

Conclusions: To the best of our knowledge this is the first study that presents data on the relationship between smoking and life satisfaction of older people in EU countries living independently. Non-smoking older people report a higher level of life satisfaction compared to smoking older people. The relation between smoking behaviour, diseases, disabilities and life satisfaction is complicated because smoking is related to diseases with a high mortality rate and sometimes a relatively short period with disabilities before death.

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Predictors of long-term mortality in oldest old patients (90+) hospitalized in medical wards via the emergency department

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Objectives: The objective of the study was to identify risk factors for long-term mortality in patients aged 90 years and over who were admitted to medical wards through the emergency department.

Methods: A prospective cohort study (SAFES Cohort) was set up in nine French hospitals. Among the 1306 patients in the SAFES cohort, the 291 patients who were aged 90 or over were analysed. At inclusion, demographic data (age, sex, level of education, living alone or in an institution, number of children, presence of helper/caregiver), as well as data from comprehensive geriatric assessment (dependence status, risk of depression, dementia, delirium, nutritional status, walking disorders, risk of falls, comorbidities, risk of pressure sores) were recorded. Vital status at 36 months was obtained from the treating physician, the general practitioner, administrative registers, or during follow-up consultations. Relationship between patients' characteristics and 36-month mortality was studied using Cox regression modelling.

Results: Average age was 93 ± 3 years, and patients had 2 ± 2 children on average. Among the 291 patients included, 190 (65%) had died at 36 months. Risk factors for mortality at 36 months identified by multivariable analysis were risk of malnutrition (HR 1.6, 95% CI 1.1–2.3, $p=0.004$) and delirium (HR 1.6, 95% CI 1.1–2.3, $p=0.01$).

Conclusion: Our study shows that malnutrition and delirium have a negative impact on survival in acutely ill oldest-old population. Both these factors can easily be identified and treated early during hospitalisation using geriatric assessment tools that are widely available in daily practice.

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Modifiable lifestyle factors and independent ageing – a 15-year follow-up in 70 year old men

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Objectives: To examine relationships between modifiable lifestyle factors at the age of 70 and subsequent independent ageing.

Methods: The Uppsala Longitudinal Study of Adult Men (ULSAM) was first examined at the age of 50. In 1991–95, 1221 men (age 70) took part in a re-investigation, and 405 men were again re-investigated in 2008–09. Modifiable lifestyle factors like BMI, smoking, leisure time physical activity and dietary intake were registered at age 70. Independent ageing was defined as survival to the age of 85, not living in an institution, no diagnosis of dementia, Mini Mental State Examination $\geq 25/30$ p, independency in personal care and being able to walk outdoors without assistance. Logistic regression analyses were performed with adjustments for age at baseline, education, smoking and adherence to a healthy dietary pattern.

Results: The criteria of independent ageing were fulfilled by 73% (297/405) of the participants. Normal weight, i.e. BMI 18.5–25 (OR=2.61, 95% CI 1.22–5.58) and overweight, i.e. BMI

25–30 (OR=2.89, 95% CI 1.41–5.94) were positively associated with independent ageing (vs. obesity). There were also positive associations with never (OR=2.23, 95% CI 1.09–4.57) and having quit smoking (OR=1.63, 95% CI 0.84–3.14) (vs. current smoking). Leisure time physical activity was not associated with subsequent independent ageing.

Conclusions: The possibility to reach age 85 with preserved independency was highest among the men that at 70 years of age were not obese and did not smoke, while leisure time physical activity did not associate with independent ageing.

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Phenomenological and psycho-dynamical analysis of sexuality with ageing: a qualitative study in France

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Background: Although according to World Health Organisation, sexual well-being is part of global well-being, sexuality in older age is rarely mention by general practitioner (GP) or by older people to GP. The main objective of this study was to better understand representations older people may have regarding their own sexuality.

Method: Qualitative study through partially guided conversations with 15 French patients older than 65 years. After data saturation, triangulation of both phenomenological and psycho-dynamical analysis of the verbatim integrally transcribed.

Results: May 1968 is a key period that distinct older people views about their sexuality, a period of riot in France against a rigidly conservative society; for a first group, sexuality is in accordance with the societal standards existing before “May 68”, is still taboo and linked to procreation, and, sexuality is no longer part of an ageing body. The interchange with GP is difficult as resistances mechanisms are activated. The second group have managed to free themselves from those earlier societal standards. With ageing, the thought of pleasure is still present but accepting their altered body is not always simple because of actual societal standards reserving sexuality to younger people. The interchange with GP is not obvious but still possible.

Conclusions: Understanding the representations that the elderly have of their sexuality allows the GP to come into a better dialogue. His role then would be to help patients to overcome societal standards about sexuality and to revitalize their ageing body.

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Baseline characteristics of a two-year prospective study aiming to link clinical components, cognitive and gait performances in healthy old people

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Objectives: Introduce the protocol of the GABI (Gait Analysis and Brain Imagery) study developed to highlight the links between clinical components, gait performances, brain changes and cognitive and functional status in a cohort of healthy old people to promote successful aging.

Methods: 131 community-dwelling older were recruited (including 75 women). Mean age is 71.3 years, mean CIRS-g is 9.8/45, mean mini nutritional status is 12.8 and mean body mass index is 25.8, mean physical activity on Jackson scale is 2.8/7, mean Katz scale is 6.3/24 and mean geriatric depression scale is 0.8/4. Mean walking speed is >1 m/s. Timed up and go tests remain <20 s and mean SSPB is higher than 9/12. Finally, 112 volunteers are robust (and 19 mild or moderate frail) according the Edmonton scale. No cognitive disorders are already diagnosed.

All of these volunteers were assessed for body compositions and muscle strength and for gait performances at usual (simple and dual task) and fast walking speeds. Brain MRIs were realised including T1-weighted and T2-weighted data using respectively multi-parametric, FLAIR and diffusion sequences. After a two-years follow up, a similar assessment will be plan to detect cognitive or functional decline.

Results: According to these evaluations, 131 healthy old people are already included and assessed at baseline.

Conclusion: Authors introduce the original protocol of this first two-year prospective study including robust old people with a comprehensive assessment to promote successful aging.

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Physical and mental determinants of falls in healthy old people: baseline data of the GABI study

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Objectives: To highlight the physical or mental determinants of falls in healthy old people to promote successful aging.

Methods: In cohort of 131 healthy old people, history of fall, fear of falling, co-morbidities, drugs, anthropometric measures, nutritional status, body composition, grip strength and functional and cognitive status were assessed. Among them, 112 volunteers are robust according the Edmonton scale. No cognitive disorders are already known. Mean values were compared by ANOVA using SAS 9.3. Results were considered statistically significant for a p-value <0.05. All parameters with a p<0.25 were then combined into a logistic regression with stepwise procedure.

Results: Into this healthy old people cohort (mean age 71.3 years, mean CIRS-g is 9.8/45, mean mini nutritional status is 12.8, mean body mass index is 25.8, mean physical activity on Jackson scale is 2.8/7, mean Katz scale is 6.3/24, mean geriatric depression scale is 0.8/4 and mean walking speed is >1 m/s), 51 volunteers feel fear of falling and 30 volunteers have already fallen the year before. In univariate analysis a difference was observed concerning muscle mass (p=0.0094), muscle strength (p=0.0029), comfortable walking speed (p=0.021) and fast walking speed (p=0.0051) between fallers and non-fallers. However, multivariate analysis showed that variables significantly associated with falls were the fear of falling (p=0.0015 and OR=6.09), the use of anti-depressive drugs (p=0.011 and OR=6.91) and the temporal orientation (p=0.041 and OR=0.29).

Conclusion: Fall prevention in healthy old people should consider more sensitive parameters than only physical frailty components.

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Prevention of thromboembolism in elderly hospitalized: Follow-up evaluation recommendations

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Introduction: Given the increase in the number of patients hospitalized for acute illness and the risk of venous thromboembolism (VTE), the use of prophylaxis has become a public health issue.

Materials and Methods: Observational study, non-interventional, prospective, single-center aimed to assess the practices of two services of the same hospital, and to evaluate their adherence to the French Agency for Sanitary Safety of Health Products (AFSSAPS) 2009 for the prevention of thromboembolic disease in the elderly over 75 years old.

Results: 222 patients were included: 125 from internal medicine and 97 from acute geriatrics. Among these patients, the median age

was 84 years and the sex ratio 0.42. Fifty-four percent of patients did not require preventive anticoagulation as recommended by the AFSSAPS. Seventy percent of the patients included in the study were anticoagulated, 89% with Low Molecular Weight Heparin (LMWH). Twenty-two percent of patients received anticoagulation while it was not recommended. Adverse events were recorded: 4 thrombosis (1.8% of the population) and 8 accidents anticoagulants (5.1% of the anticoagulated population). At three months, 76 patients were followed through their physician: 2 died and there was no venous thromboembolism (VTE) diagnosed.

Conclusions: In the elderly, whatever service management, preventive anticoagulation is prescribed by excess. Despite this mismatch, thromboembolic accidents are less frequent than reported in the literature and bleeding events have occurred in excess. Recommendations could be better monitored to limit the number of hemorrhagic stroke.

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The epidemiology of distal radius fractures in Castile and Leon (Spain)

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Aims: Study of epidemiology of Distal Radius Fracture (DRF) to promote preventive activities from Primary Care physician and. Specialist in Orthopaedic Surgery and Traumatology

Method: The authors conducted a cross-sectional descriptive study applied to a selection of patients (n = 50) from among all patients in the urban health center in Castile and Leon (Spain) who had recorded in his medical history that had submitted DRF. We study, age, sex and cause of DRF. The data is collected on an Excel spreadsheet and analyzed using SPSS 15.0 for Windows

Results:

- The incidence was 4 women/1 man.
- 40% of women with fractures had a history of osteoporosis.
- 87.4% were over 50 years. they had a cause declines in home, in 90% of cases related to falls from sidewalks, domestic stairs, slipping in the shower, tripping over rugs. The 10% fall in the street, getting off bus, slip tiles and other obstacles.
- 12.6% were patients under 50 years of age, with the fall due in conducting sports, cycling and drop a case from scooter.

Conclusions: Significant association between osteoporosis and fractures are detected in women. High cause of Distal Radius Fracture from falls at home, probably related to poor lighting and defects in visual acuity, presence of obstacles such as carpets. We propose to act on these problems through a program of health education aimed at groups and the development of preventive activities in Primary Care consultation and Specialist in Orthopaedic Surgery and Traumatology

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Fractures in postmenopausal osteoporosis

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Aims: Using records from the Record of Medical Informatics (MRI) to determine the prevalence of fractures in postmenopausal who have osteoporosis (OP) to promote Preventive Services Primary Health Care and Orthopedic Surgery and Traumatology Specialist