “healthy”.

Objectives: In the Australian Longitudinal Study on Women’s Health, over 450 women are approaching their 100th birthday, having provided data to the study for over 25 years. In this paper, we present the health profile of these women, provide an overview of their health trajectory, and some insights from the women about age and ageing.

Methods: 12,432 women born 1921-26 were recruited via the Medicare database to participate in the ALSWH. Women were surveyed every three years from 1996 to 2011 and every 6 months thereafter.

Results: In their late 90s, 16% of the women reported very good health, 38% reported good health, and 40% reported that their health was about the same as one year ago. While most were limited with walking and instrumental activities, and had some pain, difficulty seeing and/or hearing, the women were able to experience connection, happiness, and fulfilment in their daily lives. Most women recognized the effects of ageing on their body and intrinsic capacity. However, they accepted that physical limitations and health problems were part of life. A strong theme of resilience and resourcefulness emerged in the women’s abilities to adjust and use support systems to continue living fulfilled lives, with women being able to draw on their internal strengths. There was an overwhelming sense of good fortune and gratitude. Personal factors throughout their life course contributed to their reserves and helped them make sense of these later chapters within their story. When asked about being in their 90s, many women reported feeling no different to their younger selves.

Conclusion: Healthy ageing is a reality for many of these very old women, with most saying they were well and happy. These women were keen to keep doing, raising the importance of helping women with their activities, and focusing on what they can do, rather than what they can’t do.

Disclosure of Interest: None Declared

Keywords: None

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1340

WHO PROVIDES SOCIAL SUPPORT IN A MARGINALIZED COMMUNITY IN JAPAN.

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Preferred presentation method:: Poster Presentation

Introduction: Population aging occurs throughout the world, with an estimated 82 countries expected to have more than 20% of their population age 65 or older by 2050.

The Marginalized community is defined as where over 50% of the population is 65 years of age or older and faces difficulties maintaining daily lives because of a deprivation of resources by names of efficiency in the society. There are a lot of marginalized communities in Japan.

They have brought social support for each other such as Making opportunities for gathering, MIMAMORI(supervising each other with respect), and Attending on someone. Although, it is becoming challenging to keep because the population is highly older. Then, it should be revealed who provides these kinds of support in a marginalized community?

Objectives: This research aims to reveal a relationship between those social supports and demographic characteristics to determine who provides those support in the marginalized community.

Methods: The survey by questionnaire had conducted every two years from 2009 to 2019 in a marginalized community. This analysis uses all cases by these surveys. The surveys used a measure of social support (Making opportunities, MIMAMORI, and Attending on someone going shopping or something), which was used in this research as dependent valuables. As independent valuables, demographic characteristics are used such as Age, Gender, marital status, Education, Economic, Health, family size, employment. Multiple-regression was applied to examine what sorts of demographic characteristics predict for providing social support.

Results: The social support of making opportunities was predicted significantly($p < .05$) by gender(female), age (high), economics(well), and living alone. MIMAMORI was predicted significantly($p < .05$) by gender(female), age(high), economics(well), and employment(self employed, agriculture). Attending on someone was predicted significantly($p < .05$) by marital status(married) and family size(none core family).

Conclusion: Making opportunities and MIMAMORI are provided by wealthy older females. Employment is one of the characteristics of the predictors of MIMAMORI. The person engaging in Self-employed and agriculture can easily participate in MIMAMORI because they can control their schedule. Although, attending on someone is predicted by different valuables such as marital status and family size. At the same time, age and gender are not significant predictors.

Disclosure of Interest: None Declared

Keywords: Marginalized community, social support

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1318

EXCRETORY CARE USING ULTRASOUND-ASSISTED PROMPTED VOIDING FOR THE RESIDENTS WITH FUNCTIONAL URINARY INCONTINENCE IN NURSING HOME

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Preferred presentation method:: Poster Presentation

Introduction: Now, about 80% residents in nursing home in Japan have dementia. The residents with dementia may not be aware of their urge to urinate. As a result, the residents with dementia will receive excretory care using diapers. Currently, dementia is the number one reason for Japanese nursing home residents to use diapers. In the absence of urinary disorders, residents with functional urinary incontinence do not need to use diapers if their excretory rhythms are understood. Using ultrasound-assisted prompted voiding to understand excretory rhythm of residents with functional urinary incontinence may eliminate the needs for diapers.

Objectives: The purpose of this study was to verify whether the use of ultrasound-assisted prompted voiding is effective for excretory care of residents with functional urinary incontinence in nursing home.

Methods: Three residents are selected using the urination checklist developed by the Graduate School of Medicine, Nagoya University. As pre-intervention conditions, long-term care records, QOL scale and Barthel index are recorded. For 2 weeks using ultrasound-assisted prompted voiding to understand each resident excretory rhythm and then guide to toilet. As post-intervention conditions, long-term care records, QOL scale and Barthel index are recorded. And the record as pre-intervention and post-intervention are compared and analyzed.

Results: Three residents with functional urinary incontinence were selected. The Barthel index score did not change before and after the intervention. EQ-5D-5L was used as the QOL scale, which confirmed a significant difference. During intervention period, the excretory rhythm of the three residents were grasped. The three residents used the excretory pads, but no longer urinated in it after intervention. The long-term records recorded that the behavior and psychological symptoms of dementia in the three residents were improved.

Conclusion: There was no change in the Barthel index numbers, but there was a significant difference in the QOL scale. Ultrasound-assisted prompted voiding is effective to understand the excretory rhythm of residents with functional urinary incontinence in nursing home. Excretory care using ultrasound-assisted prompted voiding for the residents with functional urinary incontinence in nursing home was confirmed to be effective.

References: Motofumi Suzuki, Hideyo Miyazaki, et.al. Ultrasound-assisted prompted voiding care for managing urinary incontinence in nursing home: A randomized clinical trial. *Neurourology and Urodynamics*.2019;1-7.

Disclosure of Interest: None Declared

Keywords: Dementia Care, Excretory Care, Functional Urinary Incontinence, Nursing Home Care, Ultrasound-assisted Prompted Voiding

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1308

CAPABLE AGING: THE APPLICATION OF THE HEALTH CAPABILITY MODEL

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Preferred presentation method:: Oral Presentation

Introduction: Understanding the aging process and aging life is an area of great interest for both scholars and society. Scholars have developed and applied aging models to the understanding of aging-related issues (e.g., health conditions, social life, social policy). The goal of this manuscript is to offer a new approach to define aging and manage aging-related issues.

Objectives: To compare and contrast different aging models, and analyze their strengths and weakness, and offer a new approach to define aging and manage aging-related issues.

Methods: This research first explores the strengths and weaknesses of existing aging models. Second, it develops a Capable Aging Model, based on the Health Capability Model, and describes the Capable Aging Profile based on the Health Capability Profile. Third, 13 case studies and a thematic analysis are conducted to validate the application of Capable Aging in helping people cope with aging-related health issues throughout their aging lives.

Results: The theoretical framework of Capable Aging consists of the Capable Aging Model and the Capable Aging Profile. The Capable Aging model explains how individual and societal factors interact to affect people's capability in achieving better aging lives. The Capable Aging Profile provides a measurable profile to operationalize people's capability and determine the meaning of each health capability component, how to measure it, how to develop it, and how to promote it. In this way, individuals can develop strategies toward aging well, and society can adjust policies on the basis of data and research.

Conclusion: Capable Aging provides education and guidance to people on both theoretical and practical levels, developing our confidence in creating a better aging life. At the individual level, Capable Aging provides a framework to help people enhance their ability to manage changes and concerns that arise in the aging process, understand and manage health conditions, and make healthy choices and counter negative social norms regarding age. At the societal level, Capable Aging offers guidance to society regarding how to create the conditions to better support people to enable them to flourish as people age.

Disclosure of Interest: None Declared

Keywords: Aging model, Capable aging, Health Capability

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1298

SOCIAL WORKERS' PERCEPTIONS OF THE DECISION-MAKING ABILITY OF OLDER ADULTS WITH NORMAL COGNITIVE FUNCTIONING WHO ARE ABUSED BY THEIR OFFSPRING

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Preferred presentation method: Oral Presentation

Introduction: Older adults who are abused by their relatives often find it difficult to cooperate with professionals, in order to end the abuse. In these situations, social workers face an ethical dilemma between respecting the older adults' right to autonomy and paternalistic intervention to prevent harm. The resolution of this dilemma is mostly influenced by the social workers' perception of the older adults' decision-making ability.

Objectives: The aim of the study was to examine how social workers perceive the effect of an abusive relationship on the decision-making ability of older adults with normal cognitive and mental functioning.

Methods: In a qualitative study, 21 social workers engaged in the field of aging were interviewed using semi-structured interviews. The questionnaires were based on a vignette that described an older adult, with normal cognitive and mental functioning, who experienced abuse on the part of his daughter, but refused to initiate legal intervention against her. Based on this description, interviewees were asked about how they perceive the abusive relationship and its impact on the older adult's decision-making ability. The analysis was encoded inductively, informed by the principles of content analysis.

Results: Two themes emerged: 1. Motivations for maintaining the victim and perpetrators' relationships, including motivation of love and concern, motivation of shame and guilt, and motivation that emerged from symbiotic and pathological characteristics; 2. Perception of the victim's dependence on the perpetrators, either based on utilitarian motivations or stemming from fear.

Conclusion: The findings of the study can serve as a basis for the development of a tool for evaluation of the influence of abusive relationships on older adults' decision-making ability. Thus, older adults motivated to stay in the abusive relationships out of feelings of love and care and dependence based on utilitarian motivations suggest that the older adults have the capacity to make autonomous decisions. In contrast, motivations of shame, guilt, and symbiotic and pathological components, as well as dependence that stems from fear, might imply that the autonomous capacity of the older adults is impaired, and paternalistic intervention should be considered.

Disclosure of Interest: None Declared

Keywords: Elder abuse, Ethical conflicts, social workers

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1283

GROUP REMINISCENCE AS PROGRAM TO HELP NEW RESIDENTS GET USED TO THEIR NEW LIVES IN NURSING HOME

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Preferred presentation method: Poster Presentation

Introduction: Now, about 80% residents in nursing homes in Japan have dementia. People with dementia have difficulty adapting to the new environment and are often prone to relocation damage. Furthermore, in newly opened facilities, all of them are in a stage of new occupancy, and the unset of other residents is a trigger, and the synergistic effect tends to cause more confusion. In such situations, rather than prescribing tranquilizers to regain the residents' calm, providing opportunities to get to know each other and become accustomed to a new life contributes to improving the residents' quality of life. Isn't it?

Objectives: The purpose of this study was to verify the effectiveness of group reminiscence as program to help new residents get used to their new lives in nursing home.

Methods: Ten residents of the newly opened facility are provided with a group reminiscence twice a week for four weeks as program to help new residents get used to their lives in nursing home. One session of the group reminiscence is 60 minutes. As the situations before intervention, Dementia Behavior Disturbance Scale (DBD) score and long-term care records are recorded. Then, as the situations after intervention, DBD score and long-term care records are recorded after 8 sessions. And the records as pre-intervention and post-intervention are compared and analyzed.

Results: Immediately after entering the facility, many residents seemed uncomfortable and wanted to go home. Some residents could not sleep even at night woke up in the middle of the night. At the first time of the group reminiscence, the purpose of this meeting was conveyed. In the group reminiscence, the residents discussed memories of hometown, school days and play as a child, and so on. Through the group reminiscence, the residents got to know each other's commonalities and individualities. The intimacy increased as the number of times increased. Two weeks after the start of the group reminiscence, the residents' unset and desire to go home disappeared. Significant differences were found in the DBD score between before and after intervention.

Conclusion: The effectiveness of group reminiscence as program to help new residents get used to their new lives was confirmed.

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Disclosure of Interest: None Declared

Keywords: Dementia Care, Group Reminiscence, Program to help new residents get used to their lives, Relocation Damage

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1254

SIMULTANEOUS EQUATION MODEL ANALYSIS OF FAMILY CAREGIVING AND LONG-TERM CARE COST EXPENDITURE BY THE ELDERLY PRIVATE HOUSEHOLD IN JAPAN - GOVERNMENTAL

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Preferred presentation method: Poster Presentation

Introduction: Japan is super-aging society with comprehensive public long-term care (LTC) insurance. More than 5 million use LTC services, but about 55% of main caregiver is still co-resident family members. We can expect that more LTC service use, more family caregiving burden. Are there any factors that bring such status? I have analyzed it with Japan governmental survey micro-data.

Objectives: In this study, I have analyzed the factors of elderly care burden in family caregiving and household expenditure only to suggest policy implication for Japan LTC system.

Methods: I have used simultaneous equation model and set two dependent variables 1) whether home LTC cost expenditure per month is larger than that of average institutional LTC service and 2) whether number of family caregiving types are is larger than that of average. Independent variables used in common are elderly attributes (age, degree of frail etc.), LTC service use and caregiver attributes (sex). Data are micro-data of "Comprehensive Survey of Living Standard" (2016). This is a governmental survey of the Ministry of Health, Labour and Welfare (MHLW). From this data set, I have used 3,610 samples of the elderly with LTC needs. The data use was approved by the MHLW based on the Act on Statistics of Japan.

Results: Factors that increase both LTC service expenditure and family care are found at 5% significant level. Specifically, these are the degree of care needs, the health care service use by dementia, and the family caregiver female dummy with positive significance. The elderly age shows a downwardly convex quadratic function. Worse physical and mental health status of the elderly shows positive significance only for family caregiving burden. From these results, if the elderly has severe LTC needs, dementia and female give care, both of the burden of cost and caregiving will increase. Worse physical and mental health will bring more family caregiving. These trends will be stronger as the elderly age increases.

Conclusion: Even in Japan, family caregiving is important. Japan needs to construct comprehensive family caregiver support policy.

References: OECD(2011) "Help Wanted?"

Disclosure of Interest: None Declared

Keywords: Caregiving, Family, Japan, Long-term care, Policy

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1253

TRANSITION FOR PEOPLE WITH DEMENTIA FROM DAY RESPITE SERVICES TO PERMANENT RESIDENTIAL CARE: A REALIST SYNTHESIS

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Preferred presentation method:: Oral Presentation

Introduction: Respite care services and temporary or permanent transition to residential aged care are designed to support the preferences and needs of people living with dementia and their carers as the disease process progresses. These services are highly variable in acceptability, accessibility, and availability for the caregiving dyad, often not reflecting a co-ordinated and cohesive approach.

Objectives: The aim of this work was to use a realist synthesis to explore the literature on how respite care and transition to permanent care programs work in different contexts, through different mechanisms to produce different outcomes.

Methods: Phase 1 explored preliminary theories and assumptions of the respite care journey, including identification of existing systematic reviews and innovative programs, alongside a contextual scan with residential care managers of a large Australian aged care provider. Phase 2 involved a 'deeper dive' into individual studies via an iterative scoping review to identify and map the available evidence, designed to unpack underlying program theories of why, for whom, and in what circumstances a respite care/transition care program works.

Results: Evidence of 20 papers from Phase 1 and a further 13 papers from Phase 2 was collated with contextual scan input from 14 residential care managers. This led to elucidation of three program theories, at the macro, meso and micro level, configured from emerging patterns in context, mechanism, and outcome, as follows:

- i. The first program theory is system-level evidence-based integration, through collaboration and co-ordination;
- ii. the second at the meso-level is inclusive, quality care, with supportive environmental design; and
- iii. the third program theory at the micro-level is trust, autonomy and meaning-making.

Conclusion: This research moves beyond a traditional systematic review approach to consolidate the underlying program theory for the transition from day respite services to permanent residential care for people with dementia. This theory is currently underpinning a pilot program within a large, aged care provider, designed to meet the preferences and needs of people with dementia, informal carers and aged care providers

Disclosure of Interest: None Declared

Keywords: dementia, residential care, respite

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1222

HEALTH, JOB PRECARITY, EMPLOYMENT, AND LIFE EXPECTANCY

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Preferred presentation method:: Oral Presentation

Introduction: Advances in medical knowledge and technology have helped to raise both general and healthy life expectancy (HLE).

Objectives: The secular upturn in the share of the elderly population due to a steady increase in life expectancy (LE) and its healthy part (HLE) has caused an increased default risk of PAYGO systems of Social Insurance (SI) that do not sufficiently adjust mandatory retirement age (RA). RA-adjustment requires unpopular working life extension, and creates an adverse policy bias. Several countries have implemented an automatic linkage of the benefit entitlement age to life expectancy (LE). Such an extension of employment presumes a steady improvement of people's health in tandem with the increase in LE.

Methods: Analyzing the determinants of self-perceived health (SPH) by use of the SHARE longitudinal multi-country database, combined with data on LE and its healthy part, from EUROSTAT, and where missing, from WHO.

Results: We find past and present employment to improve health, while the gender effect of job quality on SPH is detrimental for women and positive for men. We found job precarity to be widespread among women and its negative effect on health to rise with age, while job quality among men is positive, peaking around age 56. We find longevity to raise SPH, while the effect of employment, and job quality are simultaneous. Age dynamics and job quality are found to differ by gender. We find that at higher ages, HLE rises faster than LE in countries with elasticity exceeding 1, implying an improvement of people's ability to work at higher ages, thus making RA-adjustment a powerful tool for SI-sustainability improvement. We also find LE and HLE to raise SPH. Finally we find poverty rates to affect SPH negatively.

Conclusion: These results implies that linking RA to LE should be regressive with age. Such a policy would obviate the currently typical approach of a front-loaded linkage of RA to life expectancy. According to the results it is rational for the increments in RA to be larger the younger the woman, i.e. to diminish with the advance in age.

Disclosure of Interest: None Declared

Keywords: employment, healthy life expectancy, job precarity, job quality, Self-perceived health

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1221

THE EFFECT OF PAST AND CURRENT FINANCIAL VULNERABILITY ON OLDER ADULTS' FINANCIAL PLANNING HORIZON

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Preferred presentation method:: Oral Presentation

Introduction: Among the economic decisions that people expect to make in their lives, some relate to the need to establish priorities for their activities and when to undertake them. Some of these activities concern events in the present; others involve constructing processes foreseen mainly in the future.

Objectives: To satisfy the ongoing need to assure the older population an optimum standard of living, a deeper understanding of the determinants and considerations that may assure individuals and their households an appropriate economic horizon and quality of life is needed. One of the main processes in ensuring financial and economic strength is the financial planning horizon, in which individuals determine the most important time horizon for their saving and spending. The study focuses on mapping and understanding the set of characteristics that determine older adults' financial planning horizons.

Methods: This study yields a deep and broad picture of the determinants of the financial planning horizon of people aged 50+, using data from four waves of SHARE that elicit information on older adults' present and childhood (n=35,719 at baseline, 52.69% female, age 50+).

Results: The study shows that individuals' financial hardship and/or exposure to hunger in childhood lower the probability of preferring a lengthy planning horizon for their future saving and spending; people at a high cognitive ability tend to plan their saving and spending to the long term; and individuals' and households' economic decisions hinge on their households' economic capacity. Among those of working age, a perfect substitution is found between individuals' characteristics in childhood and their economic characteristics and cognitive ability in the present.

Conclusion: Given the steady upturn in life expectancy and the ongoing need to assure the older population an optimal standard of living, the current study provides a deeper look and a better understanding of the full set of determinants and characteristics that may assure individuals and their households an adequate economic horizon and quality of life. By combing the detection of these elements with financial planning that takes account of individuals' and households' saving and spending, older adults and their households may be assured a better quality of life and social welfare.

Disclosure of Interest: None Declared

Keywords: childhood, financial hardship, Financial vulnerability, planning horizon, saving and spending

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1215

AGEING IN SAUDI ARABIA: NEW DIMENSIONS AND INTERVENTION STRATEGIES

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Preferred presentation method:: Oral Presentation

Introduction: Ageing process of population passing through demographic dividend in many of the Arab countries, including Saudi Arabia, where the demographic transition process entered a progressive stage. This process has been accelerated with rapid reductions in fertility caused by various changes in the socio-economic and life style dimensions. Researches on population ageing in the country are rare and thus this analytic research aims at exploring population ageing trends at the backdrop of demographic transition to help build up strategies and policies in demand.

Objectives: This analysis explains a rapid native population ageing especially on absolute size: an increase in line with theoretical demographic transition process.

Methods: This research make use of data from four sources published by General Authority of Statistics of Saudi Arabia, namely census (1974, 1992,2004, 2010), demographic surveys 2016, Elderly survey 2017, and household health survey 2018. In addition, online data from <https://www.macrotrends.net/countries/sau/saudi-arabia> accessed to plot demographic transition. Data has been analyzed in MS Excel

Results: Consequently, structural changes in age distribution accompanied a change in age pyramid from an expansive shape of the late 1990s to a constrictive shape in 2010 and further shrinking by 2016. Obviously, various age related indices – age dependency, index of ageing, and median age – exemplify this trend. Still, the old aged population remain static in terms of percentages or indices, exemplifying that the movement of age cohorts continue in the early ages shall reach old age, soon, in this decade with a retirement boom and multiple pathologies compressed to last years of life.

Conclusion: Thus, this is an ideal time to prepare for challenges of ageing, learning from the experiences of similar demographic trend confronted nations. Old aged population deserves care, concern and compassion to 'add life to years' with dignity and independence. Informal care mechanisms, especially by families, play a vital role on this behalf, and so, deserve to be strengthened and empowered through welfare measures, rather than turning to improving formal care system.

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Disclosure of Interest: None Declared

Keywords: Fertility decline, low mortality, high life expectancy, future ageing, ageing indices

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1182

THE INFLUENCE OF AN INTERVENTION PROGRAM ON THE COMMUNICATION OF STAFF WITH PATIENTS WITH DEMENTIA IN AN ORTHOPEDIC REHABILITATION WARD

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Preferred presentation method:: Oral Presentation

Introduction: Dementia is characterized by impaired communication abilities. However, patients with dementia need communication, and to be understood and seek verbal and nonverbal communication. The discrepancy between the social and emotional needs of patients with dementia and their communication capabilities can cause frustration for the patient and the caregivers. These communication difficulties tend to intensify when the patient is out of his or her natural environment, such as in the case of hospitalization.

Objectives: The present study examined the influence of intervention on the verbal and non-verbal communication between patients with dementia and staff members in an orthopedic rehabilitation ward. It focused on the various types and quality of communication.

Methods: The intervention, which was designated for multidisciplinary staff, included two stages: 1. Lectures on the medical, social and psychological aspects of dementia, and 2. A workshop on validation therapy for people with dementia. Observations were made before and after the intervention, on the interactions between staff members and patients with dementia over a period of eight days, four hours a day, mornings and afternoons. The observations focused on communication characteristics of the staff with the patients. Information regarding the interactions was encoded into a quantitative questionnaire which was designed to evaluate the extent of consideration in the communication. Chi-Square Tests were conducted in order to examine the contribution of the intervention on different aspects of communication.

Results: 517 interactions were observed, of which 182 were before the intervention and 335 after. The intervention significantly increased the responsiveness of the staff and their calming responses. Whereas before the intervention, only 49% of the calls were answered, after the intervention, 83.2% of the calls were answered. Similarly, before the intervention there were only 20.9% calming responses, whereas after the intervention there were 82.4%. In addition, it influenced elderspeak, it decreased the use of childish intonation (54.1% vs. 28.2%), and plural talk (7.5% vs. 2.6%).

Conclusion: The findings highlight the contribution of an intervention training program for staff members in rehabilitation wards. This training should provide knowledge regarding dementia and teach appropriate communication skills with patients with dementia.

Disclosure of Interest: None Declared

Keywords: communication capabilities , Dementia, orthopedic rehabilitation

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1135

INVOLVEMENT OF INFORMAL CAREGIVERS IN A PHYSIOTHERAPY PROGRAM DURING INPATIENT GERIATRIC REHABILITATION AND AT HOME: PARTICIPANTS' OPINIONS.

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Preferred presentation method:: Oral Presentation

Introduction: The geriatric patient doesn't meet the activity standard of the WHO, despite participating in an intensive physiotherapy program like the Geriatric Activation Program Pellenberg (GAPP). Besides increasing physiotherapy time and sessions, we should look for other solutions for this worldwide problem. Involving family caregivers is feasible and safe, according to the literature, and appears to be a promising strategy to increase patient activation.

Objectives: This qualitative study explored the perspectives of patients and their caregivers on the idea of involving caregivers in GAPP during inpatient geriatric rehabilitation and at home (GAPP+CARE).

Methods: Semi-structured interviews were conducted with patients and their caregiver during the patient's stay on the geriatric rehabilitation ward. Patients were interviewed on the ward and their caregiver through a telephone call. The questions were divided into 3 domains: 1) reasons to participate, 2) exercise moments (number, duration and time), and 3) the exercise booklet. The interview started with explaining GAPP+CARE and a prototype of the exercise booklet was given. Caregivers received all information through e-mail or post. Atlas.ti was used to code and analyze the interviews.

Results: Sixteen patients from UZ Leuven's geriatric rehabilitation ward, as well as 15 informal caregivers, took part in the study. 75% of patients and 80% of family caregivers stated that they would participate in the GAPP+CARE exercise program. The main motivations for participating were activation of the patient, to follow their progress, as well as to learn more about their abilities. The main reasons for refusal were a lack of time, greater care load for the caregiver, and the patient's lack of motivation. Although 52% of participants agreed to four additional exercise moments per week, 45% prefers less moments. All participants reported that the instruction booklet was clear, easy to read, and simple to use.

Conclusion: Patients and caregivers were enthusiastic about the concept of GAPP+CARE. Due to the indicated increased care load, lack of time, and preference for fewer than four exercise moments, we recommend that the +CARE moments be performed three times per week. With this adjustment GAPP+CARE appears to be feasible for implementation on a geriatric rehabilitation ward.

Disclosure of Interest: None Declared

Keywords: caregiver, caregiver mediated exercise, geriatric rehabilitation, participants' opinions, physiotherapy

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

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STUDY ON GROUP REMINISCENCE USING ONLINE CONSIDERATION FROM DBD EVALUATION SHEET

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Preferred presentation method:: Poster Presentation

Introduction: The total population of Japan is 125.63 million 3 thousandas of August 1, 2021. The population aged 65 and over is 36.18 million 9 thousand,accounting for 28 .8% of the total population (aging rate).The prevalence of dementia is estimated at 6.31 million in 2020. Inaddition, it is estimated at 7.3 million in 2025. In this Status, Nursing Homes are playing an increasingly important role. Nursing Homes is important that the quality of life of the many elderly people with dementia in Japan.In that case, it is presumed that not only the quality of professional care but also intergenerational exchanges. In Japan, people of many occupations apply reminiscence based on their expertise. Reminiscence has begun to be used extensively, including by volunteers, students and families.Opportunities for the elderly people and young people to talk about memories are presumed to contribute to the quality of life.

Objectives: The purpose of this study considers the effect of group reminiscence on the elderly people with dementia in Nursing Home.And This study is Consideration from DBD evaluation.

Methods: Period: March 1, 2019-January 27, 2022.Place:A Prefecture B City C Nursing Home.This study performed group reminiscence on 6 elderly people with dementia and 3 university students. The characteristics of this study is to examine how university students reminiscence. Analysis method: Video observation and qualitative analysis with Dementia Behavior Disturbance scale. Ethical considerations: Conducted with prior and consent. Concept Definition: Reminiscence is not the same as Life Review. The former is understood as a concept larger than the latter.

Results: In this study, group reminiscence was performed once a week for 30 minutes.Improvements were found in the item of Dementia Behavior Disturbance scale(DBD).At the first, The students used tools to talking about their lunch box. The participans were looking and touching at the lunch boxes used by the students at Childhood, the conversation was comfortable between participans.The participants were an opportunity to talk to the about myselfe memories.And reminiscenced to many memories of their hometown.

Conclusion: As a result, mutual exchange between the elderly peple with dementia was promoted. In this group reminiscence, the effect of using things of nostalgic ,comm on DBD evaluation became clear.

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Disclosure of Interest: None Declared

Keywords: Dementia, Group Reminiscence, DBD evaluation sheet, memories of tools, mutual exchange

Abstract Submission Students

Social Research, Policy, and Practice (SRPP)

IAGG2021-STUDENT-1105

USING CANADIAN INTEGRATED HOME CARE PROGRAMS TO IMPROVE CONTINUITY OF CARE FOR OLDER ADULTS: A CRITICAL ANALYSIS THROUGH AN EQUITY LENS

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Preferred presentation method:: Oral Presentation

Introduction: Integrated care programs in Canada are used to improve continuity of care for older adults aging in place; however, the costs and benefits of the policy techniques they employ are often inequitably distributed among the programs' clients and workers. Policy techniques that prioritize equity and inclusion are better able to distribute the benefits of integration among clients and paid carers than those that focus on enhancing efficiency.

Objectives: To highlight the importance of considering equity when selecting policy techniques to improve integration and/or reduce fragmentation of health and social care services in the home care sector.

To share promising practices being used by integrated care programs to improve continuity of care for older adults in an equitable manner.

Methods: This presentation is based on a research study of five Canadian integrated care programs for older adults living at home in three provinces. To gather an in-depth understanding of integrated home care rooted in the lived experiences of research participants, semi-structured narrative interviews were conducted with 118 key informants, including: program administrators, clients, paid care workers and unpaid family carers. Data were analyzed using iterative thematic analysis.

Results: This study found that integrated care programs were able to respond to the expressed need of clients and family carers to improve continuity of care but that the benefits of enhanced integration were not shared equitably among clients and care workers, often putting those belonging to marginalized groups at a further disadvantage. This presentation will share promising practices in the promotion of equitable improvements to continuity of care in three areas: providing care without fees, supporting paid and unpaid carers, and creating team based forums for collaboration.

Conclusion: Integrated care programs that prioritized equity and inclusion in the delivery of home care were better able to distribute the costs and benefits of the policy techniques they used to improve continuity of care among clients and workers. Improving continuity of care in an equitable manner is an important step towards addressing the health and social care needs of older adults belonging to historically marginalized communities and creating healthier workplaces for care workers.

Disclosure of Interest: None Declared

Keywords: care continuity, equity, health care, integrated care, policy techniques

Abstract Submission Professional

Social Research, Policy, and Practice (SRPP)

IAGG2021-PROFESSIONAL-1052

EXPLORING THE PHILANTHROPIC ROLE ON BUILDING AGE-FRIENDLY COMMUNITY: THE CASE STUDY OF JOCKEY CLUB AGE-FRIENDLY CITY PROJECT IN HONG KONG

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Preferred presentation method:: Poster Presentation

Introduction: This study addresses the gap in the scholarly literature by exploring the roles of philanthropy in promoting age-friendly movement.

Objectives: Following the age-friendly framework developed by the World Health Organization (WHO) (2007), The Hong Kong Jockey Club Charities Trust (HKJCCT) has been implementing the Jockey Club Age-friendly City Project (JCAFC Project) since 2015, in partnership with four local gerontology research institutes, with the aim of building an age-friendly city (AFC) that can cater to the needs of all ages in Hong Kong. Supported by the JCAFC Project, all 18 local districts have joined the WHO Global Network for Age-friendly Cities and Communities. Despite the philanthropy is one of the leading actors in transforming Hong Kong into an AFC, little is known regarding its unique role in the age-friendly movement.

Methods: Choosing the JCAFC project as a case study, three data collection tools were adopted to examine the key roles of the philanthropy in promoting AFC: open-ended questionnaires with the project stakeholders (n=94), containing district councilors, NGOs representative, academics, and business companies, focus group interviews with elderly who were trained to be an age-friendly ambassador (n=33), and document analysis of the project collaterals, including local action plans, progress reports, as well as evaluation reports on AFC initiatives. Data were analyzed using thematic analysis.

Results: The analysis identified three major roles of philanthropy, HKJCCT, on advancing AFC momentum in Hong Kong, including: (1) central coordinator: collaborate with universities that plans for the overall direction of AFC development and strategies for facilitating bottom-up participation from local communities; (2) intermediary role: interconnect with multi-sectors on building AFC through leveraging its strong network and grant-making for age-friendly initiatives; and (3) policy actor: build AFC into agenda of the government and local district councils that respond to the ageing needs.

Conclusion: Adopting a bottom-up, district-based approach facilitating multi-sectoral collaboration under the JCAFC Project, the philanthropic foundation plays a unique position in adapting WHO's age-friendly framework into local context, and promoting age-friendly issues on the political agenda of the city. The article concludes by discussing the sustainability of philanthropic approach on the age-friendly movement.

Disclosure of Interest: None Declared

Keywords: age-friendly city, Hong Kong, philanthropy