extensors). **Conclusion:** This study shows the baseline functional characteristics of the current participants in the ongoing SENIOR cohort. Physical abilities, quality of life and major health outcomes of subjects will be evaluated annually with the objective to identify people at risk to deteriorate. This is indeed important from a public health perspective, at least in order to implement preventive interventions for people at risk of physical frailty.

P40- RELATIONSHIP BETWEEN ISOMETRIC STRENGTH OF 6 MUSCLE GROUPS OF THE LOWER LIMBS AND MOTOR SKILLS AMONG NURSING HOME RESIDENTS. F. Buckinx[1,2], J.Y. Reginster[1,2], J.L. Croisier[3], J. Petermans[4], E. Goffart[1], 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 role of lower limb muscle strength in motor abilities of the very elderly people is not clear. Therefore, this research aimed to assess the correlation between isometric muscle strength of the lower limbs and motor skills. **Method:** This is a cross sectional study performed among volunteer nursing home residents included in the SENIOR (Sample of Elderly Nursing home Individuals: an Observational Research) cohort. In this ongoing longitudinal cohort, a large number of demographic and clinical data are collected annually. The present analysis focused on isometric muscle strength of 6 lower limb muscle groups (i.e. knee extensors, knee flexors, hip abductors, hip extensors, ankle flexors and ankle extensors), assessed using an hand-held dynamometer (i.e. the MicroFET2 device), and motor skills evaluated using the Tinetti test, the Timed Up and Go (TUG) test, the Short Physical Performance Battery test (SPPB) and the walking speed. The relationship between lower limb muscle strength and motors skills was tested by means of a multiple correlation, adjusted on age, sex and BMI. A value above 0.5 was considered as a strong relationship. **Results:** Currently, a total of 450 nursing home residents have been included in the SENIOR cohort (69.8% of women, mean age of 83.1 ± 9.36 years). Our results have highlighted a significant inverse correlation between the time required to perform the TUG test and muscle strength of the lower limbs, except for ankle flexors and ankle extensors. However, this correlation was low, with Pearson's correlation values ranging from -0.19 ($p=0.014$) for knee extensors to -0.25 ($p<0.001$) for hip abductors and hip extensors. A low negative and significant correlation was also observed between walking speed and lower limb muscle strength, except for ankle flexors and ankle extensors, with correlation values ranging from -0.18 ($p=0.006$) for knee flexors to -0.26 ($p<0.001$) for hip abductors. The relationship between the Tinetti test and lower limbs muscle strength was significant, except for ankle flexors and ankle extensors, with correlation values ranging from 0.25 ($p<0.001$) for ankle flexors to 0.44 ($p<0.001$) for hip abductors. Correlation between SPPB score and muscle strength of the muscle groups tested was also positive and significant, excepted for ankle flexors and ankle extensors, with correlation values ranging from 0.29 ($p<0.001$) for ankle extensors to 0.56 ($p<0.001$) for hip abductors. **Conclusion:** A positive association between lower limb muscle strength and motor skills of the very elderly nursing home residents was found in this research. Strategies aiming to increase lower limb strength of different muscle groups among institutionalized subjects should be further investigated.

P41- HOSPICE CARE USE AND LOCATION OF DEATH AMONG PATIENTS WITH FIVE MAJOR CANCERS IN SOUTH KOREA. Y.J. Rhee[1,2], Y.-H. Tae[3], Y.-S.Choi[3] *((1) Department of Health Science, College of Natural Science, Dongduk Women's University, Sungbuk-gu, Seoul, Korea; (2) Department of Psychiatry & Behavioral Sciences, Mental Health Services & Policy Program, Affiliate with Buehler Center on Aging, Health & Society, Northwestern University - Feinberg School of Medicine, Chicago Illinois, USA; (3) Research Fellow, National Health Insurance Corporation, Mapo-gu, Seoul, Korea)*

Backgrounds: The place of death has been regarded as an important outcome to support "dying with dignity". South Korea has expanded comprehensive care for patients with terminal cancer supported by Cancer Control Act. Finally, South Korea launched hospice care in hospital for cancer patients through the National Health Insurance in 2013. This study aims to examine the hospice care use among patients with five major cancers (stomach, colon, liver, pancreatic, and lung) and the factors associated with location of death and effect of hospice use on location of death. **Methods:** We selected the claims data for the decedents with five cancers in National Health Insurance from 2009 to 2013 and examined the health care services and location of death. We used logistic regressions to identify factors associated with home death. Among decedents with five major cancers who received any hospice, total 55,107 patients (lung 16,632, liver 15,872, stomach 10,092, colon 7,654, pancreatic cancer 4,857) were identified. **Results:** Among decedents with five major cancers (total sample =55,107), 68.5 % of decedents were male. The average age was 64.0 years and mostly lived in urban area (87. 5%). Over half of them were covered by any employer's insurance. The most frequent comorbid diseases were diabetes (13.3%), hypertension (6.4%) and Chronic Obstructive Pulmonary Disease (COPD) (4.5%). Only 3.2% of patients pursued hospice care and stayed in hospice care on average 16.6 days. The most frequently received health services were pain management (9.0%), chemotherapy (6.3%), emergency room visit (5.0%) and intensive care use (4.6%). Pancreatic cancer patients (10.76%) and stomach cancer patients (9.48%) used more pain management medication. Less than half (46.7%) died in hospital (inpatient) that reported death on discharge date whereas only 8.8% died at home. We found that persons stomach cancer decedents were significantly more likely to die at home if they lived in metropolitan area (OR =1.50, $p<0.05$), or visited ER (OR=1.19, $p<0.05$), or had stayed longer in hospice unit in hospital (OR =0.67, $p<0.01$).Colon cancer patients with comorbid coronary artery disease condition (OR = 2.53, $p<0.05$) or living in metropolitan area (OR=1.43, $p<0.05$) were significantly associated with home death. Liver cancer patients with COPD (OR=2.21, $p<0.05$) or having lower income (OR =1.02, $p<0.05$) were significantly likely to die at home. Being female with pancreatic cancer (OR=1.33, $p<0.05$) or those living in urban area (OR=1.65, $p<0.05$) were significantly more likely to die at home. Among lung cancer patients, being female (OR=1.23, $p<0.05$) or those aged between 41 and 55 (OR=1.53, $p<0.05$) or living in urban area (OR=1.32 $p<0.05$) were significantly associated with home death. **Conclusion:** Patients with five major cancers in South Korea were more likely to die at home if they lived in urban area or had lower income or visited ER prior to death. Among stomach cancer patients, longer stay in hospice unit was significantly associated with home death. Given rising issues in providing better end-of-life care in South Korea, these findings will help policymakers understand hospice users' profiles and help develop hospice models.

P42- FRAILTY : THE ELDERLY LIVING IN A NURSING HOME'S PERSPECTIVE. Z. Azeredo[1], A.P. Barbeiro[2], Ma. Guerra[3], C. Laranjeira[4] *((1) Family Doctor, RECI Coordinator (IPiaget), MSc on Social Gerontology, Portugal; (2) Primary Health Care Nurse, Portugal; (3) Nurse, Teacher at School of Health of Jean Piaget in Viseu, Portugal; (4) PHD of Nursing Sciences , RECI member, Professor at School of Health of Jean Piaget in Viseu, Portugal)*

Background: Ageing is a process that needs a permanent person adaptation, to the life cycle events and to the environment. Each person has her/him mechanisms to coop with changes, but when we become old or very old, our abilities to coop with adversities become less and less available. There is a great possibility to become frail. **Methods:** The aims of this research were: To know how the elderly define frailty. To know how themselves see as a frailty person. We inquiry 123 old persons (65 years or older), living in four nursing homes in Viseu , who agree to collaborate in the study, and have physical and psychological condition to answer the questions Our study was a qualitative research using the interview We respect the ethical principles **Results:** The majority was female. The majority don't feel a frail person, The main reasons why some feel a frail person are: age, fear of falling and the feelings of weakness (both physical and mental). As frailty definition they refer: weakness (both physical and mental) and several fears. **Conclusion:** Although the inquired persons were living and some were very old , the majority don't feel like. They know how to identify a frail person which is important to make prevention

P43- COMPARISON REGARDING QUALITY OF LIFE IN THE ASPECT OF SELF-EFFICACY BETWEEN NURSING-CARE FACILITY PATIENTS AND ELDERLY PEOPLE LIVING WITH FAMILIES. B. Penar –Zadarko, B. Gugała, M. Nagórska, D. Pięciak – Kotlarz *(University of Rzeszow, Medical Department, Institute of Nursing and Health Sciences, Chair of Nursing, Poland)*

Objective: Loss of health and changes in the organism related with ageing lead to the limitation of self-efficacy, loss of sense of security and in a result to inability to make one's decisions. Ill and elderly people cannot meet their needs, which in turn force them to live with the family or in a nursing-care facility. Self-efficacy should be comprehend as objectively satisfactory physical efficacy, and that is the ability to be independent from other people in the scope of basic existence and functioning. Therefore an attempt was made to analyze the impact of self-efficacy on quality of life. The aim of the paper is to compare the quality of life in the aspect of self-efficacy between nursing-care facility patients and elderly people living with families. **Material and methods:** The study was conducted among 184 respondents divided into two groups between November 2014 and April 2015. Respondents included 78 nursing-care facility patients and 106 elderly people living with families (control group). The exclusion criteria were: cognitive disorder (MMSE), and lack of signed a consent form. The diagnostic survey with the use of an author's questionnaire and standardized tools were implemented in the study. Self-efficacy was assessed using basic and complex actions of everyday life (ADL Katz Scale, IADL Lawton Scale). The quality of life was assessed using WHOQOL-BREF questionnaire. The statistical analysis was performer with a use of chi-square test Manna-Whitney test, and Spearman's rank correlation coefficient. The Commission for Bioethics at Medical Department of University of Rzeszow approved the study protocol. **Results:** The age of respondents ranged from 35 – 95 years old. Women constituted the majority in two study groups. People living with families more often were married than nursing-care facility patients ($p=0{,}0000$***). Subjective health state of nursing-care facility patients (49,3%) was assessed better than respondents living with their families (22,6%). As many as 39,6% of people living with the families, and only 9,3% of nursing-care facility patients assessed their health as bad. The are no statistical differences regarding self-efficacy of basic actions of everyday life using Katz Scale. In both study groups the rate of fully self-efficient respondents was comparable: nursing-care facility patients (85,9%), and people living with their families (83,0%). An assessment of the complex actions with the use of Lawton Scale showed comparable results in both groups. As many as 67,9% of nursing-care facility patients and 62,8% of people living with their families did not required assistance in everyday life actions. The quality of life was assessed using WHOQOL-BREF questionnaire (assessed on unified scale 0-100 points). There are statistical differences between study groups regarding the quality of life ($p=0{,}0000$***). There are no statistical differences only regarding social field. In general nursing-care facility patients better assessed the quality of life than people living with patients. The most difference considers the somatic field and equals 14.9 points, with higher results for nursing-care facility patients. To assess the relations between different measurements of self-efficacy and quality of life Spearman's rank correlation coefficient was used. The stronger relations