

surgery will be presented. Batsis will discuss the controversies and challenges in body composition assessment focusing on sarcopenic obesity. Data highlighting the different diagnostic criteria of sarcopenic obesity and diagnostic accuracy will be presented. The link between overall nutrition status and physical function on health outcomes is emerging in older adults. Bales will discuss the types of physical function assessment tools used in studies of older adults and discuss her findings on the impact of higher protein intake on functional outcomes. The symposium will conclude with a discussion led by Locher on practical implications of integrating best assessment techniques into clinical practice.

#### NUTRITION ASSESSMENT PROTOCOLS IN COMMUNITY-DWELLING OLDER ADULTS WITH CHRONIC WOUNDS

Rose Ann DiMaria-Ghalili,<sup>1</sup> Sarah Charbonneau,<sup>1</sup> Keyanna Bynum,<sup>1</sup> Michael Neidrauer,<sup>1</sup> Michael S. Weingarten,<sup>1</sup> and Peter A. Lewin<sup>1</sup>, *1. Drexel University, Philadelphia, Pennsylvania, United States*

Older adults are at risk for altered nutritional status and functional impairment due to physiological (e.g., age-related changes, acute and chronic co-morbid conditions) and psychosocial factors (e.g., depression, loneliness, cognitive impairment). Those with alterations in nutritional and/or functional status are at risk for poor health outcomes including delayed healing of chronic wounds. We will discuss our lessons learned when devising nutrition assessment protocols from our ongoing double-blind randomized control clinical trial testing the effectiveness of ultrasound treatment on healing chronic leg wounds. The discussion will focus on the following measures: the Mini-Nutritional Assessment, handgrip strength assessment, and inflammatory biomarkers.

#### NUTRITION ASSESSMENT IN HIGH-RISK PATIENTS: NRS-2002, PG-SGA, AND NFPE IN OLDER ADULTS PREPARING FOR ELECTIVE SURGERY

Kathryn N. Porter Starr,<sup>1</sup> Kenlyn Young,<sup>1</sup> Shelley R. McDonald,<sup>1</sup> Nancy Loyack,<sup>2</sup> Sandhya Sandhya Lagoo-Deenadayalan,<sup>1</sup> Mitchell T. Heflin,<sup>1</sup> Carl F. Pieper,<sup>3</sup> and Connie W. Bales<sup>3</sup>, *1. Duke University School of Medicine, Durham, North Carolina, United States, 2. Durham VA Medical Center, Durham, North Carolina, United States, 3. Duke University Medical Center, Durham, North Carolina, United States*

Post-surgical complications are most common in older adults. While a number of factors contribute, one key determinant is malnutrition. Malnutrition is seen in up to 86% of older adults at hospital admission. Malnutrition and post-surgical complications are linked through two critical observations: 1) malnutrition dramatically reduces the ability of older adults to overcome postsurgical health stressors, and 2) nutritional status is likely to deteriorate further during hospitalization and after discharge. Despite convincing evidence that perioperative nutrition intervention can improve surgical outcomes, nutrition screening and assessment in the preoperative period is not required or standardized. We will review issues surrounding screening and assessment of malnutrition in older adults preparing for elective surgery and present data on screening (NRS-2002) and assessment tools (Nutrition Focused Physical Exam and PG-SGA) used in this

high-risk population. Finally, we will discuss best practices for identifying and intervening with malnourished older adults in the preoperative setting.

#### PHYSICAL FUNCTION AND BODY COMPOSITION AS NUTRITIONAL OUTCOMES: ASSESSMENT APPROACHES

Connie W. Bales,<sup>1</sup> Kathryn N. Porter Starr,<sup>1</sup> and Marshall Miller<sup>1</sup>, *1. Duke University, Durham, North Carolina, United States*

Nutritional status is a strong determinant of both body composition and physical function (PF), parameters that are closely interrelated but rarely evaluated in the clinical setting due to cost, access, and lack of agreement on best approaches in older adults. Recent evidence that changes in muscle mass do not closely correspond to changes in muscle function will be reviewed in the context of our studies of higher protein obesity interventions. PF assessments, including indices for older adults (Short Physical Performance Battery and Physical Performance Test), as well as specific tests like gait speed and handgrip strength, will be explained as nutrition outcomes and in relation to body composition from air displacement (BodPod) and dual energy x-ray absorptiometry (DXA). These results, along with new studies of muscle quality, will bring a better understanding of the complexity of responses to nutritional interventions designed to optimize body mass and composition in older adults.

#### CONTROVERSIES AND CHALLENGES IN DEFINING SARCOPENIC OBESITY

John A. Batsis<sup>1</sup>, *1. Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, United States*

Sarcopenia is defined as the loss of muscle mass, strength and physical function with aging and in conjunction with obesity, leads to incrementally adverse outcomes. There is no current consensus for defining this disease entity, making an accurate evaluation challenging in both the research and clinical settings. We will review the definitions put forth by the Sarcopenia Definition and Outcomes Consortium and the European Working Group for the Study of Sarcopenia. We will present data highlighting the different diagnostic criteria of sarcopenic obesity and the diagnostic accuracy of common anthropometric measures in measuring adiposity using data from the National Health and Nutrition Examination surveys. The advantages and disadvantages of the different modalities of assessing body composition will be discussed, including body impedance analysis, dual energy x-ray absorptiometry, computer tomography and magnetic resonance imaging in addition to simple, novel clinical screening tools for obesity sarcopenia will be presented.

#### SESSION 2075 (SYMPOSIUM)

##### IMPLEMENTING THE MEDICARE ANNUAL WELLNESS VISIT: A GWEP COLLABORATION

Chair: Ellen Flaherty, *Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, United States*

Discussant: Nina Tumosa, *Health Resources and Services Administration, Rockville, Maryland, United States*

The Geriatric Interprofessional Team Transformation in Primary Care (GITT-PC) model improves delivery of