

Geriatric Depression Scale), medical diagnoses, geriatric conditions, and physical function (walking speed, grip strength, ADL) were recorded. Hospital outcomes were length of stay, in-hospital mortality, and institutionalization.

**Results.**– Mean age of participants was 81 years, 56% were women. Median length of stay was 10 (IQR 7–14) days, 41 patients died during hospital stay and 70 were institutionalized after discharge. Multivariate linear regression analyses identified metastasized cancer, renal failure, infection, number of drugs before admission, history of falls, and walking speed as independent predictors for length of stay. Malnutrition (BMI < 18 kg/m<sup>2</sup>), total dependence on ADL, and pressure sores were independent predictors for in-hospital mortality. Malnutrition and total dependence in ADL were also independent predictors for institutionalization.

**Key conclusions.**– Besides medical diagnoses, physical function and malnutrition are two important aspects that are independently predictive for poor hospital outcome. Assessment of these factors may influence decisions about the optimal management of healthcare resources.

<http://dx.doi.org/10.1016/j.eurger.2013.07.033>

O 026

### A disease management program intervention in elderly patients with high comorbidity: Results of a randomized-controlled trial (HF-GERIATRICS)

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F. Rodriguez-Artalejo, in representation of the HF-GERIATRICS study group

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**Objective.**– To assess the efficacy of a disease management programme (DMP) for very old patients with heart failure (HF) and significant comorbidity.

**Methods.**– A multicentre randomized trial in 630 patients with HF, aged over 75 years, admitted to the acute-care units of the Geriatrics Departments in 6 hospitals. Patients were randomly allocated to a DMP or to usual care. The DMP was conducted by a case manager, and included three main components:

- patient education to improve disease' knowledge and self-care;
- monitoring of clinical status;
- therapeutic adherence.

Main statistical analyses was performed according to the intention-to-treat principle, and used Cox regression models to examine the association of a DMP with hospital readmission, quality-of-life, and mortality over 12 months.

**Results.**– Mean age was 85.6 + 5 years with a 63% of women. Intervention group included 279 and control group 351 patients. There was no differences between groups in relation to age, gender, functional or cognitive status, presence of different co-morbidities, including depression and dementia, NYHA functional class, aetiology, HF drugs at discharge, previous admissions due to HF. Educational intervention significantly improved disease knowledge and self care behaviour in patients allocated to intervention group in relation to control group. There was no significant differences between intervention and control group in one-year survival, any cause or HF readmissions and quality of life.

**Conclusion.**– A DMP that included an educational interventional program did not improved survival, readmissions or health-related quality of life in very elderly patients with high comorbidity.

<http://dx.doi.org/10.1016/j.eurger.2013.07.034>

O27

### The Multidimensional Prognostic Index (MPI) predicts mortality in elderly cancer patients (ECP) better than the traditional Comprehensive Geriatric Assessment (CGA)

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**Introduction and aims.**– Although it is strongly recommended that ECP receive a CGA before any oncological treatment decision, there is no consensus about the best form of evaluation. The present analysis was conducted to compare the Balducci's CGA1 (MGA) and the MPI2 as predictor of 12-months mortality in ECP.

**Patients and methods.**– In the context of a prospective trial reported elsewhere 2160 patients aged 69 years or more with inoperable/metastatic cancer received MGA1 (Balducci, Cancer Control 2001), from which the MPI3 was calculated. Cohen's kappa coefficient and proportion of overall agreement for MGA and MPI categories were constructed. The area under the ROC curves (AUC) was assessed to compare MGA and MPI performance using logistic regression models, sex and age adjusted.

**Results.**– Between April 2008 and April 2010, 160 patients, 88 females (55%), mean age 79.4 years, range 69–93, entered the study. The overall mortality rate was 46.9% (75 patients) at 12 months. At MGA, 30 patients (18.7%) were classified as fit, 35 (21.9%) as vulnerable and 95 (59.4%) as frail. One hundred and two patients (63.8%) had a low MPI, 46 (28.7%) a moderate MPI and 12 (7.5%) a severe MPI.

The agreement between MGA and MPI was low, with a weighted Cohen's K of 0.17 (95% CI = 0.11–0.23,  $P < 0.0001$ ).

The AUC for MPI was statistically greater than AUC for MGA (0.73, 95% CI 0.65–0.81 vs 0.65, 95% CI 0.56–0.73, respectively;  $P = 0.019$ ).

**Conclusions.**– The present study showed that the MPI performs better than MGA and could be used to correctly classifying 12 months mortality in ECP.

<http://dx.doi.org/10.1016/j.eurger.2013.07.035>

O 028

### Is there a need for a European graduate exam in geriatric medicine: A cross-national survey

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UEMS G section/EUGMS, Belgium

**Background.**– Training of young colleagues builds the basis for development of Geriatric Medicine within the European Union. Differences between countries in the postgraduate training are suspected.

**Method.**– To gather information concerning training standards, assessment methods and quality control in that matter, a standardized and structured questionnaire was sent to the 28 member countries of the UEMS-Geriatric Section.



Geriatric Depression Scale), medical diagnoses, geriatric conditions, and physical function (walking speed, grip strength, ADL) were recorded. Hospital outcomes were length of stay, in-hospital mortality, and institutionalization.

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