

Methods: We conducted an observational study in 70-years-old and over participants with T2D living at home or in nursing home. Characteristics of participants and diabetes were collected with questionnaires. Nutritional status was assessed using MNA-SF, weight lost, and BMI. Participants were divided into 3 frailty status (healthy, intermediate and very complex) according international recommendations.

Results: Among the 100 participants included (55% of female with median age of 81 years-old, 51% living in nursing home), frailty status was "healthy" for 31%, "intermediate" for 31% and "very complex" for 49%. Glycemic control was not different between this 3 groups (HbA1c respectively 7.3, 7.3 and 7.5%, $p=0.93$). HbA1c < 7% was found in 53% and insulin use in 50% of participants with "very complex" status. In multivariate analysis, the weight lost ($p=0.0005$) and the absence of drugs modifications in last 6 months ($p=0.0008$) were associated to HbA1c < 7%. Malnutrition prevalence was higher in participants with "very complex" status compared to "healthy" one (33% vs. 6%, $p=0.01$). Episodes of hypoglycemia occurred in 19% of participants in last 6 months. Use of insulin ($p=0.0004$), sulfonylureas ($p=0.002$), diabetic complications ($p=0.02$) and malnutrition ($p=0.008$) were associated with hypoglycemia.

Conclusions: Elderly with T2D and very complex status remain over treated particularly in presence of malnutrition and in absence of regular drugs reassessment resulting in a high risk of hypoglycemia.

Disclosure of interest: None declared.

MON-P032

CORRELATIONS BETWEEN A FRAILTY-SCREENING TOOL AND THE CIRS-G COMORBIDITIES SCORE IN ELDERLY PATIENTS SCREENED IN GENERAL PRACTICE

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Rationale: To help General Practitioners (GP), French health authority (HAS) recommends a frailty-screening tool including six simple questions about weight loss, asthenia, sedentary lifestyle, decreased gait speed, social isolation, and memory loss to assess of the frailty status. The CIRS-G is a comorbidity scale validated in geriatrics. The purpose of this study is to evaluate whether the CIRS-G is correlated with frail status in a population over 65 years old screened by the GPs.

Methods: The HAS frailty-screening tool and CIRS-G was sent to GPs and completed for each participant during a consultation. Frailty status was considered according to the subjective evaluation of the GP regardless of the criteria identified for the 6 screening questions. The overall CIRS-G score was considered to assess the level of comorbidities.

Results: Data were compiled for 101 participants (58.4% women with median age of 72 years). Fifty-nine participants were identified as frail. The CIRS-G was significantly higher in frail patients: respectively 10 (6–13) vs. 5 (3–7), median (IQR), $p<0.0001$. Decreased walking speed, asthenia, sedentary lifestyle and social isolation were the most frequently criteria identified in frail participants. CIRS-G was significantly higher in participants with asthenia, sedentary lifestyle and decreased walking speed. In multivariate analysis, only age and CIRS-G remained independently associated with frailty.

Conclusions: There is an independent correlation between the frail status identified by a frailty-screening tool and the CIRS-G. This association seems stronger in the presence of asthenia, a reduced walking speed or a sedentary lifestyle. The memory complaint or weight loss was poorly identified and not associated with the CIRS-G.

Disclosure of interest: None declared.

MON-P033

PREDICTIVE FACTORS FOR NUTRITIONAL RISK AND MALNUTRITION IN INSTITUTIONALIZED PORTUGUESE OLDER ADULTS

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Rationale: This investigation aimed to characterize nutritional risk and malnutrition, and assess its predictors, in a set of institutionalized Portuguese older adults.

Methods: Sociodemographic and anthropometric data was collected in a convenience sample. Mini Nutritional Assessment Short Form was applied, recoded and analyzed for food intake, mobility, acute disease and neuropsychological problems. Logistic regression was performed.

Results: 146 older adults were included (63.3% female), mean age of 82.6 ± 8.6 (min 63; max 103) years. Low BMI ($<18.5 \text{ kg/m}^2$) was found in 9.0% of the sample. Almost half of the sample (45.4%) was at risk of malnutrition and 26.2% was malnourished. Nineteen percent showed decreased food intake and 32.7% had suffered from psychological stress or acute disease in the previous three months. A great part of the sample (38.8%) was bed or chair bound and the majority (57.1%) presented neuropsychological problems.

A higher nutritional risk was found in females ($p=0.001$). A low BMI was a great predictive factor for malnutrition ($\text{OR}=17.111$; $p=0.000$). The strongest predictors for nutritional risk were reduced mobility ($\text{OR}=0.390$; $p=0.016$) and neuropsychological problems ($\text{OR}=2.668$; $p=0.021$). As for malnutrition, the strongest predictors were decreased food intake ($\text{OR}=9.023$; $p=0.003$), reduced mobility ($\text{OR}=22.984$, $p=0.000$) and occurrence of psychological stress or acute disease ($\text{OR}=1.917$; $p=0.031$).

Conclusions: Prevalence of risk of malnutrition and malnutrition in this sample is identical to those reported in the literature, as well as higher risk in the female gender. Decreased food intake, as well as impaired functional status seem to be predictors for malnutrition.

Nutritional assessment and intervention in this population is crucial, especially in those with low BMI, bed or chair bound, cognitively impaired and when psychological stress or acute disease is present.

Disclosure of interest: None declared.

MON-P034

CLINICAL AND FUNCTIONAL CHARACTERIZATION OF MALNUTRITION, FRAILTY AND SARCOPENIA AMONG AUTONOMOUS INSTITUTIONALIZED OLDER PEOPLE: A MULTICENTER CROSS-SECTIONAL STUDY

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Rationale: Malnutrition, frailty and sarcopenia are prevalent conditions in older people which accompanied physical decline and functional dependency. This study aimed to assess the prevalence of malnutrition, frailty and sarcopenia in older people without cognitive impairment living in nursing homes.

Methods: Observational-descriptive multicenter cross-sectional study in 242 institutionalized elder people without cognitive impairment (women: 84.4%; age: 87.5 ± 6.84 ; time on institutionalization: 31.6 ± 28.4 months). All participants underwent comprehensive geriatric assessment that encompassed the evaluation of cognitive and physical function (handgrip strength and 6-m gait speed test), nutrition status, and body composition using bioimpedance analysis. The nutritional status of participants was evaluated by Mini Nutritional Assessment (MNA). Frailty was assessed by Fried criteria and sarcopenia was defined according to the consensus definition of the European Working Group on Sarcopenia in Older People. Statistical analysis by SPSS v.20.

Results: Of 289 elders, 242 (77.8%), were included. According to the MNA, 23.1% of participants were at risk for malnutrition and 56.2% were malnourished. Prevalence of sarcopenia and frailty were 20.7%. BY using three sarcopenia criterion standard body weight(%), BW, BMI, %mid-arm muscle circumference, calf circumference, albumin and frailty (at least $p<0.05$) were associated with sarcopenia in a multivariate analysis.

Conclusions: A multimodal approach should assess the at risk elder population and provide effective preventive strategies and programs to