Conclusion: A preliminary Short-Form SarQoL questionnaire composed of 14 items was developed. It should now be submitted to independent samples of older, community-dwelling people to evaluate its psychometric properties.

Disclosures: OB, CB and J-YR are shareholders of SarQoL® sprl.

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ASSOCIATION BETWEEN SARC-F AND QUALITY OF LIFE MEASURED WITH THE SARQOL® QUESTIONNAIRE IN OLDER, COMMUNITY-DWELLING SUBJECTS FROM THE SARCOPHAGE COHORT

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Objective: The SARC-F questionnaire is recommended by EWGSOP as a convenient method for identifying people at risk of sarcopenia. Its ease of administration makes it an ideal tool for clinical practice. The aim of this study was to investigate the relationship between quality of life (QoL) and elevated risk of sarcopenia indicated by the SARC-F questionnaire, as well as the relationship between QoL and the 5 indicators within the SARC-F.

Methods: This is a cross-sectional analysis of data gathered during the 2nd year of the SarcoPhAge study, which recruited older, community-dwelling people in Belgium. QoL was measured with the SarQoL questionnaire. A high risk of sarcopenia was indicated by a score of ≥ 4 points on the SARC-F. Binary and multinomial regression analysis was employed to establish statistical significance between sarcopenia risk (SARC-F) or level of difficulty (none, some, or a lot) on the 5 indicators in the SARC-F (strength, assistance with walking, rise from a chair, climb stairs, and falls), and QoL. All models were adjusted for gender, age, BMI, number of drugs and number of comorbidities.

Results: Data was available for 331 participants, of which 57 were classed as being at a high risk of sarcopenia. There were 197 (59.5%) women and the median age was 73 (70-80) y. Sarcopenia risk status was significantly associated with the SarQoL overall QoL score with participants at high risk of sarcopenia having worse QoL compared to those not at high risk [49.91 (39.79-56.43) vs. 67.73 (58.17-79.44); p<0.001]. Significantly lower QoL was also found when participants indicated that they had some or a lot of difficulty on 4 of the 5 SARC-F indicators, compared to no difficulties (all p<0.003). The fifth indicator (falls), was not statistically different for QoL between the three response options.

Conclusion: Older people with a high risk of sarcopenia, or difficulties in terms of strength, walking, rising from a chair or climbing stairs, had lower QoL scores. These results highlight the importance of early screening for sarcopenia.

Disclosures: OB, CB and J-YR are shareholders of SarQoL® sprl.

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DEPRESSION AND CLINICAL OUTCOME FOR OSTEOPOROSIS AND CARDIOVASCULAR DISEASES

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Objective: Depression, osteoporosis and cardiovascular diseases are major public health problems for modern society. Research have established a clear connection between them, but the exact mechanism remains unclear. In other words, low BMD, accelerated atherosclerosis, hormonal/chemical imbalance associated with depression and antidepressants medication per se are closely related with patient clinical outcome.

Methods: We present the case of a 56 years old active male patient, on chronic medication, with a history of major depression, osteoporosis, systemic arterial hypertension, heart failure with preserved ejection fraction, dyslipidemia and obesity. He has no other comorbidities or risk factors. Lab values, standard ECG, transthoracic echocardiography and BMD test all confirmed the above mentioned diagnosis.

Results: At this point we considered necessary a ECG stress test to evaluate the myocardial functional reserve, which was positive for ischemia. The patient needed further evaluation by coronary angiography in a specialized center. Also we performed a BMD test that showed no improvement and we changed his medication for osteoporosis.

Conclusion: Patient was atypical regarding osteoporosis because he lacks classical recognized risk factors(menopause, low BMI, smoking, alcohol, physical inactivity), so we propose depression and antidepressants medication as risk factors for osteoporosis as we noticed their negative impact in this particular case. Poor quality of life as a cause and clinical negative prognosis of osteoporosis and cardiovascular diseases, as well as chemical imbalance, immune and endocrine mechanisms appear to be induced by depression/antidepressants medication. Further clinical evidence is needed to outline the biological mechanism on bone density, myocardial tissue and endothelial lesions of major depression and which class of antidepressants are related to this pathological changes.

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GLOBAL BALANCE OF THE SPINE, AN INDEPENDENT CONTRIBUTOR TO PHYSICAL FUNCTION, AND FALLS IN OLDER ADULTS: THE SAFE COHORT STUDY

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