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1. Commonly prescribed antihypertensive drugs and alterations in physical performance

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Purpose

To observe associations between the use of various classes of antihypertensive drugs and muscle performance in elderly.

Methods

One-hundred sixty-five participants (58/107 M/F; average age 71.6 ± 4.8y) of the SENIOR PROJECT INTENSIVE TRAINING (SPRINT) study were assessed (at baseline) for health status, maximal handgrip strength (GS), muscle fatigue resistance (FR), grip work (GW, integrating GS and FR), 6 minute walk test (6MWT), 30-Second Chair Stand Test (30 s-CST), and Timed Up-and-Go test (TUG). Antihypertensive drugs were classified in commonly prescribed classes: angiotensin-converting enzyme inhibitors (ACEi), angiotensin-receptor blockers (ARBs); beta blockers (β-blocker); calcium-channel blockers; diuretics; and centrally acting agents. One-way multivariate analysis of variance (one-way MANOVA) and Tukey post-hoc tests were performed in order to compare results of physical performance with prescribed antihypertensives.

Results

Eighty participants (48.5%) used antihypertensive drugs. ACEi users showed better physical performance than participants who used other antihypertensive drugs, with ARBs users as second best and β blocker users presenting the worst performance. A significant difference was found between ACEi and β blocker users for 6MWT and TUG values ($p < 0.016$ and 0.025, respectively). There was no significant difference between ACEi users and non-antihypertensive drug users for physical performance. However, non-antihypertensive users differed significantly for 30 s-CST and TUG from users of ARBs ($p < 0.018$ and 0.004, respectively) and β blocker ($p < 0.001$ and <0.001, respectively).

Conclusion

Our observation shows evidence in favor of ACEi compared to other antihypertensive drugs in older adults regarding muscle-related performance. Therefore, physicians may consider these findings when prescribing with respect to the benefit versus risk balance in older adults.

2. Histopathologische correlatie tussen incisiebiopsie en excisie van basocellulaire carcinomen, een veelvoorkomende ziekte in de ouderenpopulatie

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Achtergrond

Het Basocellulaire Carcinoom (BCC) is de meest frequente maligne ontaarding bij de mens en wordt vaak bij ouderen vastgesteld. Voor optimale behandeling is het stellen van de correcte diagnose, door middel van histopathologische subtypering, essentieel.

Doel

De diagnostische accuraatheid van BCC-biopsiecoupes werd bestudeerd, gedefinieerd als de histopathologische correlatie tussen het BCC subtype bij de biopsie en bij de excisie.

Methode

Retrospectieve studie waarin 117 BCCs (van mei 2014 tot en met juni 2016) microscopisch werden geëvalueerd. Alle BCCs waren histologisch geverifieerd en door middel van excisie (Mohs micrografische chirurgie of standaard excisie) behandeld.

Resultaten

Bij de 117 beschouwde BCCs werd een histologische concordantie van 63,2% (95%-BI: 54,2–71,4%) vastgesteld: 74 van de 117 patiënten (gemiddelde leeftijd 68,5 jaar, 47,9% vrouwen) hadden hetzelfde histologische subtype op zowel biopsie als excisie. Bij 29,7% van de laag-risico BCCs op biopsie zag men bij de excisie een agressiever hoog-risico subtype. Bij 90,0% van de hoog-risico BCCs op biopsie was er ook een hoog-risico subtype bij de excisie.

Conclusie

De histologische correlatie van de BCC subtypes bedroeg 63,2%. Bij 29,7% van de laag-risico biopsies zag men bij excisie een hoog-risico subtype. Er was een hogere concordantie bij de hoog-risico biopsies, waarbij 90,0% ook een hoog-risico subtype was bij excisie. Voor therapiekeuze is het belangrijk om rekening te houden met een zekere discordantie tussen biopsie en therapeutische excisie. Er is een nood aan een consensus in de histologische classificatie van het BCC: verdiepend onderzoek en registratie kan een basis bieden voor een algemeen aanvaardbare histologische classificatie.

3. Alle ouderen aan de slag. De invloed van het uitvoeren van vrijwilligerswerk op de ervaren kwaliteit van leven

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Doel

Ouderen actief ouder laten worden in de maatschappij met een correcte ondersteuning en hun eigen capaciteiten en beperkingen is een uitdaging. Het uitvoeren van vrijwilligerswerk door ouderen zou een aantal voordelen voor de oudere zelf hebben maar ook voor de maatschappij. Er werd nagegaan in hoeverre oudere vrijwilligers een hogere kwaliteit van leven ervaren t.o.v. ouderen die geen vrijwilligerswerk uitoefenen.

Methodologie

De WHOQOL-BREF, een vragenlijst omtrent kwaliteit van leven van de World Health Organization, werd zowel aan ouderen die vrijwilligerswerk uitvoeren als aan ouderen die het niet uitvoeren voorgelegd. Daarnaast werd ook gepeild naar de motieven om vrijwilligerswerk uit te oefenen en werden een aantal administratieve gegevens van elke respondent verzameld.

Resultaten

Uit dit onderzoek blijkt dat er een verband is tussen het uitvoeren van vrijwilligerswerk als oudere en de ervaren kwaliteit van leven. Er werd een significant resultaat gevonden voor het domein psychologisch, fysieke en omgeving. Voor het domein sociale relaties werd geen significant verband gevonden tussen het uitvoeren van vrijwilligerswerk en de ervaren kwaliteit van leven. Oudere vrijwilligers zijn vaker hoger opgeleid en zijn in het algemeen jonger dan de ouderen die geen vrijwilligerswerk uitvoeren. Ondanks deze verschillen blijven de significante resultaten bestaan.

Conclusie

Verder longitudinaal onderzoek is aangewezen om te zoeken naar een oorzaak-verband-relatie tussen vrijwilligerswerk en de ervaren kwaliteit van leven van ouderen. Het is ook interessant in de toekomst te bekijken of er voor Vlaamse ouderen een invloed is tussen het aantal uren vrijwilligerswerk en de ervaren kwaliteit van leven.

4. Vitale parameters bij geriatrische patiënten: noodzaak tot ontwikkelen van GEWS

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Doel

Het routinematig afnemen van vitale parameters wordt vaak als criterium beschouwd voor het bekomen van accreditatie.

Vitale parameters (bloeddruk, pols, saturatie, ademhalingsfrequentie, bewustzijn en pijn) bij fragiele ouderen verschillen echter tegenover volwassenen. De accuraatheid van de MEWS bleek onvoldoende om cardiaal arrest te voorspellen in deze groep en dus ontoereikend om de zorg hierop af te stemmen (Churpek et al., Circulation 2016). Het ontwikkelen van een GEWS (=Geriatric Early Warning Systeem), die rekening houdt met de gewijzigde vitale parameters veroorzaakt door specifieke fysiologische veranderingen, is een noodzaak om kwaliteitsvolle zorg te kunnen geven.

Methodologie

Een literatuurstudie omtrent vitale parameters bij ouderen werd verricht. Cut-off waarden (normaal/afwijkend/verontrustend) werden vastgelegd aan de hand van studies bij fragiele ouderen. Een stress test werd afgenomen bij alle G patiënten tijdens verhuis van het ziekenhuis. De parameters werden ingevuld voor en na verhuis. Nadien werden zowel MEWS als GEWS ingevuld. Aan de hand hiervan konden enkele parameters verfijnd worden (bloeddruk en pols).

Resultaten

Een specifieke tool, GEWS, werd ontwikkeld met duidelijke klinische meerwaarde tegenover MEWS. Uit de eerste ervaringen blijkt dat deze tool correct probleem patiënten detecteert en de vals positieve MEWS duidelijk vermindert. Bijkomend, wordt een betere pijnrapportage bekomen. Gegevens naar het voorspellen van mortaliteit zullen bekeken worden tijdens een volgende griepepidemie.

Conclusie

Vitale parameters bij ouderen verschillen tegenover volwassenen. Het is een noodzaak om een specifiek instrument te ontwikkelen dat voldoende sensitief en specifiek is.

5. ACTIV—AGE @home, exerciseprogram for community dwelling frail older adults: effects on physical fitness, ADL, participation and quality of life

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Purpose

This study investigated the effectiveness of a 'functional-exercise@home program' for frail community living older adults. The exercises were derived from daily activities and trained according evidence-based training-principles. It was hypothesized that this program could be effective in improving physical fitness, Activities of Daily Living, Participation and Health Related Quality of Life.

Method

This study was a single-blind pragmatic randomized trial with two intervention- and 1 control-group (n = 16) (pre-test-post-test, intention-to-treat analysis) including 71 participants (mean age 80y, range 70–97; sd 6.40 and mean Groninger-Frailty-Index-score 6.80; range 4–12; sd 2.22). ACTIV-AGE@home1 (n = 29) and ACTIV-AGE@home2 (n = 24) varied in training intensity with the latest more approaching the ideal workload of 80% of 1Repetition Maximum and thus being more intensive. Analysis of covariance was used to compare the outcomes across groups with post-tests as outcome and baseline-values as covariates. In addition, qualitative self-report data were collected.

Results

There were (borderline) significant differences between the intervention- and the control-group on the arm-curl test (p = 0.03), Tinetti (p = 0.052), participation (IPA)(p > 0.000), subjective health (SF-36)(p = 0.095) in favor for AA@home2 compared to both AA@home1 and the control condition. The qualitative data, in addition, revealed that the participants experienced positive effects: 90% felt healthier, stronger (70%), more stable (80%), more agile (70%), more confident (n = 17/27), more mentally vital (90%) and had less fear of falling (60%).

Conclusion

Follow-up study is now being conducted to determine long term effectiveness, but these results can already be seen as promising for further research (e. g. increasing sample size) and development of the program.

6. Het ontwikkelen van een valide en betrouwbaar screeningsinstrument om acute fysieke deterioratie bij bewoners van woonzorgcentra te detecteren

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Doel

Bijna 10% van de bewoners van woonzorgcentra (WZC) wordt jaarlijks gehospitaliseerd. Dit is belastend voor de bewoner, zijn omgeving, en heeft een grote impact op de maatschappij. Daarbij zijn hospitalisaties vaak onnodig of konden ze voorkomen worden. Er zijn echter nog geen meetschalen om bewoners van WZC met een acute fysieke deterioratie te detecteren. Het doel van dit onderzoek is om dergelijk screeningsinstrument te ontwikkelen.

Methodologie

Een pilotstudy, zijnde controlled-trial zonder randomisatie waar bij de interventiegroep wekelijks bepaalde parameters werden afgenomen (2 maanden). Bij afwijkende parameters werd een kleine survey vervolledigd. Exclusie van bewoners jonger dan 65 jaar en DNR3. De controlegroep had 150 bewoners, de interventiegroep 119.

Resultaten

Het aantal hospitalisaties en overlijdens was gelijklopend. Systolische bloeddruk had invloed op hospitalisatie ($p < 0,001$), en pijn op overlijden ($p = 0,008$). De meeste parameters lagen binnen de grenswaarden. Verder blijkt dat zorgverleners zich over één bewoner zorgen maakten ($p = 0,14$).

Conclusie

De studie kent beperkingen, waaronder het weinig voorkomen van de outcomes. Tevens werd dit onderzoek slechts uitgevoerd in twee WZC. Uit dit kleinschalig pilootonderzoek blijkt dat parametercontrole geen voorspellende factor heeft naar overlijden en hospitalisatie toe. Tevens kwam naar voor dat zorgverleners zich weinig zorgen maakten over de gezondheidstoestand van de bewoners. Verder onderzoek wordt gepland om, na optimalisatie van het meetinstrument, een grotere database te verkrijgen. Op die manier zullen de outcomes hospitalisatie en overlijden meer voorkomen om zo onderbouwde conclusies te bekomen.

7. Strenght endurance exercise but not intensive strength exercise reduces senescence-prone t?cells in peripheral blood in older women

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Purpose

Immunosenescence (IS) refers to the inability of the immune system to respond adequately to challenges. It is characterized by an accumulation of highly differentiated memory and senescent phenotypes—at the expense of naïve cells—with a consequent increased risk of morbidity and mortality from infectious disease. Although exercise is recognized as a safe countermeasure for IS, few studies have explored its long-term effect on IS. Moreover, the optimum training modality required to obtain beneficial results in older subjects is lacking. Therefore, we investigated the impact of different training modalities on makers of IS in elderly subjects.

Methodology

One hundred older women (> 65 years) were randomized to 2–3 times/weekly training for 6 weeks at either intensive strength (3 ×10 repetitions at 70–80%1RM, IST$n = 31$), strength endurance (2 ×30 repetitions at 40%1RM, SE$n = 33$), or flexibility (control, FT, $n = 36$) training. The surface markers of IS were determined using flow cytometry.

Results

There was a significant training-induced decrease in the number of the senescence-prone cells in the SET intervention group ($p < 0.05$). No significant change was observed following IST or FT. More so, a significant association was found between the

reduction in the absolute number of senescence-prone cells and the number of exercise sessions performed (r $= -0.270 p =$ 0.014).

Conclusion

The results indicate that SET can reduce senescence-prone cells following 6 week-training. Conceivably, training protocols with many repetitions—at a sufficiently high external resistance to mobilize lymphocytes—might be necessary to obtain optimal results.

8. Atypical presentation of herpes zoster in the elderly

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Objective

Description of the variability of herpes zoster infection in the elderly and its detrimental effects.

Method

Search in Pubmed based on key terms "elderly", "zoster" and "atypical".

Results

The chance of a herpes zoster infection or reactivation increases with age especially in those who are unvaccinated, though atypical presentations are relatively infrequent in the literature. In the general population, atypical presentations of herpes zoster are mostly found in immunocompromised patients. Atypical forms include reactivation on multiple dermatomas on one side (unilateralis) or both sides (duplex or bilateralis). An extensive presentation results in a disseminated herpes zoster. With atypical forms, complications are more seen such as bacterial surinfections, herpes zoster ophthalmicum, postherpetic neuralgia, Bell's palsy and Ramsay Hunt. More less known complications are also described such as transient ischemic attack, cerebrovascular event, meningitis, encephalitis and even hepatitis and pancreatitis. The mortality increases with age.

Conclusion

Elderly patients are not only more susceptible to a herpes zoster infection or reactivation, they also have more risk of developing an atypical or complicated form where immunosenescence and frailty very likely have a key role in the pathophysiology. Atypical herpes zoster are probably underestimated in the elderly because of its unusual presentation. Nonetheless, recognizing an atypical presentation is of great importance because this is usually accompanied by more severe complications. It has a detrimental effect on the functionality of the elderly contributing to malnutrition, sarcopenia, loss of independence and quality of life.

9. The influence of immunonutrients in the daily diet on anti-inflammatory effects of physical activity in the aged

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Background

Regular physical activity at later age may shift inflammaging to anti-inflammaging. In addition to physical activity, immunonutrients may also play a role in this shift as they have an immunomodulatory function.

Purpose

is to investigate whether immunonutrients in the daily diet influence the anti-inflammatory effects of physical activity in the aged.

Method

63 community-dwelling female aged ≥65 years participating on the Senior's Project Intensive Training (SPRINT) who were randomly assigned to either 3 times per week intensive strength training (IST, 3 ×10 repetitions 70–80% 1RM), strength endurance training (SET, 2 ×30 repetitions 40–50% 1RM) or flexibility training (FT, 3 ×30s) and in whom inflammatory markers (IL-6, IL-8, sTNF-r1, IL-1ra) and intake of immunonutrients (proteins, Ω3, Ω6/Ω3, vitamin A, C, D, zinc and selenium) were

available at baseline and after 3 months training; were included.

Results

The intake of all immunonutrients was below the recommended daily reference intake. At baseline there was a significant relationship between proteins and IL-6 (−0.249; $p = 0.049$) and proteins and sTNF-r1 ($r = −0.382$; $p = 0.002$). Although no nutritional advice was provided, zinc-intake increased significantly in all groups (IST: $p = 0.016$; FT: $p = 0.038$; SET: $p = 0.010$). The change of zinc was negatively significantly correlated with the change of IL-1ra in the FT-group ($r = −0.592$; $p = 0.005$) and after the adjustment of the covariate change of zinc; IL-1ra decreased significantly in the FT-group ($p = 0.005$).

Conclusion

In this setting the change of zinc-intake has influence on the anti-inflammatory IL-1ra. Further research is necessary to investigate the impact of immunonutrients on inflammaging and anti-inflammaging.

10. Association between bisphosphonate use and atypical humeral shaft fractures

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Purpose

Antiresorptive therapy is an important component in the treatment of osteoporosis. A rare side effect is reported of atypical femoral fractures and prolonged antiresorptive therapy. Data of atypical fractures of other long bones are limited. We investigated the association between the occurrence of atypical humeral fractures and the use of bisphosphonates or glucocorticoids.

Methodology

Patients ≥65 years with a humeral fracture between 2000 and 2014 were extracted from the database of UZ Leuven, Belgium. Radiographs, fracture site and energy of trauma were reviewed. To define atypical humeral shaft fractures we used the major criteria described for atypical femoral fractures of the ASBMR Task Force (JBMR 2014). Categorical data were analyzed using Pearson chi square test.

Results

From the 2,102 patients with a humeral fracture, 154 had a shaft fracture (7.3%). 136 of these patients had a low-energy shaft fracture (88%). In this group, bisphosphonate was used by 10 patients (6.5%) and glucocorticoids by 5 patients (3.6%). 25 patients with a low-energy humeral shaft fracture (18%) showed atypical characteristics. 3 and 2 of these patients were treated with bisphosphonates and glucocorticoids respectively at the moment of the fracture. No significant association between atypical humeral shaft fractures and the use of bisphosphonate or glucocorticoids was found (OR [odds ratio] 2.136; 95%CI 0.495–9.214 and OR 2.812; 95%CI 0.444–17.81 respectively).

Conclusion

This study shows that atypical humeral shaft fractures are rare (1.1% of all humeral fractures) and based on our data appear not associated with the use of bisphosphonates or glucocorticoids.

11. Comparison of muscle strength and fatigability obtained by Martin Vigorimeter and Jamar Dynamometer in frail elderly females

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Purpose

Fatigue is a central component in the numerous assessments tools which have been developed to identify frailty. Muscle fatigability can be easily measured based on sustained handgrip performance, but different grip strength (GS) devices exist and its relation to frailty remains unclear. Thus our aim was to compare handgrip performance obtained by Martin Vigorimeter (MV) and Jamar Dynamometer (JD) in frail elderly females.

Method

53 community-dwelling females (63–100y) were studied. Participants were divided into tertiles based on the Frailty Index

score (FI, according to Rockwood): low Frail (LF, FI < 0.19), intermediate Frail (IF, FI 0.19–0.36), and high Frail (HF, FI > 0.36). Relationships with maximal grip strength (GSmax), fatigue resistance (FR) and grip work (GW, corrected for body mass)—all measured by both MV and JD—were explored.

Results

LF were significantly stronger than IF and HF on both MV and JD. FR, when measured with MV, was 2 ×worse in HF compared to LF (23.87 ± 12.69 s versus 44.29 ± 24.6 s, p =0.011), whereas no significant difference was found when measured with JD. In logistic regression models, higher age (OR = 1.171–1.231) was significantly related to HF as well as worse muscle strength and fatigability measured with MV (OR = 0.927 for GS, OR = 0.944 for FR and OR = 0.901 for GW) but not when measured with JD.

Conclusion

Our results suggest that MV is a more appropriate handgrip device compared with JD to assess muscle strength and fatigability in the context of frailty.

12. Betrouwbaarheid sterftecijfers beperkt. Een kritische kijk op sterftecijfers

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Doel

Recent verscheen in de media en de wetenschappelijke literatuur, heel wat over de betrouwbaarheid van sterftestatistieken: 30 tot 50% van onze sterftecijfers zou fout zijn. In deze studie willen we de betrouwbaarheid van de Vlaamse sterftestatistiek kritisch bekijken en denken we na over hoe we de betrouwbaarheid ervan kunnen verbeteren.

Methodologie

In Vlaanderen zijn de overlijdenscertificaten de basis voor de sterftestatistiek. De kwaliteit van onze statistiek rond doodsoorzaken is dus rechtstreeks afhankelijk van hoe correct overlijdenscertificaten worden ingevuld, gecodeerd en verwerkt. We bekijken in deze studie hoe model III C ingevuld zou moeten worden, wat de rol van IRIS is en vergelijken de Vlaamse sterftestatistiek met buitenlandse gegevens.

Resultaten

De betrouwbaarheid van zowel de Vlaamse als de buitenlandse gegevens rond doodsoorzaken is beperkt. Mogelijke oorzaken van het onvolledig of foutief invullen van model III C zijn de attesterende arts, de locatie waar en het moment waarop het overlijdenscertificaat ingevuld wordt, de complexiteit van het huidige formulier ... Inzicht in de opbouw van overlijdenscertificaten en de manier waarop deze gegevens verwerkt worden, samen met opleidingen (zoals die georganiseerd door de WHO) zorgen voor een significante verbetering in de kwaliteit van sterftegegevens. Cruciale rollen zijn weggelegd voor ICD-10 (een door de WHO ontwikkelde classificatietool) en IRIS (een semi-automatisch codeersysteem).

Conclusies

Sterftecijfers zijn cruciaal voor de planning van onze gezondheidszorg en onderzoek. De betrouwbaarheid van sterftecijfers kan beter. Hiervoor is het belangrijk om nauwkeurig en systematisch de overlijdenscertificaten in te vullen. Een opleiding rond certificeren kan een significante verbetering geven.

13. Exocrine pancreatic insufficiency of unknown etiology: An overlooked reason of failure to thrive

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Introduction

The underlying cause of involuntary weight loss in elderly remains unidentified in about 25% (Wallace J. 1995). It is however not clearly stated if pancreatic insufficiency, that has been described in up to 8 per 100,000 of males and 2 per 100,000 of women has been excluded in these studies. Our case report demonstrates that it can be a reversible cause of weight loss in older patients. Case presentation: A 92-year old woman was admitted with a weight loss of 7 kg in the past 3 years. Complaints of chronic diarrhea since 8 years had been investigated with repetitive stool examinations and repetitive colonoscopies. There was no history of alcohol abuse. Steatocrit levels were 50% (normal range <10%), abdominal CT showed an important

pancreatic atrophy and 13C mixed triglyceride breath test showed severely disturbed exocrine pancreatic function. Pancrelipase (Creon®) was initiated in this patient with rapid relief of symptoms and a weight gain of 7 kg in 8 months. No additional nutritional interventions were performed. Discussion: Idiopathic exocrine insufficiency without a history of pancreatic disorder was detected in our patient. Treatment with oral enzyme administration completely resolved diarrhea and led to restoration of normal weight. We suggest that pancreatic insufficiency should be excluded in older patients who suffer from weight loss and chronic diarrhea of unknown etiology although the prevalence is low.

14. Associations between depressive mood and grip strength in elderly patients undergoing elective abdominal surgery

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Purpose

Low handgrip strength can predict poor post-operative outcome in elective surgery patients. Since the inverse association between maximal grip strength and depressive symptoms in community-dwelling individuals (60+) has already been established, we hypothesized that depressive mood (after recent diagnosis and decision of operation) would be associated with poor pre-operative grip-strength in older elective abdominal surgery patients.

Methodology

Pre-operative data obtained one-day before the surgical intervention of 18 participants (aged 71.9 ± 6.9 years old, 10 male, 8 female), of the FATSURG study (an ongoing double-blind placebo-controlled RCT, EUDRACT n° 2011-005534-19) were used including maximal grip strength (assessed with Martin Vigorimeter), depressive mood (depression subscale of the Profile Of Mood State questionnaire) and nutritional status (MNA, circulating Albumin level and body mass index).

Results

Higher depressive symptoms were significantly related to worse grip strength ($r = -0.57 p < 0.05$) thus confirming our hypothesis. Nutritional status was not related to strength nor to depressive mood.

Conclusion

Our results confirm the potential mediating role of depressive mood in pre-operative muscle weakness in elderly (60+) elective abdominal surgery patients. Since these symptoms are negative predictors for post-operative outcome and recovery, they should be considered as a target for peri-operative care and rehabilitation.

15. Program preferences and (dis)incentives of older people to participate in nutritional and physical exercise programs

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Purpose

This study evaluated interpersonal, intrapersonal and community (dis)incentives, concepts of motivation and preferred program formats towards a physical exercise (PE) or nutritional program in older people, with or without frailty or risk of sarcopenia.

Methodology

A questionnaire was developed and filled in by 115 community-dwelling older adults after content ($n = 7$ experts) and face validation ($n = 8$ older adults). We assessed (1) the agreement with a statement (a statement with which >70% of the participants agrees or strongly agrees is considered as a common statement); (2) concepts of motivation by an exploratory factor analysis and; (3) program preferences by nonparametric Wilcoxon or Friedman's Analysis of variance (ANOVA) and post-hoc Wilcoxon signed rank tests.

Results

Intrapersonal motivators (e. g., health benefits) were the most common motivators to participate in a PE or nutritional program. Identified concepts to participate in a PE intervention were intrinsic health beliefs, fear of falling or injuries, influence

of significant others and environment and (para)medical encouragement (Cronbach alpha 0.75; 72% variance explained). Intrinsic health beliefs, influence of significant others and (para)medical encouragement were identified as concepts that motivates older people to participate in a nutritional intervention (Cronbach alpha 0.77; 78% variance explained). No favorability of exercise location was identified. However, older people preferred protein supplement intake in a tablet form and in a pulsed timing.

Conclusion

Program preferences of older people towards nutritional interventions need to be taken into account in future clinical trials and implementation programs to increase recruitment and adherence to interventions.

16. Rehospitalization rates in senior adults with acute hospital admission: Influence of the ILT

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Objective

Acute geriatric units (GEU) have beneficial effects on rehospitalization rates. The Belgian geriatric care program also includes an Internal Liaison Team (ILT). We investigated 3 month-rehospitalization rates among patients aged 75+, comparing hospitalizations in a GEU with ILT-follow-up in other wards.

Methodology

Retrospective study including 465 patients, hospitalized in July 2016 in the UZ Brussel (729 beds, 29 GEU-beds). Analyzed data comprised patient characteristics, (re-)admission type (unplanned versus elective), Geriatric Risk Profile (GRP) and referral to the Geriatric Day Hospital (GDH).

Results

Of the 465 patients 362 were unplanned admissions with 36 in GEU and 326 in other wards. GEU-patients were older (84.9 IQR $= 9.27$ vs. 82.9 IQR $= 8.25$; $p = 0.013$), had more frequently positive (94% vs. 80% $p = 0.035$) and higher (3.5 IQR $= 2.0$ vs. 2.0 IQR $= 2.0$ $p < 0.001$) GRP-scores, and a longer length of stay (LOS; 13.0 IQR $= 10.0$ vs. 7.0 IQR $= 3.0$; $p < 0.001$). GEU-patients had higher GDH-referral rates (33% vs. 11%; $p < 0.001$) and attended more frequently (22% vs. 4% $p < 0.001$). 70/362 patients were readmitted, 5/36 in the GEU and 65/326 in other units ($p = 0.383$), comprising 80% (4) and 86% (56) unplanned readmissions respectively ($p = 0.648$). Patients with unplanned readmissions within 3 months more frequently had a positive score on the GRP-item 'readmission' (31% vs. 16%; $p = 0.003$) at baseline.

Conclusion

GEU-patients were older, had higher GRP-scores, longer LOS and more successful referrals to GDH. Equal rates might suggest comparable effectiveness of ILT-interventions and GEU-hospitalization on unplanned rehospitalizations. Influence of GDH follow-up on readmissions remains unclear. Positive GRP-item 'readmission' indicates a high risk of re-readmission. Findings require confirmation in prospective research.

17. Non-surgical interventions for hyperkyphosis in older adults: A systematic review and meta-analysis

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Purpose

To examine the clinical efficacy of different types of non-surgical treatments (including exercise programs, manual therapy, taping and orthoses) on the kyphotic posture of older adults.

Methodology

PubMed, Web of Science and Cochrane Library were systematically screened for RCT's. Participants had to be 50 years or older with hyperkyphosis. Data of eligible studies was extracted systematically and the risk of bias (RoB) was assessed. Studies with RoB scores above average were considered 'best-evidence'. Additionally, a meta-analysis was performed.

Results

Ten studies (593 participants) met the inclusion criteria and six were included in the meta-analysis. The following interventions

Belgische Vereniging voor Gerontologie en Geriatrie Belgische Vereniging voor Gerontologie en Geriatrie Abstracts 41e Wintermeeting Belgische Vereniging voor Gerontologie en Geriatrie 2018. 10.1007/s12439-017-0245-1

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were investigated: exercise ($n = 6$), orthoses ($n = 2$), combined treatment ($n = 2$). Treatment modalities (e. g. duration, frequency, intensity) differ greatly between the studies. Four studies were considered as 'best-evidence'. The meta-analysis showed a significant effect on the kyphotic angle in favor of the experimental interventions (pooled effect size: −7.22°; 95%CI [−10.17, −4.27], $I^2 = 76\% p = 0.0003$). Subgroup analyses showed that 'risk of bias' but not treatment is a possible explanation for the high between-study heterogeneity: −4.18° (95%CI [−5.94, −2.42], $I^2 = 14\% p = 0.31$) for the best-evidence subgroup and −9.69° (95%CI [−12.49, −6.89], $I^2 = 33\% p = 0.21$) for the remaining studies.

Conclusion

This review shows that non-surgical therapeutic interventions such as exercise and orthoses should be considered to reduce hyperkyphosis in older people. Future research is needed to define the optimal modalities of these interventions.

18. Translation and validation of the psychometric properties of the Dutch version of the SarQoL®, a quality of life questionnaire specific to sarcopenia

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Purpose

To translate the SarQoL® questionnaire, a quality of life questionnaire specific to sarcopenia, into Dutch and to validate the psychometric properties of this new Dutch-language version.

Methodology

The translation was carried out using a 5-step methodology, with 2 initial translations, a synthesis of these 2 translations, 2 backward translations, an expert committee review and a pretest of the questionnaire. The validation of the Dutch SarQoL® consisted of an examination of its discriminative power, internal consistency, construct validity, test-retest reliability and floor and ceiling effects. Subjects were recruited from 3 studies at the Vrije Universiteit Brussel and from the general public. Sarcopenia was diagnosed with the EWGSOP algorithm.

Results

No significant problems were encountered during the translation process. A total of 92 subjects were included in the validation part of this study. Results indicated that the Dutch SarQoL® can discriminate between non-sarcopenic subjects and those with severe sarcopenia ($p = 0.003$—median QoL score 78.48 versus 64.14). Furthermore, it has high internal consistency (Cronbach's alpha=0.883) and good construct validity, as evidenced by the fact that 75% of hypotheses on correlations between the SarQoL® and domains from the SF-36 and the EQ-5D questionnaires were confirmed. An excellent test-retest reliability was found with an intraclass correlation coefficient of 0.967 (95% CI: 0.937–0.983). No floor or ceiling effect was present.

Conclusion

The Dutch version of the SarQoL® questionnaire has been validated and is now ready for use in clinical and research applications.

19. Lokaal ouderenbeleid anno 2016

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Doel

Op verschillende niveaus is het nodig rekening te houden met vergrijzing. Belangrijk is senioren te betrekken bij het maken van beleidsdoelstellingen en het nemen van beleidsbeslissingen (strookt met Vlaamse beleid dat evenwel geen dwingende imperatieven oplegt). Via dit onderzoek willen we inzicht krijgen in de structurele verankering van dit beleidsvoornemen.

Methodologie

Met een surveyonderzoek (vragenlijst) werd inzicht verworven in aanwezigheid, werking en inhoud van lokale ouderenbeleidsplannen. De bevraging is gebeurd in alle 308 Vlaamse steden en gemeenten. De vragenlijst bestond uit 27 vragen en 4 delen: administratieve gegevens van stad/gemeente, werking van het ouderenbeleid, inhoudelijke gegevens m.b.t. 'age-friendly cities' en opvolging van doelstellingen of acties.

Resultaten

111 steden en gemeenten hebben meegewerkt. De meesten hebben een schepen en ambtenaar specifiek bevoegd voor ouderenbeleid, een seniorenadviesraad en een aparte budgettering. Om een beleidsplan op te stellen, maken de lokale besturen gebruik van informatie via adviesraden, individuele personen of via gefundeerde onderzoeken. Hoewel het concept van de 'age-friendly cities' nog niet wijd verspreid is in Vlaanderen, zijn er heel wat doelstellingen gecreëerd die we kunnen onderbrengen in één van de 8 domeinen van de 'Global age-friendly cities: a guide'.

Conclusie/aanbeveling

Vlaamse lokale overheden zijn op meerdere fronten actief voor senioren. Op gevaar af de planlast te verhogen, durven we te pleiten voor uniforme en aparte ouderenbeleidsplannen die vorm krijgen o.b.v. de WHO-gids. Het zou de transparantie van het lokaal seniorenbeleid ten goede komen en het mogelijk maken doelstellingen/acties beter op te volgen en te evalueren.

20. Het gebruik van antidepressiva bij ouderen: huidige situatie en toepassing van de herziene STOPP-criteria

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Doel

Het doel van deze studie is het antidepressiva gebruik van ouderen in kaart te brengen, en te kijken of het voorschrijven van deze medicatie gebeurt op een geschikte manier, rekening houdende met de herziene STOPP-criteria.

Methodologie

Alle patiënten van ≥75 jaar die gehospitaliseerd werden op een acute geriatrie afdeling in ZNA Middelheim tussen februari en juli 2017, werden gescreend voor inclusie. Voor elke patiënt werd bepaald of hij/zij antidepressiva innam, om welk type en welke dosis het ging, en wie het voorschreef. Nadien werd deze info getoetst aan de herziene STOPP-criteria. Boven vernoemde info werd bekomen uit het elektronisch patiëntendossier, als hierdoor de benodigde informatie niet bekomen kon worden werd navraag gedaan bij patiënt en/of familie. Bij blijvende onduidelijkheid werd de huisarts gecontacteerd.

Resultaten

239 patiënten voldeden aan de inclusiecriteria. Hiervan bleken 25,5% antidepressiva te gebruiken. Antidepressiva direct inwerkend op de neuroreceptoren werden het meest voorgeschreven (38%), met trazodon als koploper binnen deze klasse. De meest frequente voorschrijvers bleken de huisartsen (43,7%). De belangrijkste indicatie bleek depressie (56,3%), gevolgd door slaapstoornissen (12,7%) en gedragsstoornissen bij dementie (8,5%). Slechts in 36,6% werden de antidepressiva volgens de juiste behandelingsduur voorgeschreven. Bij patiënten die tricyclische antidepressiva innamen, bleek 80% dit als 1e lijn antidepressivum te gebruiken.

Conclusie

Antidepressiva worden frequent voorgeschreven bij geriatrische patiënten, doch vaak worden hierbij de richtlijnen niet gevolgd, of zijn er geen duidelijke richtlijnen voorhanden. Het informeren van voornamelijk huisartsen als meest frequente voorschrijvers van antidepressiva bij ouderen, samen met de ontwikkeling van duidelijke richtlijnen, zijn noodzakelijk.

21. 'We DECide optimised': Uw keuze, onze zorg. Spreken over vroegtijdige zorgplanning in de Vlaamse woonzorgcentra

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Doel

Binnen deze implementatiestudie wordt de effectiviteit van 'we DECide optimised' onderzocht. Dit is een communicatietraining voor zorgverleners in het bespreken van vroegtijdige zorgplanning (VZP) bij personen met dementie en

hun naasten in de Vlaamse woonzorgcentra. Het doel van deze communicatietraining is om aan de hand van het Kiezen in Overleg (KIO) model zowel op klinisch als op afdelingsniveau praktische handvaten aan te bieden om met bewoners en familie in gesprek te gaan.

Methodologie

Er nemen 314 personen uit 64 afdelingen deel aan de training, die bestaat uit 2 workshops van een halve dag en een tussentijdse huiswerkopdracht. Er wordt gebruik gemaakt van een mixed Methodology pre- posttest design, waarbij een operationalisatie van het RE-AIM Framework de implementatie van de training over een periode van 9 maanden evalueert. De primaire uitkomstmaat is de mate waarin KIO wordt toegepast in gesprekken over VZP. Hiertoe worden gespreksopnames geanalyseerd aan de hand van de OPTION-schaal.

Resultaten

De resultaten van de voormeting worden gerapporteerd. Deze omvatten de OPTION-scores van VZP gesprekken, alsook zelfbeoordelingen van deelnemers over het belang, de frequentie en hun competentie in het gebruik van Kiezen in Overleg. Op afdelingsniveau wordt de werking rond VZP en de steun die men hierin ervaart vanuit het management voorgesteld.

Conclusie

Deze studie zal uitwijzen of 'we DECide optimised' de communicatie in woonzorgcentra bij personen met dementie en hun naasten kan verbeteren. De volledige dataverzameling wordt afgerond in het voorjaar van 2018.

22. Prevalence of mild cognitive problems in Flemish Nursing homes

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Purpose

Mild cognitive decline in Nursing Home (NH) residents without dementia is often noted very late since cognitive demands are relatively low in this setting. Therefore subtle cognitive changes could remain undetected. This study aimed to evaluate the prevalence of mild cognitive problems in NHs.

Methodology

First, a file study was performed to exclude residents with a diagnosis of dementia or known cognitive problems (Mini Mental State Examination-MMSE < 24) in 16 NHs. Second, remaining residents were screened for cognition with the Montreal Cognitive Assessment (MoCA). Also an evaluation of functionality, mood, neuropsychiatric symptoms and subjective memory complaints was performed.

Results

On a total of 1,595 residents, 285 persons (17,9%) had no diagnosis of dementia and an MMSE > 23; 229 (80.4%) of them were willing to participate in this study. Based on MoCA-cut-offs 15,7% ($n = 36$), 66.4%($n = 152$) and 17.9%($n = 41$) could be labelled as cognitively normal (>25), mild cognitive impairment (>16 and <26) and mild dementia (<17) respectively. This resulted in a prevalence of undetected mild cognitive problems of 12% ($n = 193$) in the total NH population. Significant differences between the 3 groups were found for functionality, mood, neuropsychiatric symptoms and subjective memory complaints (all $p < 0.05$).

Conclusion

Considering their advanced age NH residents are vulnerable to develop dementia. This study showed that an important part of them has unnoticed mild cognitive problems. NHs should be aware of this at risk group in order to provide adequate prevention and support.

23. Palliatieve zorg in een inter-organisationele samenwerking tussen woonzorgcentra, ziekenhuizen en thuiszorg in Vlaanderen, België

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Doel

Steeds meer ouderen overlijden in woonzorgcentra. Om te voorzien in een kwaliteitsvolle palliatieve zorgverlening in deze setting, is een succesvolle samenwerking met ziekenhuizen en thuiszorg noodzakelijk. In de huidige studie worden de uitdagingen in de inter-organisationele samenwerking binnen palliatieve netwerken geïdentificeerd.

Methodologie

Een sequentieel mixed-method design werd toegepast. 308 sleutelfiguren vanuit 15 Vlaamse palliatieve netwerken namen deel aan een elektronische bevraging gebaseerd op het "vier-dimensionaal model van samenwerking" van D'Amour en collega's. In dit model worden vier dimensies van samenwerking geoperationaliseerd aan de hand van 10 indicatoren. Participanten beoordeelden elke indicator voor beide samenwerkingsverbanden: woonzorgcentra – thuiszorg en woonzorgcentra – ziekenhuizen. De resultaten van het vragenlijstonderzoek vormden het uitgangspunt voor drie experten panels (N = 16). Op de tekstuele data van de experten panels is een inhoudsanalyse uitgevoerd.

Resultaten

Een 2 × 4 Repeated Measures ANOVA van de vragenlijstdata toont aan dat de structurele dimensies van samenwerking ('bestuur' en 'formalisatie') significant negatiever worden gescoord dan de interpersoonlijke dimensies ('internalisatie' en 'gedeelde doelen en visie'). Dit resultaat wordt gevonden voor beide samenwerkingsverbanden. Sleutelfiguren missen een formeel systeem voor informatie-uitwisseling en opstart van vroegtijdige zorgplanning. Bovendien worden palliatieve netwerken gekenmerkt door bestuurlijke problemen: te weinig intersectoraal overleg, machstonevenwicht, kennistekort en gebrek aan strategische richtlijnen voor samenwerking. Sleutelfiguren wijzen op de taak van het palliatief netwerk om verbindend te werken en te voorzien in opleiding.

Conclusie

De uitdagingen in inter-organisationele samenwerking, vastgesteld in deze studie, zijn een vertrekpunt voor interventies die leiden tot een sterkere integratie van palliatieve dienstverlening in woonzorgcentra.

24. The experience of home care nurses being confronted with tiredness of life in community-dwelling older persons: a qualitative study

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Purpose

Nurses frequently encounter community-dwelling older persons who are tired of life (ToL). However, studies on the (home care) nurses' perspective are virtually non-existent. This study aimed to gain insight into home care nurses' (1) definition of, (2) attitude(s) towards, and (3) ways of dealing with ToL.

Methodology

A qualitative interview design, based on the principles of the Grounded Theory approach (Charmaz, 2014), was adopted. Analysis was based on the QUAGOL method (Dierckx de Casterle et al., 2012). 13 home care nurses participated in individual one-time semi-structured interviews with a mean duration of 47 minutes.

Results

Being confronted with ToL in patients entails a complex process that activates feelings of professional helplessness and inadequacy. A careful consideration indicative of an oscillation between three levels (e. g. behavioural, cognitive, and affective) is present. The nurse's actions created a continuum ranging from not discussing ToL to its open acknowledgment. This behaviour is underpinned by a delicate deliberation on a cognitive and an emotional level. The cognitive component grounds the nurses' assessment of the validity of the presence of ToL. On the emotional plane, the participants stress the importance of being able to understand the patient's ToL or empathize with it, resulting in an attitude ranging from understanding to incomprehension.

Conclusion

Present study shows how challenging it can be to establish communication about ToL in home care. Our findings indicate that nurses aim to provide good care, sensitive to the older person's needs, but this process is not without ambiguity.

25. Zingeving bij psychisch kwetsbare thuiswonende ouderen: een kwantitatieve studie op basis van data van de 'Belgian ageing studies'

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Doel

Door de vergrijzing is er ook een toename aan fysieke, psychische, sociale en omgevingskwetsbaarheid. Over het algemeen is kwetsbaarheidsonderzoek vooral gericht op fysieke kwetsbaarheid en blijkt psychische kwetsbaarheid nog te weinig bestudeerd. In deze studie verdiepen wij ons specifiek op de relatie van psychische kwetsbaarheid met zingeving. Met als doel het belang aantonen van verschillende bronnen van zingeving voor psychisch kwetsbaren.

Methodologie

Deze studie baseert zich op data van de 'Belgian Ageing Studies' (n = 28.245). Psychische kwetsbaarheid werd gemeten aan de hand van het gevalideerde Comprehensive Frailty Assessment Instrument (CFAI), met drie kwetsbaarheidsprofielen 'niet tot laag', 'midden' en 'hoog'. Voor het meten van zingeving werd gebruik gemaakt van het instrument van Reker en Wong; Sources of Meaning Profile (SOMP-R). Hoe hoger de scores, hoe zinvoller de activiteiten ervaren worden.

Resultaten

De resultaten vergeleken van milde tot hoge psychische kwetsbaarheid, vertonen voor de sub-domeinen vrije tijd, creatieve activiteiten, persoonlijke prestatie en nalatenschap dalende scores. Anderzijds is geen verschil aantoonbaar inzake persoonlijke groei, persoonlijke relaties, religie, altruïsme, nastreven van waarden en idealen, traditie/cultuur, maatschappelijke problemen, financiële zekerheid en voldoen aan basisbehoeften. Ten slotte, hoog psychisch kwetsbaren behalen de hoogste scores op persoonlijke relaties en financiële zekerheid. De sub-domeinen met de laagste scores zijn, creatieve activiteiten, maatschappelijke problemen en persoonlijke prestaties.

Conclusie

De bovenstaande resultaten beklemtonen het belang aan financiële zekerheid en het ondersteunen in het ontwikkelen van persoonlijke relaties. In de dagelijkse zorgpraktijk kan het van belang zijn deze thema's bespreekbaar te maken en hier ook de nodige professionele aandacht aan te schenken.

26. Can we implement an interdisciplinary geriatric consultation team in the ICU?

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Background

Due to augmenting longevity, hospital and the intensive care unit (ICU) geriatric population is increasing. In our university hospital, 9% of all potential geriatric patients admitted through the emergency department go to the ICU. Local politics are following this trend. Belgium published a Royal Decree in 2007, which foresees an interdisciplinary geriatric consultation team (IGCT). After an early screening for frailty done in the emergency department, they evaluate all patients admitted to a non-geriatric ward. The IGCT provides a comprehensive geriatric assessment (CGA) and specific geriatric recommendations. Patients admitted to the ICU are not screened due to their life-threatening condition(s) and do not benefit from the IGCT. Effects of IGCT in the ICU has not been well documented yet.

Goals

The feasibility of implementation of a systematic IGCT consult for ICU patients.

Content of the project

An occupation therapist performs a CGA on potential patients. After consultation of the hospital record, she contacts external care centers and/or close contacts. This leads to an identification of patients with increased frailty risk. She evaluates cognition, communication and physical abilities in their acute state compared to their baseline using ICU specific tools. During

the ICU morning briefing, the IGCT rapports recommendations.

Evaluation

Strengths: During the ICU stay the experienced IGCT provides orientation therapy, cognitive therapy, technical aids for alimentation, senior friendly approach, etc. and helps during ethical decision-making. At ICU discharge, the IGCT helps orientating frail patients to the most appropriated ward and provides a continuity of care. The expertise of this team is well acknowledged by the ICU medical staff and is useful to non-geriatric patients who become frail during their ICU stay. Weaknesses: It is a small team with part time workers which makes a daily evaluation impossible. The occupation therapist is financed in part by ICU. There is no pro-active investment of geriatricians in the ICU. Opportunities: This project leads to scientific output. The IGCT could help provide a continuation of care for patients transferred from the ward to the ICU, systematically integrate the ethical decisions in the hospital discharge letter and help manage contact information. Threaths: Policy changes to economize might restrict frail patients from admission to ICU. Due to aging population, increasing work load for the IGCT might lead to neglect ICU patients.

Conclusion

Implementation of an IGCT in the ICU is feasible and has many potential beneficial effects.

27. Prevalence of physical frailty markers in pre-frail well-functioning older adults aged 80 and over

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Purpose

Little is known on the dynamics of frailty. Physical frailty can adopt three stages: robust, pre-frail and frail. The aim of this project was to investigate which physical frailty markers are most prevalent in the pre-frailty stage.

Methodology

One-hundred-twenty participants of the BUTTERFLY-study, a longitudinal cohort study in well-functioning subjects aged 80+, and who were robust or pre-frail on Frailty Index of Fried (FFI), and robust on both Rockwood Frailty Index (RFI) and the Groningen Frailty Indicator (GFI), were assessed for handgrip performance at baseline. Differences between robust and pre-frail participants (based on Fried's 5 component frailty model) were analyzed and associations with grip performance were explored.

Results

50% of all participants were pre-frail on FFI, muscle weakness was the most prevalent frailty marker (41.7%), followed by self-perceived fatigue (8.3%). Pre-frail older adults were weaker ($p < 0.001$) and showed higher muscle fatigability (gripwork $p = 0.006$ and gripwork corrected for weight $p = 0.003$) compared to robust older adults.

Conclusion

Muscle fatigability could be an additional feature to screen for early frailty given the fact that this parameter integrates muscle strength and fatigue, the two most prevalent frailty markers in pre-frail older adults. The upcoming prospective data of the Butterfly-study will allow us to verify this hypothesis.

28. Geriatric ward initiated Fecal Microbiota Transplant (FMT) in a hospital, case series

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Purpose

A protocol to treat recurrent Clostridium Difficile Infection (CDI) was published in 2015 by the Superior Health Council of Belgium. FMT is approved after 3 laboratory-confirmed relapses of CDI and prolonged courses of repeatedly receiving orally administered metronidazole, vancomycin or fidaxomicin. Overall Clostridium Difficile Infection (CDI) resolution rate is about 92% in published reviews and meta-analyses, but 75% of FMT are realized through colonoscopy or enema.

Method

All patients who received FMT were retrospectively reviewed since 2015. After blood and stool screening of infectious agents, fresh stool of healthy donors was prepared in the laboratory and administered by gastroduodenoscopy within 6 hours. The clinical course of patients 6 months after procedure was documented by reviewing medical records or by phone.

Results

Since 2015, six patients were treated by FMT. The mean age was 75 (range 51–92). The mean time between CDI diagnosis and FMT was 7.5 months (range 3–11). Two patients were coming from geriatric wards, two from internal medicine, one from rehabilitation and one from hemodialysis center. The healthy donors were for the majority first-degree relatives. All but one patient experienced complete resolution of symptoms after only one procedure. Three months after procedure, one patient died of unrelated illness. No major adverse effects associated with stool treatment were observed, one presented constipation again.

Conclusion

FMT via gastroduodenoscopy is a safe successful procedure to treat recurrent Clostridium Difficile Infection. This allowed us to build strong team work between different specialists within an institution.

29. De mortaliteitsdeterminanten van sarcopenie en comorbiditeiten bij gehospitaliseerde geriatrische patiënten

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Doel

Het bepalen van de invloed van spiermassa, -kracht en -functionaliteit en de drie specifieke comorbiditeiten – hartfalen, diabetes mellitus en orthopedische chirurgie – op het vier jaar mortaliteitsrisico bij gehospitaliseerde geriatrische patiënten.

Methodologie

Een totaal van 302 geriatrische patiënten werden bij aanvang van hospitalisatie in het Sint-Elisabeth ziekenhuis in Antwerpen (België) geïncludeerd in deze retrospectieve cohort studie gedurende de periode van 01/08/2012 tot en met 31/01/2013. De spiermassa werd gemeten door middel van een CT-scan van beide bovenbenen. De spierkracht werd bekomen door metingen van de handgripkracht door middel van een Jamar dynamometer. Functionaliteit werd bepaald door uitvoering van de Short Physical Performance Battery (SPPB). De Mini-Nutritional Assessment – Short Form (MNA-SF) bepaalde de nutritionele status. Comorbiditeiten werden nagegaan via het medisch dossier.

Resultaten

De variabelen geslacht (HR = 0,609; 95% CI 0,442–0,838), nutritionele status (HR = 2,953; 95% CI 1,924–4,531), spiermassa (HR = 0,443; 95% CI 0,251–0,780), spierkracht (HR = 0,215; CI 95% 0,079–0,587), functionaliteit (HR = 0,407; 95% CI 0,237–0,702) en hartfalen (HR = 1,440; 95% CI 1,022–2,029) bleken significant te zijn in het bepalen van het vier jaar mortaliteitsrisico bij gehospitaliseerde geriatrische patiënten. Leeftijd, diabetes mellitus en orthopedische chirurgie toonden geen significante relatie met mortaliteit.

Conclusie

De determinanten geslacht, nutritionele status en functionaliteit hebben de grootste prognostische waarde in het bepalen van het vier jaar mortaliteitsrisico.

30. Pumping iron, wasting phosphate: severe hypophosphatemia caused by intravenous iron therapy in an elderly woman

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Evelien Gielen

Purpose

To report a case of severe intravenous ferric carboxymaltose-induced hypophosphatemia.

Results

A 84-year-old woman was transferred to the geriatric ward after intensive care unit admission for autointoxication with alprazolam and flecainide. Her medical history included Rendy-Osler-Weber disease, treated with repeated endoscopic coagulation, blood transfusions, oral and intravenous Injectafer® about every two weeks. She had no psychiatric history but reported anxiety, paranoia with depressive symptoms and general malaise with exacerbations coinciding with Injectafer® injections. Serum phosphate levels intermittently decreased to 0.3 mmol/L (normal 0.81–1.45) and calcemia to 1.74 mmol/L (normal 2.15–2.55) since the start of Injectafer®. Hypophosphatemia and hypocalcemia persisted despite correction of a slight 25-OH-vitamin D deficiency and secondary hyperparathyroidism. Tubular reabsorption of phosphate (TmP/GFR) was very low 0.465 (normal >0.86) indicating renale phosphate wasting, while calciuria was low. 1.25-dihydroxyvitamin D was persistently low (14.7 ng/L, normal 20–80) and the phosphaturic hormone FGF23 increased (280 RU/mL, normal <125). Treatment with oral phosphate and 1alpha-vitamin D restored the hypocalcemia and hypophosphatemia, improved her psychiatric condition, and this therapy could be discontinued after Injectafer® was omitted. Her psychiatric problems were attributed to both hypophosphatemia/hypocalcemia and Charles Bonnet syndrome secondary to presbyacusis and age-related macular degeneration, which could be controlled by psycho-education.

Conclusion

Physicians should remain vigilant about the risk of severe acquired hypophosphatemia in patients with frequent i. v. ferric carboxymaltose therapy, especially when kidney function is normal. The mechanism by which this therapy stabilizes circulating FGF23 and induces renal phosphate wasting remains unclear.

31. The effect of a six-month intensive strength training and strength-endurance training in older adults: A randomized controlled trial

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Background

Ageing is associated with sarcopenia, dynapenia and changes in body composition. Previous research has demonstrated that resistance training is currently the most effective, non-pharmacological method to increase muscle mass and strength. However, there is no consensus yet regarding most favourable intervention in older adults.

Objective

To evaluate the effect of intensive strength training (IST) and strength endurance training (SET) on muscle strength and body composition in healthy older adults. Furthermore, our aim is to analyse the differences between different training durations on these outcomes.

Methodology

145 community-dwelling older adults aged ≥65 years participating in the Senior's Project Intensive Training (SPRINT) were randomized into 3 or 6 months' exercise 3 ×/week at either: IST (70–80% of 1RM n = 44), SET (40–50% 1RM n = 52) or flexibility training (FT) group (n = 49). Muscle strength was determined by 1RM and body composition was assessed by bioelectrical impedance analysis. Outcomes were assessed at baseline and after 3 and 6 months training.

Results

Muscle strength increased significantly in all interventions after 3 and 6 months. However, only in the IST group, significant increases were observed between 3 and 6 months (p = 0.009). There was a significant difference in increase in muscle strength between the FT and the IST after three (p = 0.022) and six months training(p = 0.007). No significant changes in body composition were observed.

Conclusion

Although all interventions led to an increase in muscle strength compared to baseline values, only the IST-group showed significant increases in muscle strength between third and sixth month of training or compared to FT.

32. The effect of short-term and long-term detraining after following a resistance training program in older adults

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Background

After stopping an exercise intervention, loss of muscle gain occurs. Training load might influence the rate of detraining in older persons.

Purpose

To investigate the effects of short-term (6 months) and long-term (9 months) detraining following resistance training on muscle strength (MS) and appendicular muscle-fat ratio (AMFR) in older adults.

Methodology

community-dwelling older adults (71 ± 5 years) participating in the Senior's Project Intensive Training (SPRINT) who were randomized into 3–6 months' of 3 ×/week intensive strength training (IST: 75–80% of 1RMn = 44) or strength endurance training (SET: 40–50% of 1RM; n = 52), and of whom data at 1 year follow-up were available were included in this analysis. MS, and AMFR were assessed through bio-impedance and 1RM measurements at baseline, 3, 6 and 12 months after baseline.

Results

MS increased significantly after 3 and 6 months of resistance training irrespective of training load (IST and SET: all p < 0.001). After short-term detraining significant decreases were observed in SET (p < 0.001) and IST(p = 0.001). After additional (long-term) detraining, no significant supplementary changes were found for MS. Compared to baseline, MS in IST and SET remained significantly higher despite detraining of 3 or 6 months (both p < 0.001). No significant differences were found for AMFR.

Conclusion

MS increases significantly after 3 and 6 months of training. However, detraining occurs very rapidly. Compared to baseline, MS remains higher in IST and SET suggesting that both interventions are efficient to counter sarcopenia on the longer term.

33. Can resistance training influence testosterone levels in older adults?

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Background

Ageing related decline in testosterone accelerates sarcopenia and dynapenia, leading to a decreased physical independence and functionality. Previous studies showed that testosterone supplementation increases muscle mass and strength in healthy older men. However, the potential of resistance training to increase testosterone levels and the mediating role of circulating testosterone in training-induced strength gains in the elderly remains unclear.

Objective

To examine the effect of resistance training on the basal concentrations of testosterone in older adults and to correlate these changes with changes in muscle strength. Design: 136 participants, aged 65–87 years, were randomly assigned to 3 months at

3 ×/week of either intensive strength training (IST: 75–80% of 1RM $n = 40$), strength-endurance training (SET: 40–50% of 1RM $n = 48$), or flexibility training (FT; $n = 48$). At baseline and after three months of training, serum samples at rest were obtained for analysis of testosterone, and muscle strength was analysed by 1RM measurements.

Results

Leg strength increased significantly for both strength training groups (IST and SET) compared to the FT group (both $p < 0.05$). No significant changes in testosterone were observed except for a decrease in the female SET group ($p = 0.04$). No correlations were found between muscle strength increases and changes in testosterone levels.

Conclusion

Resting serum testosterone levels decreased in elderly female subjects after 12 weeks of SET but remained unaltered in men regardless of the exercise load. Both IST and SET improved leg strength compared to FT confirming that strength training remains a meaningful intervention at older age independently from testosterone levels.

34. Een 77-jarige patiënt met een cutaan T?cel lymfoom

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Doel

In deze casus beschrijven we een oudere patiënt met een cutaan T cel lymfoom.

Methodologie

Naar aanleiding van de diagnose van het cutaan T cel lymfoom wordt een literatuurbeschouwing samengevat.

Resultaten

Een 77-jarige patiënt van Noord Afrikaanse afkomst werd opgenomen op de afdeling geriatrie voor revalidatie na recent opgelopen brandwonden. De patiënt heeft een voorgeschiedenis van diabetes mellitus type 2 en CVA met linker hemiplegie. Bij de opname was er gekend eczeem waarvoor applicatie van topische corticoïdenpreparaten toegepast werd. Ondanks het ingestelde beleid was er persisterende jeuk waarbij enkel orale corticosteroïden enige beterschap brachten. Omwille van onvolledige remissie werd een manuele differentiatie van de witte bloedcellen gevraagd. Hierop detecteerde men atypische lymfocyten met bij flowcytometrie argumenten voor een cutaan T cel lymfoom. Mycosis Fungoïdes en Sézary Syndroom zijn de twee meest frequente vormen van het cutaan T cel lymfoom waarbij de laatste als de leukemische variant wordt beschreven. De voornaamste diagnostiek bestaat uit huidbiopsie die vaak moet herhaald worden wegens vals negatieve resultaten en grote variatie in histologie. Flowcytometrie kan een belangrijke aanvulling zijn. Eenmaal de diagnose wordt bevestigd, dient stadiëring te gebeuren om therapie te starten. Deze kan zowel lokaal zijn bij beperkte vormen als systemisch bij de uitgebreide varianten. Prognose is dan ook sterk afhankelijk van de stadiëring.

Conclusie

Bij aanslepende onverklaarde erythemateuze en wisselend geïnfiltreerde plaques dient laagdrempelig aan een maligniteit gedacht te worden en dient men een huidbiopsie te plannen. Manuele differentiatie van het bloed gevolgd door flowcytometrie kunnen bij twijfel als een aanvulling bij diagnostiek overwogen worden.

35. Vaccination for pneumococcal immunization for adults: a comparison of the national guidelines in Europe

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Purpose

Pneumococcal disease constitutes a major global health problem. Adults aged 50 years or older and younger adults with specific chronic health conditions are at particular risk for invasive pneumococcal disease, associated with substantial morbidity and mortality. In Europe, two types of vaccines are used in adults for pneumococcal immunization: pneumococcal polysaccharide vaccine (PPV23) and pneumococcal conjugate vaccine (PCV13). The aim of this study is to provide an overview and compare the national guidelines for pneumococcal immunization for adults in Europe.

Methodology

In November 2016, national guidelines on pneumococcal vaccination for adults of 27 European countries were obtained by Google search, the website of European Centre for Disease Prevention and Control and contacting public health officials. In our analysis we distinguished between age-based and risk-based guidelines.

Results

We observed great variability regarding age, risk groups, vaccine type and use of boosters. In age-based guidelines, vaccination is mostly recommended in adults aged 65 years or older, using PPV23. A booster is generally not recommended. An upper age limit for vaccination is reported in two countries. In the immunocompromised population, vaccination with both vaccines and administration of a booster is mostly recommended. In the population with chronical health conditions, there is more heterogeneity according vaccine type, sequence and administration of boosters. Asplenia is the only comorbidity for which all countries recommend vaccination.

Conclusion

There is great variability in European pneumococcal vaccination guidelines regarding age, risk groups, vaccine type and boosters. For ease of implementation, European unification of the guidelines is needed.

36. 69 shades of sex and intimacy policy for the management of residential care centers. pilot study dutch version of the sexuality assessment tool (SexAT)

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Purpose

Based on literature and reviews from experts, dr. M. Bauer et al. (2013) developed a measuring instrument, namely: The Sexuality Assessment Tool for residential aged care facilities that includes 69 questions. Psychometric tests of the SexAT appear to have good validity and reliability. The instrument provides managers of residential care institutions an insight into different aspects: how to define a policy; determining the needs of the older adult; training of staff; information and support of older adults; information and support for the families; the physical environment and finally safety and risk management regarding the sexuality of the resident. So, this tool addresses the need for policy and guidelines, adding on top the attention of the broader context of Sex and Intimacy.

Methodology

In the context of an Educational Course on 'Intimacy Coaching in Retirement homes' (QinZorg) Els Messelis has done a Pilot Study on the SexAT with 18 students (head nurses, psychologists, head responsible residents) working in a Residential Care Centre.

Results

In general, major efforts have been made to develop policy in this area. Attention is also paid to the "physical environment" (including attention to privacy) and "safety and risk" (including attention to sexual abuse). Efforts have been made to determine the needs of older persons regarding sexuality and to provide training and training to the staff, but things can improve.

Conclusion

The pilot project has shown that there is growing attention to the sexual health of residents in residential care centers. A global research is now ungoing.

37. Waar woorden tekort schieten. Creatief op zoek naar het doorleefd levensverhaal

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Achtergrond

Onderzoekers zoals Bohlmeijer et al. (2006) stellen dat levensverhalen in een steeds grotere maatschappelijke behoefte voorzien. Ze geven daarbij aan dat reflecteren op het eigen leven troost kan bieden, ouderen en jongeren kan helpen omgaan met beperkingen, en kan bijdragen aan zingeving en goed sociaal contact. Uit wetenschappelijk onderzoek van o. a. Hortulanus, et. al. (2012) is daarbij gebleken dat actieve kunstbeoefening een positieve impact heeft op zowel het welzijn van jongeren als van ouderen. Good practices zijn bestaande rond werken met levensverhalen (o. a. via www.levensverhalenlab.nl; www.levensverhalenlab.be) en kunstervaringen (o. a www.langelevekunst.nl). Nauwelijks zijn good practices bekend waarbij – gericht naar oudere volwassenen – levensverhalen, creatieve manieren om het levensverhaal naar boven te brengen en kunst gelinkt worden aan elkaar.

Doelstellingen

Het leven is een boeiende tocht met veel ups en downs. Vele oudere volwassenen willen (delen van) hun levensverhaal (laten) opschrijven. In deze begeleiding stellen we vaak vast dat woorden tekort schieten. Kunst en creatieve manieren om het levensverhaal naar boven te brengen, kunnen soelaas bieden (Messelis, 2017; Messelis en Van Assel, 2012). Het innoverende van het praktijkproject dat hier wordt voorgesteld, ligt erin dat we voorbij gaan aan het werken met het 'klassieke' levensverhaal/levensboek. Het project betreft een unieke, beklijvende en creatieve ontdekkingstocht doorheen de wijsheid van het doorleefde en wijze leven van de rijpere mens.

Inhoud praktijkproject

In het praktijkproject leren we de social professional/de zorgprofessional om – in groep of d.m.v. individuele coaching – te kijken naar de eigen verbeeldingskracht en die van de oudere volwassenen. D.m.v. verschillende creatieve methodieken (vertellen, schrijven, schilderen, muziek beluisteren, boetseren, de natuur intrekken, de natuur binnenbrengen, waardenbomen en creatieve levenslijnen tekenen, levenswielen bestuderen, genogrammen en ecogrammen maken …) gaan we op een innoverende manier aan de slag met het levensverhaal. Nadien kunnen de opgedane inzichten geëxtrapoleerd worden naar het werken met (kwetsbare) oudere volwassenen (cf. boek in ontwikkeling, Messelis, 2018, Garant).

Evaluatie

Naast mondelinge evaluaties worden telkens voor en na de workshop de gevalideerde PANAS-SCALE (Watson en Clark, 1994; Watson et al., 1988) ingevuld.

Conclusie

Een cursiste probeert de lading van het praktijkproject te dekken: "Bij alle creatieve methodieken zijn de praktijkoefeningen gekoppeld aan theorie. Dit maakt het duidelijk en geeft een overzichtelijke structuur. De onverwachte oefeningen geven een verrassend en beklijvend resultaat. De oefeningen leiden tot spontane acties, ontstaan uit het onderbewuste".

38. Exercise-induced decrease in terminally differentiated T?lymphocytes in peripheral blood depends on CMV serostatus

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Purpose

Ageing is associated with a decline in immune function termed immunosenescence (IS). This process is characterized, amongst others, by less naïve T cells, more memory cells, and more terminally differentiated senescence-prone phenotypes. Consequently, the older population is at an unprecedented risk of infectious diseases and mortality. Although cross-sectional studies indicate that regular exercise may combat the adverse effects of IS, reports regarding the long-term benefits of exercise have been largely equivocal. These inconsistencies may be due to potential contributors to IS. As cytomegalovirus

(CMV) infection is associated with an expansion of terminally differentiated T cells, we investigated if CMV serostatus influences T cell response to exercise.

Methodology

IgG anti-CMV antibodies were measured—using Architect iSystem—in 97 out of 100 older women (aged over 65 years) who were randomly allocated to 2–3 times/weekly training for 6 weeks at either intensive strength (3 × 10 repetitions at 70–80%1RM, $n = 31$), strength endurance (2 × 30 repetitions at 40%1RM, SET, $n = 33$), or flexibility (control $n = 36$) training. The surface markers of senescence were determined before and after 6 weeks (24–48 h after the last training) using flow cytometry.

Results

As expected, CMV-seropositivity was significantly associated with less naive cells, more memory and senescence-prone phenotypes ($p < 0.05$). Intriguingly, 6 weeks of SET decreased significantly terminally differentiated T lymphocytes in CMV-seropositives but not CMV-seronegatives.

Conclusion

Our results portray that SET can reduce senescence-prone T cells following 6 week-training, which was influenced by subjects' CMV-serostatus. Therefore, participants' CMV-serostatus should be addressed to make valid conclusions on the effectiveness of training in immune restoration.

39. Advance care planning in newly admitted nursing home residents in Flanders, Belgium: a prospective cohort study

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Purpose

To explore the prevalence and evolution of ACP and its associated factors in nursing home residents.

Method

Baseline and 2nd follow-up data (year 2) were used from Ageing@NH; a prospective, observational cohort study of nursing home residents in Flanders, Belgium. Data were collected using a structured questionnaire and validated measuring tools. Medications were coded by the Anatomic Therapeutic Chemical classification.

Results

Data were available on 741 newly admitted residents at baseline (median age 84, 66% female, 29% highly care dependent, 34% dementia) and on 342 two years later (40% highly care dependent, 46% dementia). Between baseline and year 2, the prevalence of ACP increased from 23 to 56%. Twenty-one percent had ACP from admission on, 40% had delayed ACP initiation (>3 months after admission), and 39% never had ACP. At admission, cognitively intact residents were more likely to have ACP, while, for residents suffering from dementia, ACP was postponed. Delayed ACP initiation was associated with a larger increase in number of medications (8–10) and analgesics (29–44%) compared to the 2 other groups, controlled for care dependency and dementia. A significant decrease in lipid modifying agents was only found in those with delayed ACP initiation, and diuretics remained stable.

Conclusion

An early onset of ACP for people with impaired cognitive status seems important to avoid delayed ACP. In general, medication use increased, and associations were found between ACP and an increasing use of analgesics, which might indicate a shift from disease to symptom control, and a more palliative care oriented mindset.

40. Samen op weg naar minder: een kwaliteitsverbeteringsproject over het gebruik van psychofarmaca in een woonzorgcentrum in Vlaanderen

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Achtergrond

Het gebruik van psychofarmaca in woonzorgcentra is zeer hoog in België: 79% van de bewoners gebruikt chronisch slaapmiddelen, antidepressiva of antipsychotica. Dit grotendeels onoordeelkundige gebruik van psychofarmaca gaat gepaard met bijwerkingen en hoge kosten. Een kwaliteitsverbeteringsproject in WZC Leiehome te Drongen toonde, als enige in Vlaanderen en naar analogie met een gelijkaardig project in Nederland, aan dat men door vorming van medewerkers en een persoonsgerichte benadering van bewoners een daling in gebruik van psychofarmacagebruik kan verwezenlijken.

Doelstelling

Het huidige pilootproject tracht de aanpak van het al langer lopende project in WZC Leiehome uit te schrijven in een draaiboek, om dit vervolgens te testen in vijf woonzorgcentra. Doel van dit piloot project is een oordeelkundiger gebruik van psychofarmaca realiseren met een verbeterde levenskwaliteit bij de bewoners tot gevolg.

Inhoud praktijkproject

Het project richt zich op een vermindering van psychofarmacagebruik bij bewoners van woonzorgcentra. Door vorming van alle medewerkers en een persoonsgerichte benadering uitgeschreven in een draaiboek wordt getracht om (a) het chronisch gebruik van psychofarmaca te verminderen door verbetering van de attitudes en waakzaamheid van de medewerkers ten aanzien van psychofarmacagebruik en (b) een niet-farmacologische persoonlijke benadering uit te werken, o. a. door de ontwikkeling van betekenisvolle activiteiten op maat van bewoners en toepassing van de 'Betekenisvolle Activiteiten Methode' (BAM).

Evaluatie

Ter evaluatie van het project wordt driemaandelijks een medicatiemeting uitgevoerd, waarmee de evolutie in psychofarmacagebruik opgevolgd kan worden. Daarnaast worden enkele kwalitatieve metingen omtrent de werking van het draaiboek uitgevoerd. Ten slotte wordt het effect van de BAM onderzocht bij geselecteerde bewoners. Uit de eerdere jaren van het project, waarbij al een vergelijkende studie met één WZC uitgevoerd werd, blijkt de aanwezigheid van medewerkers die zich specifiek richten op een persoonsgerichte benadering een belangrijke randvoorwaarde voor het welslagen van het project. Zo kon in WZC Leiehome gedurende drie jaar een daling in psychofarmacagebruik van 72% naar 48% verwezenlijkt worden. De eerste resultaten uit het huidige pilootproject laten een gemiddelde daling van 10% psychofarmacagebruik zien in de vijf deelnemende WZC over één jaar. Dit resultaat is vergelijkbaar met het eerste projectjaar in WZC Leiehome, wat de meerwaarde van het draaiboek en de aanpak bevestigt.

Conclusie

Dit project toont het belang aan van een aanpak waarbij vorming voor en begeleiding van medewerkers gecombineerd wordt met een persoonsgerichte benadering van de bewoner voor het verkrijgen van een oordeelkundiger psychofarmacagebruik. Het aanbieden van betekenisvolle activiteiten lijkt bovendien ook waardevol bij vermindering van psychofarmaca.

41. Spiermassa en intramusculaire vetmassa als predictoren van 4?jaars mortaliteit

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Doel

Er bestaat een positieve relatie tussen sarcopenie en mortaliteit. In de op puntstelling van sarcopenie is de op puntstelling van de (kwaliteit van de) spiermassa. In deze studie wordt in een gehospitaliseerde geriatrische populatie gekeken of de spiermassa en intramusculaire vetmassa (IMV) een predictieve waarde heeft op de 4 jaarsmortaliteit.

Methodologie

Tussen 01/08/2012 en 30/11/2012 werden er bij 139 patiënten opgenomen op de dienst Geriatrie van het Sint-Elisabeth ziekenhuis te Antwerpen een CT-grafische meting gedaan van de spiermassa en de IMV. Deze metingen werden telkens in drie klassen verdeeld. Vier jaar na initiële opname werd gekeken naar de mortaliteit in dit cohort. Dit gebeurde door telefonisch contact met de patiënten of zorgverleners.

Resultaten

Van alle patiënten werd follow-up data verkregen. De gemiddelde follow-up bedroeg 949 dagen (spreiding 2 1.494 dagen), bij exclusie van overleden patiënten bedroeg de gemiddelde follow-up 1.412 dagen (spreiding 1.340–1.494 dagen). Er is een negatieve relatie tussen mortaliteit en spiermassa (man p = 0,004; vrouw p = 0,031) en een positieve relatie tussen mortaliteit en IMV (man p = 0,019; vrouw p = 0,309). De 4 jaarsoverleving voor de spiermassagroep bedraagt voor mannen 68,8%, 63,0% en 39,3%; voor vrouwen 41,7%, 22,7% en 16,7%. De 4 jaarsoverleving voor de IMV groep bedraagt voor mannen 40,0%, 65,2% en 51,1%; voor vrouwen 28,6%, 23,8% en 47,6%.

Conclusie

Er is een negatieve relatie tussen mortaliteit en spiermassa. Er is een positieve relatie tussen mortaliteit en IMV. Spiermassa en de kwaliteit hiervan in de vorm van IMV is een goede 4 jaarspredictor van mortaliteit.

42. Malnutrition is highly prevalent in Belgian nursing home residents and community dwelling older adults, especially those with depression and dementia

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Goal

NutriAction (2008) showed that among Belgian elderly living in the community or in nursing homes the risk of malnutrition is highly prevalent (57%) and that 16% of the total population was classified as malnourished (BMI < 20 kg/m^2). In 2013, a new study was designed to re-evaluate the risk and prevalence of malnutrition among Belgian elderly, as well as gain more insight into malnutrition-associated comorbidities.

Methods

General practitioners and health care workers in the community and in nursing homes across Belgium were asked to screen their patients for malnutrition by MNA-SF and complete an online questionnaire. Presence of pre-specified comorbidities was reviewed. Differences in the prevalence of malnutrition by living situation were analyzed (Chi-square).

Results

3,299 people of 70 + y were screened. 2,480 (75%; 86.3 ± 6.2 years) lived in a nursing home (NH), whereas 819 (25%; 82.7 ± 6.1 years) were community dwelling (CD); 76% were female. The risk of malnutrition (MNA-SF score 8–11) was 49% (NH) and 29% (CD) (p < 0.001); 14% (NH) and 7% (CD) were malnourished (MNA-SF < 8) (p < 0.001). 36% (n = 1,187) of the population screened suffered from dementia and 13% (n = 414) from depression. Highest prevalence of malnutrition and risk of malnutrition was observed in patients with those two comorbidities: 19% and 60%, respectively for dementia and 21% and 52%, respectively for depression.

Conclusion

The prevalence of malnutrition has not changed significantly among Belgian elderly over the period 2008–2013. Malnutrition remains a major problem, especially for those in nursing homes or with co-morbidities such as depression and dementia.

43. Malnutrition is associated with mobility problems in Belgian nursing home residents and community dwelling older adults

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Goal

The prevalence of malnutrition in Belgian older people is high and nutritional deficiencies can accelerate the frailty process. A study of the occurrence of malnutrition, mobility problems and dependence in activities of daily living (ADL) in this population was undertaken.

Methods

Health care workers in the community and nursing homes, as well as general practitioners across Belgium, were asked to

screen their patients for malnutrition using MNA-SF and complete an online questionnaire. Mobility problems were assessed and Katz-ADL index was determined. Differences in the prevalence of mobility problems and Katz ADL by nutritional status were analyzed (Chi-square).

Results

3,299 people of 70 + y (85.4y ± 6.4, 76% women) were screened. 44% were at risk of malnutrition (MNA-SF score 8–11) and 12% were malnourished (MNA-SF < 8). Independence in ADL (Katz ADL 0) was more prevalent in well-nourished people (14.9%) than in those at risk of malnutrition (3.2%) and those with malnutrition (1.5%) (p < 0.05). 95% of those with malnutrition and 88% of those at risk of malnutrition were not able to climb a flight of stairs, versus 68% of the people with a normal nutritional status (p < 0.001). 86% of those with malnutrition and 72% of those at risk of malnutrition could not walk for 5 minutes without interruption, versus 44% of the people with a normal nutritional status (p < 0.001).

Conclusion

Malnutrition is associated with mobility problems and dependence in ADL in Belgian older people. Its occurrence may accelerate the transformation of frailty into disability.

44. Malnutrition is underestimated by health care professionals in older adults

Maurits Vandewoude, Janneke van Wijngaarden, Tomasz Rudka (tomasz.rudka@nutricia.com), Yvette Luiking, André van Gossum

Goal

Prevalence of (risk of) malnutrition is high in Belgian elderly (70+ years), especially those living in nursing homes. To study the awareness of malnutrition among health care professionals (HCPs) and patients, their subjective estimate of malnutrition was compared with a standardized and validated malnutrition screening tool (MNA-SF).

Methods

General practitioners and health care workers in the community and nursing homes were asked to screen their elderly patients (aged 70 + y) with a validated instrument (MNA-SF) and complete an online questionnaire. Before the screening the HCP was asked: "Do you consider this patient as malnourished?" and the patient: "Do you think you are malnourished?" The use of oral nutritional supplements (ONS) was also assessed. Differences in the recognition of malnutrition by living situation were analyzed (Chi-square).

Results

3,299 people were screened. 2,480 (75%; 86.3 ± 6.2 years) lived in a nursing home (NH) and 819 (25%; 82.7 ± 6.1 years) were community dwelling (CD). Prevalence of malnutrition (MNA-SF score <8) was 14% in NH, and 7% in CD population. The HCP only recognized 49% of the malnourished patients as being malnourished, whereas only 13% of the malnourished patients classified themselves as being malnourished; this percentage was higher in community dwelling older people than in nursing homes (30% and 10%, respectively, p < 0.001). ONS were used in twenty per cent of the malnourished people.

Conclusion

Health care professionals and patients themselves greatly underestimate malnutrition in older people, both in the community and in nursing homes.

45. Associated risk factors of restraint use in older adults with home care

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Purpose

To gain insight into the associated risk factors for restraint use in older adults with home care.

Methods

A cross-sectional survey of restraint use was conducted in a randomized sample of older adult home care patients completed

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by the patients' primary care nurses. A binary logistic regression model with generalized estimating equations was used to evaluate associations with the presence of restraints. Of the 8,000 questionnaires, 6,397 could be used for further analysis.

Results

Patients had a mean age of 80.6 years, 66.8% were females and 46.4% lived alone. 24.7% was restrained. Multivariate regression indicates that restraint use was associated with supervision [OR = 2.433, 95% CI = 1.948–3.038]; dependency in ADL-activities (i. e. eating [OR = 2.181, 95%, CI = 1.212–3.925], difficulties in transfer [OR = 2.131, 95%, CI = 1.191–3.812] and continence [OR = 1.436, 95%, CI = 0.925–2.231]); perceived risk of falls by nurses' clinical judgement [OR = 1.994, 95%, CI = 1.710–2.324], daily [OR = 1.935, 95%, 1.316–2.846] and less than daily [OR = 1.446, 95%, CI = 1.048–1.995] behavioral problems; decreased well-being of the informal caregiver [OR = 1.472, 95% CI = 1.126–1.925], the informal caregiver's dissatisfaction with the support of family [OR = 1.339, 95% CI = 1.003–1.788]; cognitive impairment [OR = 1.398, 95% CI = 1.290–1.515], and polypharmacy [OR = 1.415, 95% CI = 1.219–1.641].

Conclusion

Restraint use in home care is very common. The results may support the development of interventions to reduce restraint use in home care.

46. Restraint use in older adults in home care: a systematic review

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Purpose

To get insight into restraint use in older adults receiving home care (i. e. definition, prevalence and types of restraint, the reasons for restraint use and the people involved in the decision-making process).

Methods

Design: Systematic review, registered in PROSPERO Data sources: Four databases (i. e. Pubmed, CINAHL, Embase, Cochrane Library) were systematically searched from inception to end of April 2017.

Review methods

The study encompassed all empirical research on restraint use in older adults receiving home care that reported definitions of restraint, prevalence of use, types of restraint, reasons for use or the people involved. We considered publications written in English, French, Dutch and German. One reviewer performed the search and made the initial selection based on titles and abstracts. The final selection was made by two reviewers working independently; they also assessed study quality. We used an integrated design to synthesize the findings.

Results

Eight studies were reviewed (one qualitative, seven quantitative) ranging in quality from moderate to high. The review indicated there was no single, clear definition of restraint. The prevalence of restraint use ranged from 5 to 24.7%, with various types of restraint being used. Families played an important role in the decision-making process and application of restraints; general practitioners were less involved. Specific reasons, other than safety for using restraints in home care were noted (e. g. delay to nursing home admission; to provide respite for an informal caregiver).

Conclusion

Restraint use is common in home care and is influenced by the specifics of the home care setting. This implies that the wealth of knowledge about restraint use in residential settings cannot simply be transferred to the home care setting and so further research is urgently needed.

47. The anticholinergic burden in geriatric inpatients: validity of the modified ADS and the Marante scale

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Purpose

Numerous drugs used in geriatrics have anticholinergic properties. They induce among others delirium, cognitive decline, and

functional impairment. The cumulative effect of multiple anticholinergic drugs is called the anticholinergic burden (AB). Different clinical scales were elaborated to quantify the AB, but they insufficiently incorporate dosage information, leading to inaccurate estimations. The Muscarinic Acetylcholinergic Receptor ANTagonist Exposure (Marante scale, MS) is a new scale measuring the AB by incorporating potency and dosage. The modified Anticholinergic Drug Scale (mADS) is another scale including the anticholinergic potency and the minimal recommended dosage to estimate the AB Index.

Objectives

Estimation of prevalence of AB in patients admitted in a geriatric unit, using the MS and the mADS. The AB will be confronted to the Anticholinergic Drug Scale (ADS) considered as the Gold Standard. We will also analyze the correlation between AB and the presence of delirium and dementia, the inhospital mortality and the length of stay for the two scales.

Methods

This retrospective study includes patients consecutively admitted in the geriatric acute care unit of Erasme University hospital, Brussels, between January 2015 and December 2016. The treatment on admission will be analysed and all the drugs with anticholinergic properties identified. The AB using the ADS, the mADS and the Marante scale will be calculated. Descriptive statistics, univariate and multivariate analysis will be used to determine prevalence of AB and correlations with clinical and demographic outcomes. Cox regression will be used to analyze AUC for each scale, and determine sensitivity and specificity.

Results

under preparation.

48. Cervicofaciale actinomycose bij een 80-jarige

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Een 80-jarige patiënt presenteerde zich met aanslepende pijnklachten in de nek, een acute parese van de rechterarm en een zwelling van een oud litteken (na een chirurgisch herstel van een Zenker divertikel in 2013). Een CT scan en MRI toonden een destructief proces ter hoogte van de cervicale wervelzuil met aantasting van C2 tot T1 en uitgebreide weke delencomponent. Initieel werd een maligniteit vermoed, echter anatomopathologisch nazicht toonde een chronisch actieve ontsteking. Uit microbiologische staalname werd een actinomyces aangetoond. Onder therapie met intraveneuze penicilline en aansluitend verlengde therapie met perorale clindamycine werd een gunstige klinische en biochemische evolutie gezien. Actinomycosis is een zeldzame infectie, waarvan orocervicofaryngeale aantasting de meest frequente uiting is (60%). De incidentie wordt geschat op 1 op 300.000, verspreid over alle leeftijdsgroepen. De verwekker is een gram positieve anaerobe bacil van de actinomyces species. Actinomyces zijn een commensaal in de orofarynx. Bacteriële kweken blijven in meer dan 50% negatief. Anatomopathologisch onderzoek toont een chronische granulomateuze ontsteking gekenmerkt door typische granulen. Een verlengde antibiotische therapie naast een chirurgische resectie (indien mogelijk) is de aangewezen behandeling.

49. Transitions to retirement, a complex process with many mechanisms, which may be a risk and protective factor for frailty

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Purpose

Retirement is an important life event that has been studied from various points of views. Previous research in which the effect of retirement on health was examined, have provided conflicting evidence. In addition, some studies indicate the importance of the perceived transition to retirement. The aim of the present study is to examine the relationship between the determinants of retirement and frailty.

Method

The design of the study was cross-sectional; an univariate general linear model was executed. Frailty was measured with The Comprehensive Frailty Assessment Instrument, a multidimensional frailty measurement scale with 4 subdomains (environmental, physical, psychological and social). The determinants of retirement composed 13 variables for example health

related reasons, retirement spouse.

Results

For 'total frailty', 9 determinants to retire were significantly; 'environmental frailty' was significantly influenced by 7 determinants to retire; 6 determinants to retire influenced 'physical frailty'; 'psychological frailty' was influenced by 7 determinants to retire and 'social frailty' was significantly influenced by 7 determinants.

Conclusion

The present study shows evidence that several determinants of retirement are a predictor for frailty and the subdomains of frailty. This emphasizes the importance of the transition to retirement as a life event. Secondly, the determinants of retirement, which predict frailty, differ across the four frailty domains, but also, the sign can differ. This may indicate the complexity of the transition to retirement, which activates several mechanisms. Last key finding, the classification voluntary versus involuntary retirement is too limited; a more complex classification is necessary.

50. The development of a social supplement to the BelRAI Screener and the home care instrument

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Purpose

Current BelRAI instruments almost exclusively take into account care needs. To meet increasingly complex care and support needs, research shows that we also need to consider the environment of the person. By developing a valid instrument that assesses the social context adults live in, we aim at improving the holistic assessment.

Methods

The combination of focus groups with caregivers and users, and a systematic review allows for creating a list of potentially useful items for a draft version of a social supplement to the BelRAI Screener and other BelRAI instruments. The supplement will be tested in Flanders in 2018 and an accompanying manual and training module will be developed. Using quantitative (reliability tests) and qualitative analysis (focus groups) methods, the supplement will be evaluated and optimized. Subsequently, the results will be presented to interRAI and a test in other countries will be facilitated.

Preliminary results

The literature and the first focus groups with experts show a great interest in the availability of informal care and in the social network of the care user. Additionally, the professional network of the client and the physical home environment are key components to create an efficient and effective care plan.

Conclusion

At the end of 2020, this study will result in a valid and reliable social care supplement to different BelRAI instruments.

51. Structural elements, care processes and quality of care: an observational study in the European home care setting

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Purpose

To identify associations between structural characteristics of home care organizations, care processes and quality of care in the European home care setting.

Methods

This study was conducted with the IBenC study. A prospective, observational, quantitative design was used. In order to calculate 23 interRAI quality indicators (QIs), longitudinal data on the health and functional status of 2,884 care dependent older clients were collected. Cross-sectional data were collected from 36 home care organizations in six European countries on structure (40 variables) and on care processes (20 variables). In order to identify the best associations for each QI, bivariate analyses followed by stepwise multiple regression analyses were performed.

Results

Most quality indicators have highest associations with structural elements such as the FTE social workers (4QIs) or 'other' care professionals (3QIs), the employment of specialized care professionals (3QIs) or the percentage of nurses with a temporary contract (3QIs). Each of the four aspects of care processes is associated with one QI: eligibility criteria before admission, measurement of client satisfaction, policy to involve family actively in the care, and the availability of a care professional on call.

Conclusion

The structural elements that best correlate with the interRAI QIs suggest that multidisciplinary has an impact on quality of care. However, there is no unambiguous answer to which variables have an impact on quality of home care. Therefore, if home care organizations want to improve the quality of care, it is important to first determine which aspect(s) of quality of care they want to improve.

52. Relation between job satisfaction and quality of care in the European home care setting

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Purpose

To identify associations between job outcomes among care professionals and the quality of care in European home care setting.

Methods

This study was conducted with the IBenC study. Across six European countries and 31 organizations, 1,067 home care professionals filled out a questionnaire based on existing scales such as the Copenhagen Psychosocial Questionnaire and Scheduling Dissatisfaction Scale to measure outcomes, such as job satisfaction. Based on longitudinal data about the health and functional status of 2,884 care dependent older clients, 23 interRAI Home Care Quality Indicators and two summary quality scales (the interRAI Home Care Clinical Balance Quality Scale and the interRAI Home Care Independence Quality Scale) were calculated. To identify associations Spearman correlations followed by stepwise multiple regression analyses were performed.

Results

Spearman analyses show weak correlations (0.89–0.31) between job satisfaction and 17 quality indicators. Stepwise multiple regression analyses show associations with 12 quality indicators. The two summary scales were mainly associated with job satisfaction and the Scheduling Dissatisfaction Scale. Nevertheless, the Clinical Balance Quality scale was positively associated with job satisfaction and negatively with the Scheduling Dissatisfaction Scale, while the Independence Quality Scale showed opposite associations.

Conclusion

Job satisfaction and dissatisfaction with work schedules seem to be associated with quality of care in the European home care setting. In order to provide high quality to clients, care professionals need to be cared for as well. Further research is needed to study elements associated with job satisfaction and the Scheduling Dissatisfaction Scale.

53. Predicting in-hospital functional decline in older patients who are admitted for acute cardiovascular disease: a prospective cohort study

Bastiaan Van Grootven (bastiaan.vangrootven@kuleuven.be), Johan Flamaing, Koen Milisen, Mieke Deschodt, on behalf of the G COACH consortium.

Purpose

To develop and evaluate a clinical prediction model that identifies patients who are at risk for developing functional decline during hospitalization.

Methods

A prospective cohort study was performed on two cardiology units of the University Hospitals Leuven between September 2016 and June 2017. Patients were recruited on admission if they were admitted for non-surgical treatment of an acute cardiovascular disease and were aged 75 years or older. In-hospital functional decline was defined as any decrease on the Katz Index of Activities of Daily Living between hospital admission and discharge. Predictors were selected based on a review of the literature and were included in a multivariate logistic regression model.

Results

A total of 189 patients were recruited after screening 968 patients. The mean age was 84 years (SD $=5$) and the largest group of patients presented with heart failure as primary reason for hospital admission. In total, 40% of the patients developed functional decline during hospitalization. A score chart was developed: mobility impairment $=+9$ points, cognitive impairment $=+5$ points, depressive symptoms $=+5$ points, risk for malnutrition $=+8$ points, use of physical restraints $=+9$ points. This model discriminated adequately between patients with and without functional decline (C-index $=0.77$), was well calibrated (Hosmer-Lemeshow p $=0.912$) and was clinically useful: negative predictive value $=82\%$, sensitivity $=79\%$, positive predictive value $=61\%$, specificity $=66\%$.

Conclusion

A brief geriatric assessment can accurately identify patients who are at risk for developing functional decline during hospitalization.

54. Developing and evaluating a complex geriatric CO-mAnagement program for cardiology patients admitted to the hospital (G-COACH)

Bastiaan Van Grootven (bastiaan.vangrootven@kuleuven.be), Johan Flamaing, Els Devriendt, Bernadette Dierckx de Casterlé, Christophe Dubois, Katleen Fagard, Marie-Christine Herregods, Miek Hornikx, Bart Meuris, Steffen Rex, Jos Tournoy

Purpose

To develop and evaluate a geriatric co-management program for frail patients admitted to the hospital with acute cardiovascular disease.

Methods

First, a meta-analysis was performed. Second, quality indicators were developed in an international Delphi study. Third, a prediction model was developed in a cohort study to identify patients at risk for in-hospital functional decline. Fourth, local context factors and care gaps were identified. Fifth, a geriatric co-management program was developed using data from steps 1–4 and engaging stakeholders in consensus development meetings. Sixth, the program was piloted, implemented and evaluated in a quasi-experimental before-and-after study with process evaluation.

Results

The meta-analysis identified less complications and functional decline and a shorter length of stay favoring co-management. The Delphi study found consensus on 31 quality indicators. The prediction model included mobility, cognition, depressive symptoms, nutritional status and use of restraints to adequately predict functional decline (AUC $=0.77$) with good calibration. The program consists of three intervention groups. Patients at low risk for functional decline receive standard care. Patients at high risk for functional decline are co-managed by a geriatric nurse focusing on early rehabilitation and discharge planning by coaching the staff of cardiology. Patients who developed geriatric complications are co-managed by a geriatrician. Pilot findings demonstrate improved detection of geriatric needs leading to proactive care planning of patients' functional and

social needs.

Conclusion

This stakeholder-based quality improvement project uses iterative evaluations and adaptations to move from a theoretical model to prove of concept to preparing for large-scale implementation.

55. Pain assessment and treatment in the acute geriatric ward: a retrospective comparative study between cognitively intact and impaired older patients

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Purpose

Inadequate pain treatment is a major concern in older patients. Evidence-based guidelines about pain treatment in older patients are lacking, and specific observational pain scales (e. g. Pain Assessment in Advanced Dementia Scale (PAINAD) that have been developed for cognitively impaired patients are not routinely used in practice. This study aimed to investigate whether pain assessment and treatment differs between cognitively intact and impaired patients admitted to a geriatric ward.

Methods

This retrospective cohort study examined patients admitted to the acute geriatric wards of a Belgian university hospital between January 2014 and October 2015. Cognitive status was determined by Mini Mental State Examination (MMSE), pain intensity by Numeric Rating Scale (NRS) and/or PAINAD. All data were gathered from the electronic patient record.

Results

Of the 116 included patients, 74 (63.8%) were cognitively impaired (MMSE < 24). NRS was used in 114 (98%) and PAINAD in 9 (7.8%) patients. No significant difference was found in type, dose and mode of administration of pain medication between the two groups. After administration of pain medication, the median NRS score remained 1 (0.0–2.0) in cognitively intact and increased from 0.8 (0.0–2.0) to 1.5 (0.0–2.5) ($p = 0.121$) in cognitively impaired patients.

Conclusion

Observational pain assessment tools were not routinely used in daily practice. No significant difference in pharmaceutical pain treatment was found between cognitively intact and impaired patients, but pain seems undertreated in both groups.

56. Hoe ervaren bewoners in een woonzorgcentrum een vroegtijdig zorgplanningsgesprek? Een kwalitatief onderzoek.

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Doel

Vroegtijdige zorgplanning (VZP) binnen woonzorgcentra is essentieel om kwaliteitsvolle afgestemde zorg te bieden. Binnen de interventiestudie Comparing the effectiveness of PAlliative Care for Elderly people in long term care facilities in Europe (PACE) is VZP een belangrijke peiler. Het personeel werd getraind voor het voeren van VZP-gespreken a.h.v. het "Nadenken over later-document". Huidig onderzoek focust vaak op de attitude en kennis van ouderen t.a.v. VZP en biedt weinig biedt inzicht in hoe een VZP-gesprek door een oudere ervaren wordt.

Methodologie

Tijdens de evaluatiefase van het PACE-project werden 27 bewoners (range 55–95 jaar) geïnterviewd over hoe zij het VZP-gesprek ervaren hebben. Data-analyse gebeurde a.h.v. thematische analyse.

Resultaten

De meeste participanten ervoeren het VZP-gesprek niet als moeilijk. De vragen binnen het "Nadenken over later-document" werden als begrijpbaar beschouwd. Participanten gaven aan dat er echter weinig tot niet gepolst werd naar de impact dat deze vragen op hen had tijdens of na het eigenlijke VZP-gesprek. Het merendeel voelde zich onvoldoende voorbereid op het gesprek en miste een introductie van het gesprek. Vele participanten konden de inhoud van het VZP-gesprek en de

gemaakte afspraken niet herinneren ondanks de korte tijdsspanne tussen het VZP-gesprek en het interview. Sommige bewoners hadden weinig vertrouwen in de opvolging van gemaakte afspraken en de toegankelijkheid van het opgemaakte document door zorgverleners tijdens acute situaties.

Conclusie

Deze studie biedt een uniek inzicht in hoe bewoners een VZP-gesprek in kader van het PACE-project ervaren. Onze bevindingen hebben belangrijke implicaties voor toekomstig interventie-onderzoek en de vormgeving van vroegtijdige zorgplanning.

57. Hyperkyphosis as a predictor of negative health outcomes in older adults: a systematic review

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Purpose

Cross-sectional studies suggest that hyperkyphosis is associated with negative health outcomes. A systematic review of prospective studies has not been published yet. The aim of this study is to provide an overview of studies investigating the influence of hyperkyphosis on future negative health outcomes.

Methods

We performed a literature search (Pubmed, Web of Science, Cochrane library) for studies examining the effect of hyperkyphosis on negative health outcomes. Two blinded reviewers screened independently for eligible studies. Risk of bias was assessed by the 'Quality in prognostic studies' (QUIPS) tool. No meta-analyses were performed due to high between-study heterogeneity.

Results

Nine articles (8,487 participants) were included. Two studies had one or more domains with high risk of bias. The age of the participants ranged between 25 and 98 years. Thoracic kyphosis was measured with different methods: flexicurve, radiography, occiput-to-table distance and kyphometer. Follow-up periods ranged between 50 and 180 months. The following negative health consequences were reported: mortality ($n = 5$), fractures ($n = 2$), functional decline ($n = 2$) and respiratory complications ($n = 1$). Elderly with hyperkyphosis have a greater rate of mortality (HR $= 1.40$ (95%CI[1.08–1.81]), $p = 0.012$). In addition, women have an increased risk of future osteoporotic fractures over the next four years (OR $= 1.92$, 95%CI[1.13–3.28]). A kyphotic posture was negatively associated with mobility performance and there were significant negative associations for forced vital capacity and forced expiratory volume in one second.

Conclusion

Hyperkyphosis predicts several future negative health outcomes. Hence, more research regarding the long-term effects of therapeutic interventions for hyperkyphosis on these negative health outcomes is justified.

58. The role of vitamin D in elderly at high risk for falling: a systematic literature review

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Purpose

There is conflicting evidence regarding vitamin D supplementation to prevent falls in the elderly. A meta-analysis by Bischoff-Ferrari et al. (BMJ 2009) showed a reduced risk of falling amongst elderly when given 700–1,000 international units (IU) of vitamin D. This was not the case in a meta-analysis from Bolland et al. (Lancet Diabetes Endocrinol 2014). Inconsistencies may, partly, be explained by the study population. Patients at high risk of falling might benefit from vitamin D supplementation. Therefore, we aimed to determine the effectiveness of vitamin D supplementation to prevent falls in elderly at high risk for falling.

Methods

First, in the meta-analysis of Bolland, we selected the trials concerning elderly at high risk for falling. Secondly, a PubMed search was conducted, in which the search strategy of Bolland was repeated from January 2014 until October 2017.

Results

Seven of the 752 identified articles met the inclusion criteria. No supplemental articles about elderly at high risk for falling other than in the Bolland meta-analysis were found. Two trials reported a benefit of vitamin D supplementation. In four trials there was no clear benefit. One study using an annual high dose of vitamin D (500,000 IU cholecalciferol) showed a significantly increased risk of falling.

Conclusion

Overall, the benefit of vitamin D in preventing falls in elderly at high risk for falling is unclear and needs more research. An annual high dose should certainly be avoided, but there is some evidence that a daily dose of 700–1,000 IU can be recommended.

59. Exploring acoustical environmental factors influencing the behavior- and psychological symptoms of dementia. Towards (developing) a soundscape model

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Purpose

To explore the acoustical factors triggering the onset and progression of Behavioral and Psychological Symptoms of Dementia (BPSD) in Nursing Home Residents with Dementia (NHRwD) and to develop a valid soundscape-model for enhancing Quality of Life and modifying behavior in dementia.

Methods

In a qualitative design, 15 NHRwD were included in a 24/7 participatory observation in Flanders. Data were analysed in an iterative process with constant comparison. Peer-debriefing with professional caregivers ensured the credibility of the model.

Results

Behavior of NHRwD is influenced by the capacity to correctly interpret the sound and to adequately react on it. These two dimensions are interrelated leading to four different typologies of NHRwD; the NHRwD (1) who can interpret correctly and react adequately, (2) those who can interpret correctly, but cannot react adequately, (3) those who cannot interpret correctly but reacts adequately and (4) those who cannot interpret sounds correctly and cannot react adequately.

Conclusion

The onset and progression of BPSD is highly individual (relying on personality and typical features of dementia) but also depends on the interaction between personal and acoustical environmental factors. It can be influenced by the caregivers (e.g. support a recognizable sound environment) or the design of the acoustical environment. The model offers opportunities to understand the PwD's reactions on the sound environment and can be used to enable caregivers to create an optimal soundscape for PwD.

60. Noise environment and dementia: attitude and perception of bedside carers in nursing homes. Large scale survey in Flanders

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Purpose

To gain insight in the attitudes of caregivers regarding the noise environment in Nursing Homes (NH) and their view on the influence of noise on persons with dementia (PwD) and the Behavioral and Psychological Symptoms of Dementia (BPSD).

Methods

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An online survey was sent to NH in Flanders, addressed to bedside caregivers ($n = 206$).

Results

The noise environment is considered as a factor influencing BPSD; verbal (98%) and nonverbal (91%) noise produced by other residents, loud noises (91%), repetitive noises (83%) and quiet noises like whispering (60%). Fifty percent of the caregivers try to minimalize the background noise often to always during their workdays, particularly the use of television (73%) and radio (78%). While 78% states that (some) PwD need a calmer noise environment than the other residents, 55% believes that—besides e. g. music therapy—the noise environment can support care for PwD with BPSD.

Conclusion

Although caregivers are aware that the noise environment influences BPSD, there is still room for improvement such as raising the awareness for noise (minimalizing background noise, using the noise environment to support care).

61. Diagnosis of Alzheimer disease in the oldest population (80+) through neuropsychological testing and CSF biomarkers: a systematic literature review

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Purpose

The oldest old (80+) have the highest risk of developing Alzheimer disease (AD). We reviewed the literature regarding diagnostic value of neuropsychological testing (NPT) in these patients. We evaluated for differences in domains of cognition comparing NPT results in the oldest old versus younger AD and normative groups. Finally we reviewed the diagnostic value of cerebrospinal fluid (CSF) biomarkers for AD in this group.

Methods

We systematically searched for relevant papers in MEDLINE, using a comprehensive search string including the key words: Alzheimer Disease, aged 80 and over, oldest-old, very old, 80+, neuropsychological tests, cerebrospinal fluid and biomarkers

Results

From 5,055 papers only 6 were included based on title, abstract and full-text screening. Age-specific normative data in the oldest old regarding neuropsychological norms are scarce. Most articles included a well educated Caucasian population making 'general population statements' inaccurate. Young old AD groups seem to perform worse on executive functioning, psychomotor skills and learning/memory tests. Only one article evaluated the diagnostic value of CSF biomarkers in people >75 years, which concluded that diagnostic accuracy for AD decreases with age, and that biomarker distribution is more similar between subjects with AD and without AD in the oldest old compared to younger age groups.

Conclusion

Literature regarding diagnosing AD in the oldest old is scarce. Further goals need to be studied, combining neuroimaging, neuropsychological testing, and CSF biomarkers to provide an accurate diagnosis, with a good correlation with the golden standard of neuropathological results.

62. Bio impedance underestimates sarcopenia in well-functioning adults aged 80 and over: results from the BUTTERFLY-study

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Purpose

Sarcopenia is an age-related syndrome that implies a progressive and generalized loss of muscle mass. To date, the accuracy of muscle mass predicting formulas to identify sarcopenia in persons aged ≥80 remains unclear.

Methods

We aim to determine the prevalence of sarcopenia in terms of the EWGSOP-cut-offs, and demonstrate the agreement between dual energy X ray absorptiometry (DXA) and BIA prediction formulas to identify sarcopenia.174 community dwelling

well-functioning persons aged ≥80 were included. Appendicular lean mass (ALM) and appendicular fat mass (AFM) were predicted using several existing BIA prediction formulas. Through cross-validation and stepwise multiple linear regression, new ALM and AFM-formulas and a lean/fat ratio were suggested for the 80+. The level of agreement between DXA and BIA to classify subjects for sarcopenia according to the EGWSOP cut-offs was calculated. A ROC-analysis was performed to define BIA-based cut-offs to classify sarcopenia.

Results

ALM and AFM predicted by BIA formulas showed high positive correlations when compared to DXA. Nevertheless, a systematic overestimation of ALM and underestimation of AFM was established using the prediction formulas. Our newly suggested prediction formulas for the 80+: ALM = 0.827 + (0.19*Impedance Index) + (2.101*Sex) + (0.079*Weight); R^2 0.888; SEE = 1.450kgAFM=1.055—(3.997*Sex) + (0.248*Weight)—(0.1*Impedance Index); R^2= 0.715; SEE = 1.750 kg. The gender specific ALM/AFM ratios predicted with our new formulas showed moderate correlation (r_{men} = 0.54; r_{women}=0.60) with DXA. The existing prediction formulas for ALM showed lower agreement (k < 0.368) than our new formula (≥0.454) for classifying sarcopenia. The BIA-based cut-offs from our ROC-analysis did not yield satisfying sensitivity and specificity.

Conclusion

Despite the high correlation between both methods, BIA prediction equations overestimate ALM and underestimate AFM compared to DXA in persons aged ≥80, In order to limit the number of false negatives in screening sarcopenia using the EWGSOP-criteria higher agreement between predicted and observed values is desirable.

63. Back to basics: a systematic experiential learning process supports advance care planning (ACP)

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Introduction

ACP has to be a process of dialogue about desirable 'end of life'-scenarios with all relevant stakeholders. A new educational initiative for HCP was set up: in this systematic experiential learning process (SELP), HCP learn skills to actively listen what patient really values.

Methods

Twelve nurses (hospital/nursing home/home care) participated SELP consisting open interview with patient and reflection process among participants. Interviews/reflections were recorded/transcribed and analysed qualitatively (Grounded Theory/data and researcher triangulation).

Findings

Patients are thankful to be able to tell their story. Getting the opportunity to tell their story leads to a relationship of trust in which there is openness and safety to talk about their values. Participants realize that open conversations help to better know what is at stake for this patient. Most participants are able to have an open conversation with a patient concerning ACP. Patient-oriented vision of care and a climate of reflection of the team seems to influence the success of this process. A team familiar with reflection supports participants in having an open conversation with the patient that ensures a relationship of mutual recognition and involvement leading to more atunement in care. Having an open conversation with a patient brings participants to ACP-interventions focused on patients' needs. Discussing obtained information in team and translation into care objectives needs further atunement.

Conclusion

SELP supports participants in having an open conversation with a patient concerning ACP and hearing what really is at stake for the patient.

64. Is a systematic experiential learning process helpful in supporting geriatric liaison conversations to reach true patient-centered care?

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Introduction

Person-centered care requires appropriate attitudes of the caregivers. To foster these attitudes, a systematic exposure experience for geriatric caregivers, using an open interview with a patient followed by a reflection process, was set up.

Methods

All the individual and focus group interviews and discussions held as part of the exposure experience were recorded and transcribed. The data were analysed qualitatively using methods of Grounded Theory and using data and researcher triangulation.

Results

The analysis showed that the participants found it highly relevant to participate. Caregivers show a greater openness to listen and more attention is given to the patients' experiences and concerns. The participants experience this as an important change. Participants report that open, not task-oriented conversations in which they create a supportive space for the patient lead to a better relationship with the patient. They realize that open conversations from person to person, help to better know the patient and bring them to interventions in care focused on patients' needs. Participants describe having fear that the conversation will not be good enough. They mention great satisfaction in their contact with the patient as soon as they let their fear go.

Conclusion

Participation in the systematic exposure experience using an open interview with a patient followed by a reflection process leads to changes in attitudes of caregivers needed for person-centered care.

65. Predicting falls in nursing homes: A prospective multicenter cohort study with six months follow-up

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Purpose

To evaluate the predictive accuracy of fall history, staff clinical judgment, the Care Home Falls Screen (CaHFRiS) and the Algorithm for classification of fall risk in nursing home residents.

Methods

We conducted a prospective multicenter cohort study in 15 nursing homes. Fall history, staff clinical judgment, the CaHFRiS and the algorithm for classification of fall risk were assessed at baseline and falls were documented in the six months follow-up period. Predictive accuracy at one, three and six months was calculated.

Results

In total, 420 residents participated, 658 falls occurred and 50.2% of the residents had at least one fall (average fall rate = 1.57, ±SD = 2.78). Overall accuracy ranged from 54.8 to 66.5%. Fall history, the algorithm and the CaHFRiS (cut-off score ≥4) had better sensitivity, ranging from 64.4 to 80.8%, compared to clinical judgment (sensitivity ranging from 47.4 to 71.2%). Negative predictive value ranged from 92.9% at one month to 59.6% at six months, with higher scores for fall history, the algorithm and the CaHFRiS. Specificity ranged from 50.3% at one month to 77.5% for six months, with the highest scores for clinical judgment of physiotherapists and the lowest scores for the algorithm. Positive predictive value ranged from 22.2% at one month to 67.8% at six months.

Conclusion

Fall history, the algorithm and the CaHFRiS showed the best sensitivity and negative predictive value, two important aspects for good screening. However, taking into account their moderate predictive accuracy no recommendations can be made for the use of any method to predict falls.

66. Prediction of fall prevention behavior of staff within nursing homes

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Purpose

To investigate which factors predict whether healthcare workers in nursing homes perform fall prevention strategies based on the Integrative Model of Behavioral Prediction (IMBP).

Methods

A multicenter cross-sectional survey in nursing homes was conducted. Fall prevention behavior was assessed by self-report. Factors potentially influencing fall prevention behavior (intention, knowledge, barriers, attitudes, norms and self-efficacy) were derived from the IMBP. In addition, head nurses' leadership and nursing home characteristics were taken into account.

Results

196 nursing homes participated and 1,896 clinical staff members completed the questionnaires, being 39.6% nurses' aides, 26.3% nurses, 13.5% occupational therapists, 15.4% physiotherapists and 5.2% physicians. The IMBP had good predictive values for the behavior of performing fall prevention strategies with a C-index of 0.728 (95% CI: 0.704–0.753). The final model showed that a better attitude towards fall prevention ($p = 0.0002$), higher self-efficacy ($p < 0.0001$), higher scores on social norms ($p < 0.0001$), having less work experience in the nursing home setting ($p = 0.0292$), and working more hours per week ($p = 0.0465$) were associated with a higher likelihood of performing fall prevention strategies. In addition, physiotherapists were more likely to perform fall prevention strategies compared to physicians, occupational therapists, nurses and nurses' aides ($p < 0.0001$).

Conclusion

The IMBP is a useful model helping to understand which factors impact clinical staff's fall prevention behavior, and could serve as a base for interventions supporting use of evidence-based fall prevention strategies.

67. Anticholinergic exposure in primary care and in long-term care: differences in medications involved an associations with mortality?

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Purpose

To identify and compare the anticholinergic exposure in cohorts of Belgian older adults at home and in a nursing home.

Methods

Chronic medications were coded to the Anatomical Therapeutic Chemical (ATC) classification. The anticholinergic exposure was quantified using the MARANTE scale. Baseline data of the Belfrail-Med cohort of primary care patients ($n = 503$) and the Ageing@NH cohort of newly-admitted nursing home residents ($n = 741$) was used. Survival analysis until death was performed at 18 months after baseline, using Kaplan-Meier curves and Cox regression models to adjust for covariates.

Results

Mean age was 84 (80–102) and 84 years (65–105), and mean number of medications was 5 (0–16) and 9 (1–25) for primary care and nursing home patients, respectively. Prevalence of anticholinergic use was 31.8 and 63.8% with mean MARANTE scores of 0.7 (0–7) and 1.6 (0–9.5) for primary care and nursing home patients respectively. For primary care, out of n = 217 anticholinergics, ranitidine (14.7%) and trazodone (7.4%) were most prescribed. For nursing home residents, out of n = 514 anticholinergics, trazodone (10.7%) and quetiapine (9.9%) were most prescribed. The mortality rates were 8.9 and 35.3% respectively. After adjusting, significant associations with mortality were only found in primary care for those with high anticholinergic exposure (MARANTE ≥2, HR 2.3, 95%CI 1.07–4.78).

Conclusion

The anticholinergic exposure is higher in nursing home residents. Associations with mortality were only significant in primary care patients with a higher anticholinergic exposure.

68. Project 75+ op orthopedie

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Achtergrond

Op de afdeling orthopedie komen veel ouderen terecht met een heupfractuur. Voor kwetsbare ouderen is de impact van een heupfractuur op hun leven erg groot. De risico's van een heupfractuur op hogere leeftijd zijn groot. Het multidisciplinaire team van de afdeling orthopedie maakt zich zorgen over deze patiënten en wil graag de zorg optimaliseren. Daarom werd een overleg gepland met de interne liaison geriatrie.

Doelstelling

De zorg voor de 75 plusser met een heupfractuur op orthopedie wordt verbeterd door het inschakelen van vrijwilligers. Er bestaat een specifiek programma dat door de vrijwilligers wordt uitgevoerd. Indien succesvol volgt een uitbreiding naar de afdeling revalidatie.

Inhoud praktijkproject

De specifieke zorg die vrijwilligers kunnen opnemen wordt beschreven in vier activeringsprogramma's met elk een eigen doelstelling.

Oriëntatie

Voorkomen van een delier (acute verwardheid) en/of de negatieve gevolgen trachten te beperken. Hiervoor voorzien de vrijwilligers ROT via de – door ons ontworpen ROT box – een klok, een kalender en een (evt. samen met de patiënt ingevuld) oriëntatiebord. Aan de familie kan gevraagd worden om foto's mee te brengen van familieleden, vrienden, huisdieren e.d. De vrijwilliger maakt tijd vrij om aanwezig te zijn bij de patiënt en kan helpen met praktische zaken.

Activiteiten

Afleiding bieden en verveling tegengaan. De vrijwilliger houdt de patiënt gezelschap, leest voor, haalt de krant, speelt kaart, neemt de patiënt zo mogelijk eens mee uit de kamer. Bewegen: Mobiliteit onderhouden en/of verbeteren, immobiliteitsgebonden problemen voorkomen. De vrijwilliger doet oefeningen met patiënt in bed of zetel, stapt zo toegestaan met patiënt op de gang en heeft aandacht voor valpreventieve maatregelen. Hiervoor werden activiteitsfiches ontworpen door kine en ergo. Voeding: Ondervoeding voorkomen of goede voedingstoestand behouden. De vrijwilligers biedt hulp bij de maaltijd, houdt gezelschap bij de maaltijd, biedt tussendoortjes en drankjes aan, vult mee de voedingsbalans in.

Evaluatie

Per patiënt wordt een fiche ingevuld door de verpleegkundige. De noden van de patiënt worden genoteerd (welke activiteiten kan en mag de vrijwilliger uitvoeren). De vrijwilliger noteert na zijn shift welke activiteiten hij heeft uitgevoerd met de patiënt en eventuele opmerkingen.

Conclusie

project start 17/11/17, evaluatie af te wachten.

69. Adherence to geriatric assessment (GA)- based recommendations and subsequent actions in older patients with cancer

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Purpose

To investigate adherence to GA-based recommendations and to describe the subsequent actions in older patients with cancer.

Methods

A prospective Belgian multicenter (n=22) cohort study included patients ≥70 years with a malignant tumor upon oncologic treatment decision. Patients with an abnormal result on the geriatric screening (G8≤14/17) underwent GA. Geriatric recommendations were formulated based on GA results. At follow-up the adherence to geriatric recommendations was documented including a description of actions undertaken.

Results

From 11-2012 till 2-2015, G8 screening was performed in 8451 patients, of which 5838 patients had an abnormal result. Geriatric recommendations data were available for 5631 patients. Geriatric recommendations were made for 4459 patients. Geriatric interventions
data were available for 4167 patients. A total of 12.384 geriatric recommendations were made. At least one different geriatric recommendation was implemented in 2874 patients. A dietician, social worker and geriatrician intervened most frequently for problems detected on the nutritional, social and functional domain. A total of 7569 actions were undertaken for a total of 5725 geriatric interventions, most frequently nutritional support and supplements, extended home care and psychological support.

Conclusions

This large Belgian study focuses on the adherence to GA-based recommendations in older patients with cancer and contributes to the optimization of care for these patients. We identified the domains for which geriatric recommendations are most frequently given and adhered to and which health care professionals and referrals are essential in the multidisciplinary approach of older patients with cancer.

70. The added value of geriatric screening and assessment to predict overall survival in older patients with cancer

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Purpose

The aim of this study is to determine and compare the added prognostic value of screening tools, geriatric assessment (GA) components and GA summaries to clinical information for overall survival (OS) in older patients with cancer.

Patients and Methods

A screening and a 10-item geriatric assessment (GA) were systematically performed in patients ≥70 years with cancer. Cox regression analyses were conducted to evaluate the added prognostic value for OS of screening tools, GA and GA summaries to clinical information (age, stage, tumor type) in two cohorts (A and B). Cox models were compared based on Akaike Information Criterion and the Concordance
Probability Estimate. Analyses were performed on two independent cohorts.

Results

Complete case analysis was available for 763 patients (median age 76) in cohort A and for 402 patients (median age 77) in cohort B. In both cohorts, most individual GA components were independent prognostic factors for OS. Nutritional status (assessed by the Mini Nutritional Assessment-Short Form) and functional status (assessed by Instrumental Activities of Daily Living) consistently displayed a strong capacity to predict OS. Inconsistent results were found for screening tools. GA summaries perform the best in comparison with the screening tools and the individual GA components.

Conclusions

Most individual GA components, especially nutritional status and functional status, are prognostic factors for OS in older patients with cancer. GA summaries provide more prognostic information than individual GA components, but only moderately improve the prognostic baseline model with clinical information.

71. The prognostic value of three commonly measured blood parameters and geriatric assessment to predict overall survival in addition to clinical information in older patients with cancer.

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Purpose

To evaluate the prognostic value of laboratory parameters and geriatric assessment (GA) in addition to a baseline model with clinical information for overall survival (OS) in patients with cancer.

Patients and Methods

A GA was systematically performed in patients ≥70 years with cancer. Our baseline model consisted of age, tumor type, and stage. To assess the contribution of hemoglobin (Hb), albumin, and C-reactive-protein (CRP) each were added separately and combined to the baseline model with and without the GA as a whole (=10-item GA). Analyses were conducted with continuous and dichotomized variables. Cox models were compared based on Akaike Information Criterion (ΔAIC) and their discriminatory ability was assessed using the Concordance Probability Estimate (CPE).

Results

A total of 328 patients were considered for this analysis. CRP, albumin, and Hb were prognostic for OS in univariable and adjusted analyses. The baseline model had a CPE of 0.725. Albumin and CRP added more prognostic information than Hb. The addition of the three laboratory parameters provided separately and combined less prognostic information than the 10-item GA when analyzed with continuous and dichotomized variables. The models extended with the 10-item GA without and with the three laboratory parameters had a

CPE of 0.769 and 0.783, and a ΔAIC of 46.30 and 66.87 respectively when analyzed with continuous variables.

Conclusions

GA adds slightly more prognostic information than Hb, albumin, and CRP besides clinical information. The three laboratory parameters continue to provide additional prognostic information beyond a combination of both clinical and geriatric information.

Auteurs

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