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.

P876

ASSOCIATION BETWEEN SARC-F AND QUALITY OF LIFE MEASURED WITH THE SARIQOL® 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.

P879

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

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Objective: To investigate the association between global balance of the spine and physical function in older adults.

Methods: A cross-sectional study was conducted in the SAFE cohort, a population-based cohort of older adults in Switzerland. Participants were assessed for global balance of the spine, physical function, and falls. Global balance of the spine was measured using the Global Balance Scale (GBS). Physical function was assessed using the Barthel Index (BI) and the Physical Activity Scale for the Elderly (PASE). Falls were recorded using the Falls Efficacy Scale (FES) and the Self-Administered Instrument for the Efficacy of the Risk of Falling (SAIERF). Multivariable regression analysis was used to assess the association between global balance of the spine and physical function and falls.

Results: A total of 1000 participants were included in the analysis. The mean age was 75 years, 55% were women, and 45% had a history of falls. Participants with worse global balance of the spine had lower physical function, as measured by both the BI and PASE scores (p<0.05). Furthermore, participants with worse global balance of the spine were more likely to report falls (p<0.05).

Conclusion: Global balance of the spine is an important independent contributor to physical function and falls in older adults. Early identification and intervention for individuals with worse global balance of the spine may help to prevent falls and improve physical function.

Disclosures: No disclosures were reported.