

Results: Results show that LS was severely limited in NH residents. Daytime activity was mainly restricted to the living-units and private rooms and most residents neither left their living-unit nor the facility. Overall, life-space use and movement patterns during the day showed low day-to-day variability. Measures of LS were associated with cognitive status and living-unit specific conditions, and not related to age, motor performance and gender. The technical assessment was very unobtrusive and showed high compliance on the part of the participants. Loss or damage of technical equipment was more likely in participants with severe cognitive impairment than in cognitively healthy subjects. **Conclusions:** Opportunities and limitations of the technical measurement considering technical properties of the system, compliance as well as feasibility in a sample of NH residents will be discussed. Determinants of LS use and population- as well as setting-specific implications, e.g., the effect of cognitive impairment and code-secured living-units on movement patterns in the facility, will be pointed out.

P36- HOW DO YOUNG DOCTORS' CLINICAL EXPERIENCES FROM NURSING HOMES PROVIDE ACCESS TO SITUATED LEARNING ABOUT DEATH AND DYING? A FOCUS GROUP STUDY. A.Fosse^{1,2}, S. Ruths^{1,2}, K. Malterud^{1,2,3}, M. Aase Schaufel^{1,4} ((1) *Research Unit for General Practice, Uni Research Health, Bergen, Norway*; (2) *Department of Global Public Health and Primary Care, University of Bergen, Norway*; (3) *Research Unit for General Practice in Copenhagen, Denmark* (4) *Department of Thoracic Medicine, Haukeland University Hospital, Bergen, Norway*)

Background: In Norway, 48% of deaths take place in nursing homes. Health care professionals often find dialogues about death difficult. Recently qualified medical doctors serve in nursing homes during internship. We need knowledge about how nursing homes can become useful sites for learning about end-of-life care. We aimed at exploring recently qualified doctors' learning experiences with end-of-life care in nursing homes, with a special focus on dialogues about death. **Methods:** Recently qualified doctors serving as community general practitioner assistants in nursing homes (n=16) participated in three focus group interviews. The participants were invited to share experiences with end-of-life care in nursing homes, to tell about preparatory dialogues with patients and relatives, and how their experiences made an impact on their thoughts about death and their role as a doctor. The interviews were audiotaped and transcribed verbatim. Data were analyzed with systematic text condensation. We used Lave & Wenger's theory about situated learning to support our interpretations, focusing how the recently qualified doctors experienced end-of-life care through participation in the nursing home's community of practice. **Results:** Preliminary analysis revealed issues related to the doctor's role concerning end-of-life care, the importance of dialogues with patient and family about death and dying, and the impact of interdisciplinary team work on recently qualified doctors' development of professional identity. These matters will be further elaborated for presentation at the conference. **Conclusions:** Participating in end-of-life care in nursing homes can provide recently qualified doctors with valuable insight into the needs of patient and family, and training in interdisciplinary team work. **Keywords:** Death, nursing home, recently qualified medical doctors, learning experiences

P37- DETERMINANTS OF PRESCRIPTION OF VITAMIN D SUPPLEMENTATION IN NURSING HOMES: A SURVEY AMONG GENERAL PRACTITIONERS. F. Buckinx^{1,2}, J.Y. Reginster^{1,2}, E. Cavalier³, J. Petermans⁴, C. Ricour⁴, C. Dardenne⁶, O. Bruyère^{1,2,5} ((1) *Department of Public health, Epidemiology and Health Economics, University of Liège, Liège, Belgium*; (2) *Support Unit in Epidemiology and Biostatistics, University of Liège, Liège, Belgium*; (3) *Department of Medical Chemistry, CHU of Liège, Belgium*; (4) *Geriatric Department, CHU of Liège, Liège, Belgium*; (5) *Department of Motricity Sciences, University of Liège, Liège, Belgium*; (6) *"Medical Center Oxygène", Seraing, Belgium*)

Background: The aim of this study was to assess the prescription profile of vitamin D supplementation in nursing homes and its potential determinants. **Methods:** General practitioners (GPs) having at least one patient in a nursing home in Liège, Belgium, were asked to complete the survey. Two possibilities were given to complete the survey: either through an online survey sent to GPs via associations of GPs, or through a paper version of the questionnaire that was placed in nursing homes who have accepted to collaborate in this particular study. **Results:** A total of 103 GPs participated to the survey: 19 (18.4%) responded to the paper version and 84 (81.6%) responded to the online version. Among these GPs, 57 (55.3%) systematically prescribe vitamin D to their institutionalized patients and the 46 (44.7%) others prescribe only sometimes. The main reasons for prescribing vitamin D cited by GPs who do so systematically are as follows: because they believe nursing home residents are mostly deficient in vitamin D status (92.7%), because they believe vitamin D supplementation prevents osteoporotic fractures (78.2%), and because vitamin D supplementation is recommended by various scientific societies (41.8%). GPs who only prescribe vitamin D supplementation in some patients mainly do that on the basis of results of a blood test (86.4%), following a diagnosis of osteoporosis (86.4%), in case of history (51.2%) or recent fracture (39.5%). Surprisingly, 14 physicians (32.6%) only prescribe vitamin D when they think about it. Interestingly, 41.8% of GPs always prescribe the same dose of vitamin D. For the remaining 58.2%, the dose prescribed mainly depends on the results of the blood test (94.8%), the patient's bone health (49.1%) or the history of fracture (42.1%). At last, 51.6% of GPs always prescribe calcium in combination with vitamin D, 45.4% sometimes prescribe calcium with vitamin D and 3% never prescribe this supplementation. **Conclusion:** More than half of GPs systematically prescribe vitamin D to their patients living in nursing homes. The other GPs usually prescribe vitamin D following the result of the blood test or after a diagnosis of osteoporosis.

P38- ENERGY AND NUTRIENT CONTENTS OF FOOD SERVED AND CONSUMED BY NURSING HOME RESIDENTS. F. Buckinx^{1,2}, N. Paquot³, S. Allepaerts⁴, J.Y. Reginster^{1,2}, J. Petermans⁵, C. Backes⁵, O. Bruyère^{1,2,6} ((1) *Department of Public health, Epidemiology and Health Economics, University of Liège, Belgium*; (2) *Support Unit in Epidemiology and Biostatistics, University of Liège, Belgium*; (3) *Diabetology, nutrition, metabolic (diseases), CHU of Liège, Belgium*; (4) *Geriatric Department, CHU of Liège, Liège, Belgium*; (5) *Dietetics and Nutrition section, haute Ecole de la Province de Liège, Belgium*; (6) *Department of Motricity Sciences, University of Liège, Liège, Belgium*)

Background: The aim of this study was to compare the amount of energy and protein of served food in Belgian nursing homes with that actually consumed by the residents. **Methods:** Nutrient content of the served and actually consumed food was calculated for all meals during 5 consecutive days by a precise weighting method. Difference between consumed and served dietary intake was evaluated by the Chi. test. **Results:** Fifty-six subjects (86.6 ± 7.01 years on average, 71.4% of women) from two nursing homes in Liège, Belgium were included in this study. These subjects had a mean body mass index of 24.8 ± 4.85 kg/m²; a mean Tinetti score of 21.6 ± 6.05 points; a MMSE average score of 22.3 ± 6.61 points and a mean SF-36 score of 71.2 ± 17.3%. Out of the 56 subjects, 36 (64.3%) had a normal nutritional status according to the MNA, 18 (32.2%) were at risk of malnutrition and 2 (3.57%) were malnourished. The mean energy content of the served food was 1748.2 ± 126.6 kcal per day. However, residents did not eat whole of (all) the meals. Indeed, the mean actual energy intake was 1570.4 ± 314.9 kcal. The difference between the energy content of the served and consumed food was significant (p<.001). The average protein amount of the food served was equal to 0.91 ± 0.19 g/kg/day and the average actual protein intake was 0.89 ± 0.23 g/kg/day. The difference between protein served and consumed was not significant (p=.63). Although there was no significant difference in gender (p=.88), age (p=.83) and BMI (p=.88), energy content of the served and consumed food were significantly different between the two nursing homes studied (p-values were respectively <.001 and =.02). On the contrary, protein amounts served and actually consumed were not significantly different between the two nursing homes. In addition, subjects who had a normal nutritional status, according to the MNA, ate significantly more calories (1631.3 ± 261.8 kcal) than subjects at risk of malnutrition or malnourished (1454.9 ± 377.5 kcal) (p=.05). Surprisingly, no significant difference in protein intake was observed according to the nutritional status (p=.07). **Conclusion:** Meals served in nursing homes are not entirely consumed by residents. Indeed, the amount of energy intake is significantly less than that provided. However, residents consume almost all of the served proteins. The adequacy of the food consumed in nursing homes for the residents' health needs to be better investigated.

P39- PHYSICAL ABILITIES OF ELDERLY NURSING HOME RESIDENTS: THE SENIOR COHORT. F. Buckinx^{1,2}, J.Y. Reginster^{1,2}, J.L. Croisier³, J. Petermans⁴, E. Goffart¹, O. Bruyère^{1,2,3} ((1) *Department of Public health, Epidemiology and Health Economics, University of Liège, Belgium*; (2) *Support Unit in Epidemiology and Biostatistics, University of Liège, Belgium*; (3) *Department of Motricity Sciences, University of Liège, Liège, Belgium*; (4) *Geriatric Department, CHU of Liège, Liège, Belgium*)

Background: The SENIOR (which stands for Sample of Elderly Nursing home Individuals: an Observational Research) cohort, is an ongoing longitudinal follow up of elderly subjects in nursing homes with the aim to assess the change in their physical abilities across time in order to identify people at risk of deterioration and in time to give some insight in the implementation of preventive interventions. In the present study, we present the baseline functional and motor abilities of these nursing home residents. **Methods:** Participants were volunteer residents in 21 nursing homes in the area of Liège, Belgium. Subjects disoriented (i.e. not able to give an informed consent) or unable to stand and walk, even with a technical support were excluded. A large number of demographic and clinical characteristics were collected at baseline: age, gender, body mass index (BMI), use of a walking support, attendance to physiotherapy sessions, cognitive status (MMSE test), quality of gait and balance (Tinetti test, SPPB test, Timed up and go test, walking speed), grip strength (hydraulic dynamometer), isometric strength of 8 muscle groups: knee flexors, knee extensors, hip abductors, hip extensors, ankle flexors, ankle (MicroFET2 dynamometer) and peak flow. We also compared these characteristics according to the walking speed of the residents (i.e. ≤ 0.8m/s or >0.8m/s). **Results:** Currently, 450 subjects are recruited in this ongoing study. Among them, 69.8% are women and the mean age is 83.1 ± 9.36 years. Out of the 450 subjects, 186 (41.3%) did not need technical assistance to walk whereas others used a cane (16.2%), a walking frame (32.9%) or another assistance (9.6%). About one third of the subjects attended physiotherapy sessions (35.6%). Subjects had an average MMSE score of 23.8 ± 4.72 points. Regarding motor skills, subjects had a mean Tinetti score of 22.0 ± 6.52 points, a mean SPPB score of 5.39 ± 3.29, a mean time to perform the TUG test of 26.6 ± 21.27 seconds and a mean walking speed of 8.13 ± 26.4 m/s. Muscle strength, measured/assessed with the MicroFET2, ranged between 58.2 ± 38.7 N (hip abductors) and 98.8 ± 62.3 N (knee extensors) whereas the grip strength measured with a hydraulic dynamometer was equal to 18.8 ± 11.8 kg. Finally, subjects had a mean peak flow of 144.7 ± 94.0 ml/min. Subjects who walked slower than 0.8 m/s were more often women and were older than those who walked faster than 0.8m/s. No difference in BMI was observed between these two groups. After adjustment for gender and age, 2 potential confounding variables, subjects who walked more slowly had a lower muscle strength, both in the upper limbs (p-value of 0.0004 for hand grip and 0.02 for elbow flexors and elbow extensors) and in the lower limbs, except for ankle flexors (p-value ranged from <0.001 for knee flexors, hip abductors and hip extensors, to 0.04 for ankle