

Abstracts 46e Wintermeeting Belgische Vereniging voor Gerontologie en Geriatrie 2023

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Samenvatting

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Kernwoorden: geriatrie, gerontologie

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MEDISCHE ABSTRACTS

The role of the nutritional status of the geriatric patients on the clinical outcome of COVID-19 infection

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Purpose: A multitude of studies conducted during the "COVID-Era" have demonstrated a negative effect of poor nutritional status on the severity and mortality of COVID-19 infection. The majority of these studies were conducted in the general adult population and in intensive care patients. The objective of our study was to evaluate the role of malnutrition on the clinical outcome of COVID-19 infection in geriatric patients hospitalized in two COVID-units during the second wave in Belgium.

Method: This was a retrospective study in which the computerised medical records of 110 patients aged over 75 years and hospitalised from September to December 2021 were processed anonymously. Nutritional status was assessed using the NRS-2002 scale and a logistic regression analysis was performed.

Oncogeriatric co-management: An interesting marriage between two disciplines

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Doel: Het geriatrisch multi-disciplinair assessment correcter toepassen op 70-plussers met een nieuwe kanker diagnose met oog op betere kwalitatieve en kwantitatieve outcome voor de patiënt.

Methodologie: Na een analyse van het huidige assessment in ons ziekenhuis door de dienst oncologie, en na in gesprek met deze te zijn getreden, zijn er betere afspraken gemaakt rond co-management. Een selectie patiënten heeft baat bij een uitgebreid multi-disciplinair geriatrisch assessment, waaruit interventies kunnen volgen naar optimalisatie van de toestand, waardoor de oncologische therapie tevens een hogere succes- en tolerantieratio heeft.

Resultaten: Beter co-management tussen de diensten oncologie en geriatrie.

Conclusie: In het huidige Belgische ziekenhuiswezen heeft de geriater niet de mogelijkheid om elke 70-plusser met een kanker diagnose te evalueren door de hoge hospitalisatie-druk op geriatrie. Echter is er een groep patiënten die zonder goede screening het risico loopt op over- of onderbehandeling, toename nevenwerkingen van de oncologische therapie, etc. In ons ziekenhuis werd de oncogeriatrische screening tot voor kort door de dienst oncologie zelf uitgevoerd – met zijn limieten. Door geriater specifiek op te leiden én in gesprek te gaan met de oncologische dienst wordt een beter co-management bekomen waar de patiënten de vruchten van plukken. Er blijven nog veel verbeterpunten voor de toekomst, de samenwerking staat nog maar in zijn kinderschoenen, maar is zeker veelbelovend.

Pathophysiological interactions between sarcopenia and type 2 diabetes: a two-way street

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Doel: Type 2 diabetes portrays a considerable strain on the global health systems, in particular for the elderly population. In recent years sarcopenia has been shown to be a frequent comorbidity of diabetes. This review will try to elucidate the interconnected pathophysiology of both sarcopenia and diabetes and will try to identify a common pathway to explain their development.

Methodologie: A narrative review was performed by searching PubMed and Google Scholar databases for articles published about the underlying pathophysiology of both sarcopenia and type 2 diabetes. The medical subject heading (MeSH) terms "pathophysiology" AND "sarcopenia" AND "diabetes" OR "type 2 diabetes mellitus" were used. The search was limited to the English language. Titles and abstracts were screened to select potentially relevant articles. After screening 58 papers were used.

Resultaten: Sarcopenia and type 2 diabetes share multiple pathophysiological mechanisms. Common changes in muscle architecture consist of a shift in myocyte composition, myosteatosis and decreased capacity for muscle regeneration. Both diseases are further linked to an imbalance in myokine and sex hormone production. Chronic low-grade inflammation and increased levels of oxidative stress are also known contributors to the ageing process and play a part in the development of type 2 diabetes. Possible underlying mechanisms to explain this significant overlap in pathophysiology might be found in the post-receptor insulin signaling cascade or in a reduced expression of peroxisome proliferator-activated receptor gamma coactivator 1 α on the genetic level.

Conclusie: Research efforts in the future should be aimed at discovering possible common checkpoints in the development of type 2 diabetes and sarcopenia. These checkpoints could determine new and possibly shared therapeutic targets for both diseases. Furthermore attention should be given to early diagnosis of sarcopenia within the population of type 2 diabetics given the sizeable extra physical and medical burden it encompasses. A combination of simple diagnostic techniques could be used at their regular check-ups to diagnose sarcopenia at an early stage and to start lifestyle modifications and treatment as soon as possible.

Comparing the risk of dementia in patients with atrial fibrillation using non-vitamin K antagonist oral anticoagulants versus vitamin K antagonists

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Background: Atrial fibrillation (AF) is associated with cognitive decline, with anticoagulated patients potentially having a reduced risk compared to non-anticoagulated patients. However, whether non-vitamin K antagonist oral anticoagulants (NOACs) may reduce the risk of dementia compared to vitamin K antagonists (VKAs) is unclear yet. Therefore, the risk of dementia was compared between AF patients on NOACs versus VKAs.

Methods: AF patients initiating anticoagulation between 2013-2019 were identified in Belgian nationwide data. Inverse probability of treatment weighted Cox regression was used to investigate cognitive outcomes.

Results: Among 237,012 AF patients, NOACs were associated with a significantly lower risk of dementia (hazard ratio (HR) 0.91, 95% confidence interval (CI) (0.85-0.98)) compared to VKAs. A significantly lower risk of other/unspecified dementia (aHR 0.91, 95%CI (0.84-0.99)) and trend towards a lower, but non-significantly different risk of vascular dementia (aHR 0.89, 95%CI (0.76-1.04)) were observed with NOACs compared to VKAs, whereas the risk of Alzheimer's disease was similar (HR 0.99, 95%CI (0.88-1.11)). Apixaban (HR 0.91, 95%CI (0.83-0.99)) and edoxaban (HR 0.79, 95%CI (0.63-0.99)) were associated with significantly lower risks of dementia compared to VKAs, while risks were not significantly different with dabigatran (HR 1.02, 95%CI (0.93-1.12)) and rivaroxaban (HR 0.97, 95%CI (0.90-1.05)). Comparable risks of dementia were observed between individual NOACs, except for significantly lower risks of dementia (HR 0.93, 95%CI (0.87-0.98)) and other/unspecified dementia (HR 0.90 (0.84-0.97)) with apixaban compared to rivaroxaban.

Conclusion: NOACs were associated with a significantly lower risk of dementia compared to VKAs, likely driven by apixaban and edoxaban use.

Frailty status and medication use in community-dwelling older patients with polypharmacy: a community pharmacy study

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Purpose: To determine prevalence of frailty in a cohort of community-dwelling older people with polypharmacy, and to describe their medication use. Since frail older people more often use potentially inappropriate medication, these data can

form the basis for optimized patient selection for medication review by community pharmacists.

Methods: An observational study was carried out in 196 community pharmacies in Belgium. Participants (≥ 70 year, ≥ 5 chronic drugs, community-dwelling) were consecutively included in the study. Frailty was assessed using Fried phenotype, operationalized by SHARE-FI75+. Each patient completed a self-administered questionnaire collecting sociodemographics, current medication use, difficulties with BADL and unplanned hospital admission. Cognitive status was assessed by Mini-Cog®.

Results: A total of 875 patients were included in the study. Mean age was $79,3 \pm 5,9$ years and 488 (55,8%) were female. Participants used a median of 8 [IQR 6-10] medicines. Most frequently used drugs were: antithrombotic agents (used by 71,1% of the sample), lipid modifying agents (67,4%) and β -blocking agents (53,8%). Almost 15% of patients were identified as frail, 52,4% as pre-frail and 32,8% as robust. 32,1% of patients were assessed as potentially positive for cognitive impairment. More than 40% of patients had ≥ 1 limitation in BADL. One in 5 patients reported an unplanned hospital admission past 6 months.

Conclusion: The prevalence of (pre-)frailty among community-dwelling older patients with polypharmacy is high. Based on the current findings we will try to develop a quick and reliable method to identify these patients in the community pharmacy, in order to perform stratified medication reviews.

Dynamic range changes muscle quality in diagnostic muscle ultrasound

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Background: According to EWGSOP 2 the diagnosis of sarcopenia is confirmed when in addition to low muscle strength, low muscle quantity or quality is present. Muscle ultrasound (US) has been proposed as an efficient screening tool for detecting changes in muscle composition. The purpose of this study was to assess the effect of changing readily adjustable US parameters on gray scale mean (GSM).

Methods: 32 US scans of rectus femoris and rectus abdominis were taken in eight participants with a portable Mindray M7 premium US machine, working in an Extended field-of-view, B-Mode setup, equipped with a linear 5.0-10.0 MHz transducer. The following US parameters were fixed: gain 60dB, depth 6.5cm, and frequency 10 MHz. Readily adjustable parameters were: dynamic range, gray scale map, persistence, line density and iClear. For each of the readily adjustable parameters the setting of one single parameter of interest was changed over its entire range following a standardized protocol. The GSM values were calculated using the open-source software Image J.

Results: A moderate correlation was found between dynamic range and GSM in both rectus femoris (rf) and abdominis (ra) muscles [$r_f = -.664$, $p < .001$; $r_a = -.500$, $p = .001$]. Multiple comparisons showed that the GSM values of both rectus muscles change significantly when adjusting the dynamic range, especially towards the extreme values of the parameter.

Conclusion: We showed that changing dynamic range in EFOV musculoskeletal ultrasound may alter muscle quality as determined by GSM.

Comparison of different prognostic scores in estimating short and long term mortality in COVID-19 patients above 60 years old in a university hospital

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Introduction/Purpose:

Scoring systems are used for risk stratification in COVID-19 patients. The objective is to determine among 6 different scores which performs the best for short and long term mortality for hospitalized COVID-19 patients above 60 years.

Methods: An observational, retrospective cohort study conducted between 21/10/2020 and 20/01/2021, calculating six different risk scores (Clinical Frailty Scale (CFS), Charlson Comorbidity Index (CCI), 4C Mortality Score (4C), NEWS score (NWS), q-SOFA score (qS), and qCSI score (qSI)). We included unvaccinated hospitalized patients with COVID-19 \geq 60 years old in Brugmann hospital, detected by PCR and/or suggestive CT thorax images. Old COVID-19 infections, nosocomial cases and patients admitted immediately at the intensive care unit are excluded.

Results: 199 patients are included, mean age was 76.2 years (60 – 99). 56 patients (28%) died within 1 year after the first day of hospitalization. The 4C predicts the best intrahospital and 6 months mortality, with area under the ROC curve (AUROC) 0.695 (0.59-0.8), and 0.73 (0.64-0.82) respectively. The CCI come right after with respectively AUROC of 0.68 (0.58-0.77) and 0.72 (0.64-0.8). To predict mortality at 12 months after hospitalization, the CCI has the highest AUROC with 0.74 (0.66-0.81).

Conclusion: Among 6 different prognostic scales, the 4C is the best to predict intrahospital and 6 months mortality. To predict mortality at 12 months, CCI had the best performance. This reflects the importance of considering comorbidities for short- but particularly long-term mortality after COVID-19.

Identification of multimorbidity patterns in older adults receiving long-term care in Canada, Italy, Finland and New Zealand: results from the ICARE40

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Purpose: Older adults receiving home care (HC) services and living in long-term care homes (LTC) experience high levels of multimorbidity. The aim of this research is to identify and compare subgroups of care-dependent individuals sharing the same patterns of chronic diseases.

Methods: Latent Class Analysis (LCA) was used to classify individuals according to their underlying diseases patterns starting from a list of 19 conditions, using the interRAI HC and LTCF assessment instruments. After assessing several fit parameters, a 5-class solution was chosen as the best model for both HC and LTC.

Results: Data from a total of 102.000 individuals, 60 years or older, were included in the analysis. They were receiving HC services or living in LTC homes in Canada, Italy, Finland and New Zealand. Mean age of the sample was 80 years (65% females). The following 5 disease patterns were identified in all countries: (1) Alzheimer/dementia; (2) psychiatric diseases; (3) cardio-pulmonary diseases; (4) stroke/hemiplegia; (5) other dementias. The distribution of sociodemographic, clinical and functional characteristics varied across the different multimorbidity patterns, with the cardio-pulmonary disease and the stroke/hemiplegia patterns showing the highest complexity and impairment.

Conclusions: By using a common assessment tool, it is possible to identify homogeneous morbidity patterns in older patients receiving long-term care. This can be useful to compare health status in care-dependent individuals across different settings and countries, as well as to predict health trajectories and care needs.

A changed expression of inflammation related genes in PBMCs with a LPS challenge after 3 months of resistance exercise

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Doel: Resistance exercise (RE) has shown anti-inflammatory effects and is one of the best non-pharmacological means to

counter chronic low-grade inflammatory profile (CLIP) in older adults. We aimed to investigate the impact of RE on the gene expression in peripheral blood mononuclear cells (PBMCs) stimulated by lipopolysaccharide (LPS, mimicking an in vitro acute infection).

Methodologie: Participants (≥ 65 years) were randomly divided in: high-load RE (IST), low-load RE (SET) or flexibility training (control group (CON)). Blood was collected at baseline and after 3 months of RE. Isolated PBMCs were cultured with LPS challenge. RNA was collected from pre-cultured and post-cultured. RNA sequencing was performed for a targeted panel of 407 inflammation-related genes. An absolute fold change (3 months vs baseline) of $\leq 0,5$ or $\geq 2,0$ was considered as relevant.

Resultaten:

Fourteen women were included in the analyses of this study (IST: 4, SET: 5, CON: 5). In total 87 genes with a significant fold change after exercise were identified (57 pro- and 24 anti-inflammatory genes, 6 genes of which the role after exercise intervention is undefined). Several pro- and anti-inflammatory genes were upregulated in the IST group (respectively 22 and 4) and SET group (respectively 14 and 3 genes). Downregulated gene expressions were also identified (IST: 10 pro-inflammatory and 8 anti-inflammatory genes, SET: 13 pro-inflammatory and 11 anti-inflammatory genes).

Conclusie: Inflammation-related gene expression in LPS-challenged PBMCs was influenced by RE at high as well as moderate load, suggesting an improved immune response. However different inflammation-related genes among IST and SET group were affected.

The effect of exercise therapy on inflammatory markers and BDNF in patients with knee osteoarthritis: A systematic review with meta-analysis

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Aim: To summarize the literature regarding the acute and/or basal exercise-induced effects on inflammatory biomarkers and BDNF in patients with knee osteoarthritis (KOA).

Methods: PubMed, Web Of Science and PEDro were systematically searched for appropriate studies. A meta-analysis was performed or effect sizes (ES) were estimated, where possible.

Results: Twenty-one studies were included: 15 investigated basal exercise-induced effects, 4 acute effects, and 2 both. Biomarkers were intra-articular ($n=4$) or serologically ($n=17$) determined. Meta-analyses showed that basal CRP was reduced in KOA patients after exercise therapy, although, IL-6 and TNF- α levels did not significantly change. Also, sTNFR1/2 did not significantly change after exercise therapy. The exercise-effect on different other biomarkers was less clear and, there were insufficient data available to perform a meta-analysis. However, a low degree of evidence was present for a decrease in IL-6 after swimming or cycling for 6 weeks, increase in sTNFR1 (ES: 2.325), decrease in sTNFR2 (ES: -0.997) and increase in BDNF (ES: 1.412) after 12 weeks of walking. Locally, intra-articular IL-10 (ES: 9.163) increased, and IL-1 β (ES: -6.199) and TNF- α decreased (ES: -2.322) after strength exercises. An acute training session elicited a myokine response (ES IL-6: 0.314), and an increase in BDNF. No inflammatory effect (ES CRP: 0.052; ES TNF- α : -0.019; 0.081) following an acute bout of training was found. However, a single bout of exercise elicited an increase in intra-articular IL-10.

Conclusion: The anti-inflammatory properties of exercise therapy have important implications for informing KOA patients and clinicians about this underlying effect.

The relationship between synovial fluid biomarkers and characteristics of pain sensitization in knee osteoarthritis: a preliminary analysis

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Aim: Synovitis and central sensitization are common features in knee osteoarthritis (KOA), however, the relationship between them is unclear. Therefore, this study aimed to investigate the association between sensitization and intra-articular biomarker levels in KOA patients.

Methods: Seventeen KOA patients scheduled for total knee arthroplasty in UZ Brussel were included. Pressure pain thresholds (PPTs), temporal summation (TS) and conditioned pain modulation (CPM) were assessed. During surgery, synovial fluid was obtained to determine biomarker levels. Multiple linear regression was used to assess the association between pain sensitization parameters and intra-articular biomarker levels. Four independent predictors were created: inflammation ($\log(\text{CXCL-10} \times \text{CXCL2/IL-10})$), cartilage degeneration ($\log(\text{MMP-1} \times \text{MMP-7})$), sensitization ($\log(\text{BDNF} \times \text{NGF})$), and ageing ($\log(\text{CXCL-9})$). Regression models were corrected for BMI, sex and age.

Results: Two out of eight PPT locations around the knee (i.e. 1 and 8) seemed most relevant and were chosen as dependent variables in the regression model, besides the control sites; m. tibialis anterior and m. ext. carpi radialis longus. $\log(\text{CXCL-10})$ was inversely correlated with mean PPT at locations 1 and 8 (Pearson's r : -0.518 and -0.502). No regression model could significantly predict the mean PPT at locations 1 and 8 around the knee, the mean PPT at the m. tibialis anterior and m. ext. carpi radialis longus, or the absolute TS. However, 61.8% ($R^2=0.618$) of the variation in relative CPM effect could be significantly explained by the cartilage degeneration predictor ($p=0.022$; $\beta=0.8$).

Conclusion: Top-down pain inhibition can partially be predicted by intra-articular MMP-1 and MMP-7. However, more research on this topic is recommended.

Will to live in older hospitalized patients is not predictive for short-term mortality

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Purpose: Self-assessed will-to-live and self-rated health are associated with long-term survival in community dwelling older persons. These subjective estimations of well-being have not been examined in a more frail older population admitted at an acute geriatric unit (AGU). Aim is to explore if will-to-live and self-rated health are predictive for short-term mortality in older hospitalized patients.

Methods: This prospective observational study included patients older than 74 years admitted at AGUs in two hospitals. Will-to-live and self-rated health were scored on a Likert scale (0-5, 0-4). The senior geriatrician answered the surprise question for clinical judgement of prognosis and assessed frailty by the Rockwood Clinical Frailty Scale (CFS). To determine diagnostic accuracy ROC curves were constructed and for time-dependent analysis Cox regression was used with adjustment for age and gender.

Results: Of 93 included patients with 6-month mortality of 26%, median will-to-live and self-rated health were 3 (moderate and good). Mean CFS was 5. Will-to-live and self-rated health were not predictive for 6-month mortality (AUC of respectively 0.496, $p=0.951$; 0.447, $p=0.442$ and HR for dying of 0.925, $p=0.675$; 0.859, $p=0.548$). There was a good prognostic value for surprise question (AUC 0.793, $p<0.001$; HR for dying 10.284, $p<0.001$) and for CFS cut-off of 6 (AUC 0.776, $p<0.001$, HR for dying 2,080, $p<0.001$).

Conclusions: Will-to-live and self-rated health are not predictive for 6-month mortality in AGU patients; unlike prognostic tools such as the surprise question and CFS.

Slechte zorg in de Vlaamse WZC: de regel of overbelichte uitzondering? Er is nood aan evidence based onderzoek

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Purpose: evidence based evaluatie van de zorg in de Vlaamse woonzorgcentra. Actueel wordt de zorgverlening in WZC's slag om slinger in het nieuws gebracht met negatieve commentaren. Dat 'eminente opiniemakers' de volgende ochtend reeds een remedie communiceren, maakt de imagoschade enkel nog groter. Om een objectief beeld te krijgen is een grootschalige studie nodig om tot voldoende evidence conclusies te komen.

Methods: open oproep

Results: nog niet beschikbaar, want de studie moet opgestart

Conclusions: liever dan Pano reportage, een betrouwbare bevraging organiseren: wie is bereid hiertoe bij te dragen?

Postoperatief pijnbeleid en delier bij patiënten met een geriatrisch profiel: een systematische review

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Doel: Nagaan in welke mate het postoperatief pijnbeleid gerelateerd kan worden aan het ontwikkelen van een delier bij geriatrische patiënten.

Methodologie: Systematische review. Tot maart 2022 werd er gezocht in de databanken PubMed, CINAHL (via EBSCO) en Embase. Primaire studies over patiënten die een operatie ondergaan, met een minimumleeftijd van 65 jaar of een gemiddelde leeftijd van 70 jaar en de variabelen 'postoperatief delier' en 'postoperatieve analgetica' werden geïncludeerd. Het risico op bias werd beoordeeld door middel RoB2 en ROBINS-I tools.

Resultaten: Na een uitgebreid screeningsproces van 4392 artikels, kwamen er nog 17 in aanmerking voor deze review, waaronder acht RCT's. Alles samen genomen, werden er 4475 patiënten geïncludeerd, waarvan de gemiddelde leeftijd lag tussen de 66,3 en 81,5 jaar. Verschillende studies toonden aan dat er een verband is tussen het postoperatief pijnbeleid en het ontwikkelen van delier bij patiënten met een geriatrisch profiel (n=14). Opiïde analgetica, zoals meperidine en tramadol, waren sterk significant gerelateerd aan de ontwikkeling van delier. Andere pijnmedicatie die niet tot de groep opioïde analgetica behoren, zoals acetaminofen en parexocib, bleken eerder een beschermende werking te hebben. Ook het gebruik van perifere zenuwblokkade en dexmedetomidine bleek de incidentie van delier gunstig te beïnvloeden.

Conclusie: De resultaten van deze review dienen met een kritische blik bekeken te worden, aangezien er belangrijke limitaties verbonden zijn aan enkele van de geïncludeerde studies. Deze omvatten een beperkte generaliseerbaarheid van resultaten, een gebrek aan power, en verschillen in definiëring en meetinstrumenten. Desondanks hebben deze resultaten belangrijke implicaties naar de klinische praktijk toe. Het is aangeraden om voorzichtig te zijn met het gebruik van opioïde analgetica in het postoperatief pijnbeleid bij geriatrische patiënten, in het bijzonder de toediening van tramadol en meperidine. Daarnaast kan het gebruik van alternatieven zoals parecoxib, acetaminofen, dexmedetomidine en perifere zenuwblokkade voordelig zijn en dienen deze overwogen te worden.

Medication optimization in nursing homes: the impact of education and interdisciplinary case conferencing

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Objective: Staff education and interdisciplinary case conferencing have shown to be effective in reducing potentially inappropriate prescribing in nursing homes. Awaiting implementation supported by the government, a local initiative was set up in West-Flanders to implement such intervention and explore its impact.

Methods: The intervention included three components: 1) education of nursing home staff by the pharmacist, 2) interdisciplinary case conferencing (ICC) to discuss residents' medication plans, and 3) intervision across nursing homes to discuss experiences. For each ICC, nursing homes were instructed to report the duration, the identified (potential) drug-related problems, and the proposed medication changes. Quantitative data were analyzed descriptively, while qualitative data of the intervision moments were analyzed inductively. Furthermore, an economic evaluation was performed.

Results: Eight nursing homes participated in the study. Nursing home staff indicated to have better medication-related knowledge, to be more aware of potential drug-related problems, and experienced better communication between all involved healthcare professionals and with residents and families.

An ICC lasted on average 30 minutes per resident. For 60% of nursing home residents (N=266), at least one medication change was implemented (e.g. stopping a drug, change of administration time or route, change of dosage form). The five most frequently stopped drugs included 1) vitamins and supplements, 2) psychotropic drugs, 3) pain killers, 4) PPIs, and 5) antihypertensive drugs. On average, a saving of €105 per resident per year was obtained.

Conclusion: The initiative showed its potential to trigger the optimization of medication use in nursing home residents.

Does muscle stretching affect the inflammatory profile of older persons? Protocol for a systematic review

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Purpose: Ageing is characterized by a remodeling of the immune system. This process, *immunosenescence*, is associated with a shift in T-cell phenotypes from naïve to memory and senescent T-cells. The senescence-associated secretory phenotype of the latter leads to the production of cytokines, contributing to a pro-inflammatory state, *inflammageing*. Evidence shows that resistance or endurance exercise can counteract inflammageing in a dose-response relationship. Whether muscle stretching exercise impacts inflammageing is not clear. We aim to determine if stretching affects the inflammatory profile of older persons.

Methods: A systematic search in PubMed and Web Of Science revealed 1815 articles that are being screened for eligibility by two independent reviewers. Articles written in English and describing the effect of stretching on inflammatory biomarkers in older adults (aged ≥65 years) will be included. Reviews, case reports and animal studies will be excluded. Quality assessment will be performed using the Cochrane risk-of-bias tool for randomized (ROB-2) and non-randomized trials (ROBINS-1).

Expected results and conclusion: The main participants' characteristics and study outcomes regarding stretching-induced changes in the inflammatory profile (inflammatory low-grade profile, cytokines/interleukins and immune cells) will be appraised. This review will enable the identification of the effects of stretching on the inflammatory profile of older adults.

Does isometric handgrip training affect cardiovascular biomarkers? A systematic review of the effects and critical appraisal of underlying mechanisms

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Background: According to several systematic reviews of randomized controlled trials (RCT's), isometric handgrip training (IHG) has revealed a positive impact on blood pressure. The purpose of the current systematic review was to investigate the cardiovascular biomarkers influenced by IHG and to evaluate the described underlying mechanisms.

Methods: A search was performed in PubMed, Web of Science, and Embase to identify the effects of IHG on cardiovascular biomarkers and to investigate the underlying mechanisms. The protocol of this systematic review is registered in Prospero (ID: CRD42022309556). All RCT's written in English and including adults (with or without cardiovascular comorbidity, medicated or unmedicated) undergoing IHG were eligible for inclusion. Age specific differences were noted, and the underlying mechanisms were critically appraised.

Results: In total, 3408 articles were retrieved. After the initial duplicates removal 3003 articles were included for title abstract screening. 50 RCT's were eventually included to the full text screening, whereby 21 were included for data extraction. We are currently performing the data extraction and results will be reported during the conference.

Conclusion: To our best knowledge a systematic review evaluating the cardiovascular biomarkers, after IHG and a critical appraisal of the underlying mechanisms, is not available until today. The results of our systematic review are expected to be important given the non-invasive treatment potential of IHG in the management of arterial hypertension.

NIET MEDISCHE ABSTRACTS

De Coördinerend en Adviserend Apotheker in het woonzorgcentrum: ontwikkeling van een opleiding en verkenning van de functie

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Doelstelling: Het woonzorgdecreet van 15 februari 2019 introduceerde het begrip 'de coördinerend en adviserend apotheker (CAA)'. Tot op heden ontbreken zowel een wettelijk kader als een vergoedingsbasis voor deze functie. Bijgevolg is het onduidelijk wat deze functie inhoudt en welke opleiding nodig is voor het uitoefenen ervan.

Methoden: Een opleiding tot CAA werd ontwikkeld aan de KU Leuven, gebaseerd op eigen onderzoeksresultaten en -ervaringen, alsook op internationale literatuur. Een pilootproject werd opgestart met 10 apothekers en woonzorgcentra. Door middel van focusgroepen met de apothekers en medewerkers van woonzorgcentra wordt de opleiding geëvalueerd en de mogelijke rol van de CAA verkend. Apothekers registreren ook hun opleidingsactiviteiten en uitgevoerde taken in het woonzorgcentrum. De verzamelde kwalitatieve data worden inductief benaderd.

Resultaten: De huidige opleiding bestaat uit drie onderdelen: 1) de vernieuwde e-learning voor coördinerend raadgevend artsen, 2) een stage in een woonzorgcentrum (incl. het uitvoeren van een kwaliteitsmeting, medicatienazichten en gesprekken met bewoners) en 3) intervisiemomenten met de opleidingscoördinatoren. Eén focusgroep met apothekers heeft reeds plaatsgevonden. Deze toonde alvast de nood voor (extra) farmacotherapeutische opleiding m.b.t. infectiebeleid. Het uitvoeren van een kwaliteitsmeting van het medicatieproces verduidelijkte de potentiële bijdrage van een CAA en het formuleren van verbeterinitiatieven. Zo zal er o.a. gewerkt worden aan het verbeteren van de continuïteit van de medicamenteuze therapie na (her)opname vanuit het ziekenhuis, alsook aan het efficiënter monitoren van de medicamenteuze therapie in het woonzorgcentrum.

Conclusie: De resultaten, verwacht begin 2023, zullen een zicht geven op de mogelijke rol van de CAA en zullen toelaten de opleiding te optimaliseren.

Hospitalizations, emergency department visits and home care in older patients after cancer diagnosis: data linkage study with 3 years follow-up

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Objective: Via data linkage, this study aims to describe long-term outcomes in the care trajectory of older patients with cancer and assess their association with baseline geriatric screening and assessment (GS/GA) data.

Methods: Based on a unique patient identifier, GS/GA, cancer registry and administrative health data were linked. GS/GA data were derived from a past prospective multicentric Belgian study (n=22 centers; 2009-2015) where patients ≥ 70 y were screened with G8 followed by GA in case of abnormal result ($\leq 14/17$). Tumor characteristics and vital status were derived from cancer registry and outcomes (inpatient hospital days, emergency department (ED) visits and home care days) from administrative data. Outcomes were assessed until 3y after inclusion and event rates were calculated. Patients were censored 3 months before death to exclude influence of end-of-life care.

Results: 6,391 older patients with a new cancer diagnosis were included. The median age was 77 (range: 70-100) and 59.8% was female. Breast, colon and lung cancer were the most common diagnoses and 64.3% had an abnormal baseline G8. In the 3y follow-up, 5,630 (88.1%) patients spent at least one day in hospital, 2,967 (46.4%) had at least one ED visit and 4,265 (66.7%) had received home care. When comparing event rate per person-year, patients with an abnormal G8 had significantly more hospital days (15.5 vs 7.0), ED visits (0.53 vs 0.30) and home care days (71.2 vs 31.5).

Conclusion: Patients with an abnormal baseline G8 have more hospital days, ED visits and home care days in the 3y following a new cancer diagnosis.

Cause and place of death in older patients with cancer: results from a large cohort study using linked clinical and population-based data

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Objective: This study aims to describe the cause and place of death in older patients with cancer.

Methods: Clinical data were derived from a previous Belgian study (n=22 centers; 2009-2015) where patients ≥ 70 y were screened with G8 geriatric screening tool at cancer diagnosis. For this study, deceased patients were included. Tumor characteristics and vital status were derived from cancer registry, cause of death from death certificates and place of death from healthcare reimbursement data.

Results: 4,475 patients who died after a median of 13 months were included. The median age was 79y (range: 70–100) and 52.0% were female. Lung, breast and colon cancer were the most common diagnoses and 40.5% had stage IV. 81.8% of patients had an abnormal baseline G8($\leq 14/17$). For 81.0% of patients the underlying cause of death was cancer. The majority of patients died in a non-palliative care unit of the hospital (42.3%), followed by at home (25.4%), palliative care unit of the hospital (16.8%) and nursing home (15.5%). When comparing patients with a normal and abnormal G8 score, there were no major differences in cause and place of death except for a higher percentage with abnormal G8 dying in nursing home (16.9% vs 9.3%).

Conclusions: When older patients with a new cancer diagnosis die in the following years, cancer is the underlying cause of death for >80%. The majority of patients die in a hospital and only a quarter of patients die at home. This knowledge is important for incorporation of advanced care planning within this patient population.

Involvement of informal caregivers in a physiotherapy program during inpatient geriatric rehabilitation and at home: participants' opinions

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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 global problem. 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 caregivers during their stay in 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.

Results: Sixteen patients from UZ Leuven's geriatric rehabilitation ward, and 15 informal caregivers, took part in the study. 75% of patients and 80% of caregivers stated that they would participate in the GAPP+CARE exercise program. The main motivations for participating were activation of the patient, follow their progress, and learn more about their abilities. The main reasons for refusal were a lack of time, a 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% preferred fewer 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, and lack of time, we recommend that the +CARE moments be performed three times per week. With this adjustment, GAPP+CARE appears acceptable for implementation in a geriatric rehabilitation ward.

Ageism in the healthcare sector: adaptation and validation of a scale among paramedics students

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Purpose: The aim was to adapt and validate the French version of the Ambivalent Ageism Scale across a sample of paramedic students.

Method: A cross-sectional study was conducted among the following paramedic students: physiotherapy, occupational therapy, and nursing students at a graduate school in Belgium. Five items were added based on the literature and evaluated by six students and two professors with experience working with older people. The following psychometrics quality was

evaluated: internal consistency, concurrent validity, structural validity (Exploratory and Confirmatory factor analysis), and reliability (generalizability study).

Results: Two-hundred and sixty-five students (84,5 % female) participated: 19,2% physiotherapy students, 27, 5% occupational therapy students, 50,6 % nursing students, and 2,6% other paramedic students (dietetic and speech therapy students). The concurrent validity study showed a significant correlation between the R-AAShc and the UCLA-GAS with $r(265) = 0.491$ ($p < .001$). The factor analyses produced an 18-items ($\alpha = 0.866$) scale composed of 5 factors: Infantilization (5 items, $\alpha = 0.766$), Control (2 items, $\alpha = 0.789$), Over-accommodation (2 items, $\alpha = 0.829$), Unwanted help (2 items, $\alpha = 0.656$), and Hostility (7 items, $\alpha = 0.717$). The results of the CFA confirmed our model, with acceptable fit: $\chi^2 = 238.26$, $p < 0.001$; CFI = 0.923; TLI = 0.905; RMSEA = 0.058; SRMR = 0.055. Finally, the generalizability analysis (18 items) revealed a G-coefficient of 0.86, a Phi Coefficient of 0.83, and a standard error of measurement of 2.31%.

Conclusions: The Revised AAShc seems to be a valid and reliable scale to measure ageism among paramedic students.

Implementation of orthogeriatric co-management in frail fracture patients: a feasibility study

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Purpose: Orthogeriatric co-management may improve patient outcomes in frail older patients with osteoporotic fractures. However, a knowledge gap exists on how to implement orthogeriatric co-management in daily clinical practice. This study evaluated the initial implementation phase of a new orthogeriatric co-management program on the traumatology ward in the University Hospitals Leuven.

Methods: A feasibility study, including patients aged 75 years and over admitted to the traumatology ward, was performed. We evaluated implementation outcomes fidelity, feasibility, and acceptability, and captured implementation determinants. Fidelity towards the core components of the intervention was measured in a single-intervention group of 15 patients (mean age = 84 years) by using the electronic health record. Feasibility and acceptability for healthcare professionals was quantified using a 15-question survey with a 5-point Likert scale. Implementation determinants were explored during 2 semi-structured interviews and 7 focus group discussions by focusing on experiences of the healthcare professionals.

Results: We observed low fidelity towards completion of a screening questionnaire to map the pre-morbid situation (13%), but high fidelity towards the other intervention core components: multidimensional geriatric evaluation (100%), development of an individual care plan (100%), and systematic follow-up (93%). Of the 50 healthcare professionals responding to the survey, 94% accepted the co-management program and 56% perceived the program as feasible. Belief in usefulness and interdisciplinary involvement were important implementation determinants.

Conclusion: Fidelity, feasibility, and acceptability of the orthogeriatric co-management program were high in the initial phase of the implementation. Evaluation of the effectiveness and sustainability of the program is ongoing.

Cleaning and disinfection policies in Flemish nursing homes: an observational study

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Objective: Cleaning and disinfection play an important role in a high-quality infection prevention policy. We aimed to describe and compare the current cleaning and disinfection policies in Flemish nursing homes (NH).

Design and methods: Fifteen NHs self-reported data on local cleaning and disinfection policies, followed by observations on structure and execution based on a checklist derived from the cleaning protocol of the Jessa Hospital. The quality of the cleaning was evaluated by visual checks, ATP- and RODAC measurements.

Results: The cleaning and disinfection policy in terms of structure and organization, the use of products and materials differs greatly in all participating NH. All NHs reported daily and weekly tasks, five defined periodic tasks but only three had an extensive cleaning protocol, in which all different cleaning tasks were described. Guidelines for cleaning and disinfection in case of Multi Drug Resistant Organisms were present in under 20% of the NHs. Errors in technique were observed in all the NHs. During the visual checks 68% (36-91%) of the observed objects and surfaces were identified as clean, 47,4% (12,5-87,5%) of RODAC and 82% (40%-100%) of ATP showed good results. Some form of follow-up on technique and adequacy is performed in 8 NHs, but this follow-up is not systematically organized. Training of staff is mostly lacking.

Conclusions: There is a strong need for cleaning and disinfection protocols that exceed the level of the individual NH. NHs should be assisted in the training of personnel and the instalment of a quality culture.

Work-Oud: de impact van een technologie gedreven beweegprogramma op het fysieke en mentale welzijn bij thuiswonende ouderen

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Purpose: Dit praktijkgericht onderzoek wil een kwaliteitsvol beweegprogramma creëren samen met en voor ouderen om zo beroep te doen op de intrinsieke motivatie en tegemoet te komen aan de wetenschappelijk onderbouwde beweegrichtlijnen.

Methods: Aan de hand van een literatuuronderzoek en behoeftebevraging bij thuiswonende ouderen zullen de noden en wensen over bewegen en het huidige gebruik van beweegprogramma's en technologieën in kaart gebracht worden. Vanuit deze resultaten zal er, in co-creatie met ouderen, een technologie gedreven beweegprogramma ontwikkeld worden. Op basis van deze implementatie zal de impact op fysiek en mentaal welzijn bij thuiswonende ouderen onderzocht worden. Ten slotte ligt de focus op de valorisatie en bestendiging van het beweegprogramma.

Results: In academiejaar 2021-2022 werd een overzicht gemaakt van de noden en wensen op vlak van bewegen en technologie en de impact van precare situaties op het fysieke en mentale welzijn bij thuiswonende ouderen. Op basis van de behoeftebevraging en inventarisatie van het huidige aanbod van beweegprogramma's en technologieën werd er in academiejaar 2022-2023 een zorgtechnologie gedreven beweegprogramma als interventie voor thuiswonende ouderen geconceptualiseerd. Dit beweegprogramma werd ontwikkeld in co-creatie met ouderen en experts. De impactmeting op fysiek en mentaal welzijn bij thuiswonende ouderen zal plaatsvinden in academiejaar 2023-2024. Naast de implementatie, valorisatie en bestendiging zal er een evidence-based trainingsprogramma uitgewerkt worden over bewegen bij ouderen.

Conclusions: Op basis van literatuuronderzoek en diepte-interviews bij ouderen werd er met en voor ouderen een technologie gedreven beweegprogramma ontwikkeld. Via vervolgonderzoek zal dit beweegprogramma uitgetest en geïmplementeerd worden bij thuiswonende ouderen.

Ontwikkeling en implementatie van een preventieprotocol voor incontinentie-geassocieerde dermatitis in een woonzorgcentrum: een kwaliteitsverbeteringsproject

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Purpose: Er werd beoogd om het bereik, de intentie tot toepassing, kwaliteit en duurzaamheid van een preventieprotocol voor incontinentie-geassocieerde dermatitis (IAD) na te gaan en de impact van het project op de kennis en attitude van

zorgverleners te meten in één woonzorgcentrum.

Methods: Het RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework werd gebruikt als leidraad binnen dit kwaliteitsverbeteringsproject. Aanwezigheidslijsten en compliance aan het protocol werden geanalyseerd om het bereik, de intentie tot toepassing en de kwaliteit van het protocol te onderzoeken. Vragenlijsten omtrent de kennis en attitude t.o.v. IAD werden afgenomen voor en na de vorming en na de implementatie. Focusgroepen met zorgverleners werden uitgevoerd om te peilen naar barrières en facilitatoren die de implementatie beïnvloeden.

Results: In totaal waren 104 zorgverleners tewerkgesteld in het woonzorgcentrum (verpleegkundigen (24.0%) en zorgkundigen (53.8%)). Tijdens de vorming waren er proportioneel minder verpleegkundigen aanwezig (14.3%) in vergelijking met hoofdverpleegkundigen (100.0%) en zorgkundigen (65.3%). Na de vormingssessies namen de kennisscores enkel bij zorgkundigen significant ($p < 0.001$) toe en bleef de algemene attitude positief bij alle zorgverleners. Tijdens de implementatieperiode was de compliance aan het protocol laag. De zorgverleners rapporteerden dat kennis, rollen en verantwoordelijkheden, holistische zorg en voorwaarden voor het naleven van protocollen (kosteneffectiviteit, gebruiksvriendelijkheid en flexibiliteit) de implementatie en de compliance hebben beïnvloed.

Conclusions: Het preventieprotocol voor IAD werd niet geïmplementeerd zoals bedoeld. In toekomstige kwaliteitsverbeteringsprojecten zijn bijkomende implementatiestrategieën nodig, waaronder een multidisciplinair wondzorgpanel, continue opleiding en het aantonen van effectiviteit, om de compliance en de kennis ten opzichte van IAD te verbeteren.

Kennis van frailty

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Doel: Er is steeds meer ruimte en aandacht voor de mogelijkheden die onze verouderende populatie met zich meebrengt. Eén van de belangrijkste bezorgdheden echter aangaande onze verouderende samenleving is frailty. Ondanks de vele bestaande initiatieven in het uitwerken van richtlijnen, alsook het ontstaan van geriatrie dagziekenhuizen, is bijkomende aandacht voor deze problematiek nodig.

De vraag die hierbij kan worden gesteld, is: 'Welke kennis en skills bezitten gezondheidswerkers, bij wie het voornaamste doelpubliek de oudere is, rond het thema frailty?'

Methode: Er werd gebruik gemaakt van een semigestructureerd interview, om na te gaan wat de huidige kennis en visie van het concept frailty is bij zorgverleners werkzaam in een ziekenhuis, met als voornaamste doelpubliek de oudere. Om de resultaten gestructureerd weer te geven, werd gebruik gemaakt van een matrix.

Resultaten: Uit dit onderzoek blijkt dat de kennis en huidige aanpak van frailty in de klinische praktijk nog erg gefragmenteerd is. Hoewel gezondheidswerkers over het algemeen een relatief goed beeld hebben van het fenomeen, worden fundamentele processen te weinig uitgebreid besproken om echt te kunnen spreken van de aanwezigheid van "diepgaande kennis".

"Hello, you must be Flo": a usability study with (future) nurses on a virtual gaming simulation about the care for community-dwelling older persons

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Aim: Virtual gaming simulations (VGS) provide nurses with an opportunity to apply theoretical concepts in a simulated clinical experience, encouraging reflection on decision-making in a safe and controlled learning environment. This study evaluates the

usability and applicability of a newly developed VGS for (future) nurses caring for the elderly at home.

Methods: A moderated usability test (in person or through video call) was conducted to explore the perceived usefulness and perceived ease of use by learners. This study also provides the development team with potential enhancements. A mixed-method design using surveys and focus groups was used to explore user's satisfaction, self-confidence, engagement and simulation design.

Results: Thirteen student-nurses and 15 nurses participated in the testing. The participant group included mostly women (82%). High levels of effective simulation design elements were reported. Survey results indicated positive outcomes in self-confidence and satisfaction. Participants were fully immersed in the game and curious to keep playing. Focus group data revealed the importance of creating an realistic and user-friendly game. Debriefing in group is seen as essential for processing the game. VGS helps improve critical reasoning and understanding the complexity of nursing. The participants perceived it as added value in training (future) nurses within a safe learning environment.

Conclusion: Participants found the game easy to use and useful. Testing provided the development team with ideas to improve the user interface. This study suggests that the VGS is a strategy with potential to assist (future) nurses in developing clinical outcomes.

Overtuigingen over medicatie na ziekenhuisontslag bij patiënten met polyfarmacie: zijn patiënten overtuigd van de voordelen van hun geneesmiddelen?

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Doel: Beschrijven van de overtuigingen over medicatie bij geriatrische patiënten met polyfarmacie na ontslag en het evalueren van de impact van ontslagmanagement op deze overtuigingen.

Methodologie: Een cross-sectionele studie werd uitgevoerd bij 400 geriatrische patiënten met polyfarmacie uit twaalf algemene ziekenhuizen in Vlaanderen. Op de dag van ontslag werden socio-demografische gegevens bevestigd en werd het geriatrisch risicoprofiel bepaald. Tijdens een huisbezoek twee tot vijf dagen na ontslag, werd de Beliefs about Medicines Questionnaire en een zelfontwikkelde vragenlijst over medicatie-gerelateerd ontslagmanagement afgenomen.

Resultaten: De meeste patiënten met polyfarmacie hadden sterke overtuigingen over de noodzaak van medicatie in functie van het behoud van hun gezondheid nu en in de toekomst. Een aanzienlijk deel was echter bezorgd over de mogelijke negatieve effecten van medicatie, zoals langetermijneffecten (28%) en het afhankelijk worden van medicatie (25%). Niettemin wogen de voordelen van medicatie zwaarder dan de nadelen, aangezien de gemiddelde score voor noodzaak van medicatie (19,4/25) hoger was dan de gemiddelde score voor zorgen over medicatie (11,9/25). Geen patiënt- of ontslag-gerelateerde factoren waren significante voorspellers van medicatieovertuigingen in deze steekproef.

Conclusie: Hoewel patiënten met polyfarmacie overwegend positieve overtuigingen over medicatie hadden, is het belangrijk om medicatieovertuigingen vóór ontslag te bespreken met patiënten zodat zorgen over medicatie geïdentificeerd en aangepakt kunnen worden. Het actief betrekken van de patiënt in gesprekken over medicatie kan twijfels en zorgen over geneesmiddelen blootleggen waardoor de farmacotherapeutische zorg beter afgestemd kan worden op de waarden, voorkeuren en behoeften van de patiënt en biedt de mogelijkheid om het medicatiegebruik thuis te verbeteren.

"Invisible hence inexistent?": Sexual violence in older adults

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Purpose: Although sexual violence (SV) is increasingly recognised as a major public health problem, older people are ignored in policies and practices on SV. Research on prevalence and impact of SV in older adults is limited and Belgian figures on the subject are non-existent. This mixed-methods study aimed to better understand the nature, magnitude and mental health impact of SV in older adults in Belgium.

Methods: We conducted face-to-face interviews through structured questionnaires with 513 older adults (70+) across Belgium and 100 old age psychiatry patients. Quantitative data were triangulated with qualitative data from 15 in-depth interviews with older SV victims.

Results: Over 44% of Belgian older adults and 57% of old age psychiatry patients experienced SV during their lifetime, 8% and 7% respectively in the past 12-months. Lifetime exposure to SV was associated with depression ($p=0.001$), anxiety ($p=0.001$) and PTSD in older adults with chronic disease/disability ($p=0.002$) or lower education level ($p<0.001$). A minority of victims (40%) disclosed their experiences to their informal network and 4% sought professional help. Older victims are willing to share their experiences, but ask health care workers to initiate the conversation.

Conclusions: This study highlights the importance of recognising older adults as a risk group for SV and the need for tailored care for older victims. Health care professionals working with older adults need to be qualitatively trained to initiate a conversation around SV and its mental health impact in old age through training, screening tools and care procedures.

Levensmoeheid bij ouderen. Van inzichten en valkuilen in de praktijk naar handvatten binnen psychotherapie

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Inleiding: Levensmoeheid duidelijk omschrijven is niet eenvoudig. Ook bestaan er onvoldoende handvatten om er mee aan de slag te gaan in de psychotherapeutische praktijk. Diverse vragen worden onderzocht: (1) Wat wordt er onder levensmoeheid verstaan? (2) Wat zijn onderliggende oorzaken? (3) Welke signalen kunnen er waargenomen worden? (4) Hoe wordt levensmoeheid vandaag in de praktijk aangepakt?

Methode: Een semigestructureerd interview werd afgenomen bij negen personen die werken met ouderen en/of kennis hebben over het thema, zijnde twee gerieters, twee huisartsen, één doctoraatsonderzoeker, één socioloog/beleidsmedewerker en drie ouderenpsychologen, waarvan één ook psychotherapeut. Op inductieve wijze werden de resultaten verwerkt.

Resultaten: De resultaten geven aan dat het definiëren van levensmoeheid niet eenvoudig is. Verschillende oorzaken van levensmoeheid worden geformuleerd. Signalen worden zowel op een actieve als passieve manier geuit. Verschillen tussen personen zijn hierbij aanwezig. In sommige gevallen is het een familielid/mantelzorger die de boodschap oppikt en kenbaar maakt aan een zorgverlener. Belangrijke handvatten in de praktijk zijn: 1) zet in op het tegengaan van levensmoeheid, 2) herken en bespreek signalen, 3) zet in op nauwkeurige psychodiagnostiek, 4) vorm een (in)formeel team, 5) biedt (psycho)therapie aan, 6) geef ondersteuning en informatie aan de omgeving en 7) heb aandacht voor zelfzorg.

Besluit: Het laatste woord over levensmoeheid is nog niet geschreven. Verder onderzoek naar het definiëren van het concept en de aanpak in de praktijk is geen overbodige luxe. De praktijk vraagt echter vandaag reeds aandachtspunten om met deze problematiek zo goed mogelijk om te gaan. De geformuleerde handvatten vormen hiervoor een aanzet.

Exploring the experiences and challenges of Flemish healthcare professionals in achieving qualitative care for older persons

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Purpose: The (double) ageing population creates major challenges for the society. The current needs of these older persons, relatives and professional caregivers are big, and are continuously increasing. There is a huge need for searching solutions towards qualitative, innovative and sustainable care for older persons. The present study aimed to explore healthcare professionals' experiences and views.

Methods: Semi-structured focus groups (n=7) were conducted with an heterogeneous purposive sample of professional caregivers (n=35) and students from bachelor programmes in health and care (n=4). Data were audio taped (14h) and transcribed verbatim. Participatory observations in two geriatric care settings were conducted (48h), reported in field notes. A qualitative content analysis was performed resulting in clusters of experiences and views, labeled as themes.

Results: The experiences and views towards qualitative care were summarized in 10 central themes: meaningful activities, autonomy and participation, end of life, living environment, meals, organization of care, oral care, person-centred care, social network, special needs. These themes require a daily challenge for professional caregivers to maintain them in changing circumstances. Although professional caregivers from different disciplines mention that they are driven by gratitude from the elderly and their family.

Conclusions: The 10 central themes transcend the different included care settings, recognized by every healthcare professional discipline. Results from this study might give a scope for future research and innovation in elderly care.

How strong is the will-to-live in frail older persons: a survey study in acute geriatric wards and nursing homes in Flanders

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Purpose: Will-to-live is defined as 'the psychological expression of one's commitment to life and the desire to continue living, encompassing both instinctual and cognitive-emotional components'. In this study we aim to assess the will-to-live in patients admitted to acute geriatric units (AGUs) and in nursing homes (NH) residents, and its correlation with frailty.

Methods: This is a multicenter study performed in 5 NH's and 2 hospitals in Flanders. Will-to-live was assessed by asking 'on a scale from 0 to 5, would you say your will to live is...?'. Linear regression analysis was performed to assess the association between will-to-live and frailty (clinical frailty scale). Spearman correlation coefficient (rs) was used to evaluate the association between will-to-live and depression (geriatric depression scale), tiredness of life (yes/no) and wish-to-die (CADO-scale).

Results: In total, 186 patients were included in the study (89 NH residents, 97 AGU patients) with a mean age of 85 (\pm 6.2) years and mean clinical frailty scale of 5 (\pm 1.5). Half of patients had a strong or very strong will-to-live (mean will-to-live was 4 (\pm 1.3)). There was no significant association with clinical frailty ($P = 0.660$), after adjustment for age, gender and setting. Will-to-live was weak, although significantly correlated with tiredness of life ($rs = -0.248$, $P = 0.020$) and wish-to-die ($rs = -0.372$, $P < 0.001$), but not with depression ($rs = -0.141$, $P = 0.186$).

Conclusions: Both NH residents and AGU patients expressed a strong will-to-live. Will-to-live was not associated with physical frailty as measured by the clinical frailty scale.

Auteurs

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