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ASSOCIATION OF SARCOPENIA AND FALL RISK ACCORDING TO FIVE-TIMES SIT TO STAND TEST IN OLDER ADULTS

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Rationale: Sarcopenia is a common geriatric syndrome and well-known risk factor of falls¹. Muscle ultrasonography (US) is the one of the methods used for diagnosis of sarcopenia². Since falls cause undesired outcomes like disabilities, increased hospitalization and decreased quality of life, prevention of falls is becoming more important. There are some performance tests available to define fall-risk, such as short performance physical battery, timed-up and go test (TUG), and 5-times sit to stand test (5-STST)³. In this study, we aimed to evaluate sarcopenia by US in patients at fall-risk.

Methods: Seventy-one patient who had no known fall history in last one year were enrolled to the study. Muscle US were executed. Fall risk is defined ≥ 12 seconds in 5-STST. Low handgrip strength (HGS) was defined as <16 kg for females, <27 kg for males. Chi square test was performed to obtain the association of categorical variables, and student-t test was used to analyze for continuous variables according to normal distribution. P value < 0.05 was accepted as statistically significant. Correlation analysis was used to define the strength of the relation.

Results: Seventeen patients completed the 5-STST in normal ranges, 48 patients had fall risk. The mean age was 76.6 at fall risk, 70.6 in normal group ($p < 0.05$). Gender distribution were similar in both groups. Low gait-speed and TUG duration were similarly observed, lower HGS was seen at fall-risk ($p < 0.05$). Gastrocnemius muscle was thinner in fall-risk, as the other muscles including Rectus Femoris, Rectus Abdominis and Internal Oblique ($p < 0.05$). RF cross-sectional area was smaller in fall-risk group ($p < 0.05$). RF and IO muscles are weakly but significantly correlated with 5-STST duration (rho coefficient: -0.327 , p value: 0.008 and -0.349 and 0.004 , respectively).

Conclusion: In this study, core and lower limb muscles are thinner the patients at fall risk. Even if there is no history of falling, sarcopenia should be considered in patients at fall risk. US is a valuable diagnostic method of sarcopenia.

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MANAGEMENT OF HOME ENTERAL NUTRITION (HEN) DURING THE SARS-COV-2 PANDEMIC: IRCCS INRCA ANCONA HEN SERVICE FOR GERIATRIC PATIENTS

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Rationale: At the onset of the SARS-CoV-2 emergency in Italy, home care and health services were interrupted. Information on approaches adopted by HEN services during the emergency is essential to learn from this experience how to provide the best care during on-going and future emergency states.

Methods: INRCA HEN service for geriatric patients (81,1 \pm 9,7 years) provides to its patients directly at their homes feeding formulas and devices, a monthly follow up home visit and interventions for the

management of the HEN related complications. At the onset of the Covid, home visits were interrupted from March to June 2020 and replaced by phone and video contacts. For tube replacements, patients were redirected to hospital emergency room or to outpatient visits. In October 2020, a phone survey was performed to assess the overall satisfaction of caregivers with the service. In-depth interviews were carried out to gather information regarding the satisfaction with the service during the Covid.

Results: Forty-eight caregivers who participated in the study expressed very high median satisfaction with different core and peripheral activities of INRCA HEN service. Home visit was confirmed as the most important element of the service. Nevertheless 89% of caregivers appreciated that it was initially stopped in order to ensure patient's security. Caregivers complained about the difficulties in managing tube replacements due to the difficulty and riskiness of transporting elderly patients, for their general conditions and for the possibility of contacting the virus.

Conclusion: HEN services, especially those for frail, geriatric patients, must guarantee that all activities are performed at patient's home. The exchange of information on different experiences of HEN services during SARS-CoV-2 is essential to develop emergency protocols based on best practices.

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USUAL PROTEIN INTAKE OF NURSING HOME RESIDENTS WITH (RISK OF) MALNUTRITION - EFFECTS OF AN INDIVIDUALISED NUTRITIONAL INTERVENTION: AN ENABLE STUDY

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Rationale: Nursing home (NH) residents with (risk of) malnutrition are at particular risk of poor protein intake (PI). The aim of this analysis was to describe aspects of usual PI (total amount/day (d) and meal, sources/d and meal) and to analyse the effect of an individualised intervention on these aspects.

Methods: PI of NH residents with (risk of) malnutrition and inadequate dietary intake was assessed by 3-day-weighing records at the beginning and the end of a 6-week usual care phase (UCP) and a subsequent 6-week intervention phase (IP). Additional 29 \pm 11 g/d from a protein-energy drink and/or protein creams were offered, mainly at breakfast and lunch, to compensate for individual energy and/or protein deficiencies. PI at 4 meals (incl. snacks) and from 12 protein sources was analysed. PI is presented as mean \pm standard deviation of 6 assessment days per phase. Differences between UCP and IP were tested with t-test for paired samples.

Results: PI of 40 NH residents (75% female, age 85 \pm 8 y) per d and per meal during UCP and IP is shown in table 1. Mean PI was 0.70 \pm 0.18 g/kg body weight (BW)/d during UCP and increased to 1.00 \pm 0.23 g/kg BW/d when residents received the intervention. Mean energy intake was 1373 \pm 346 kcal during UCP. Main protein sources were dairy products (12 \pm 8 g/d), starchy foods (7 \pm 3 g/d) and meat/meat products (7 \pm 5 g/d). Breakfast was the meal with the lowest (86% of PI from dairy products and starchy foods), and lunch the meal with the highest variation in sources (8 sources contributed more than 5% to PI). The intervention did not change PI from usual sources, but increased total intake per d and per meal (see Table 1). **Conclusion:** Daily and per meal PI was very low in NH residents with (risk of) malnutrition and inadequate dietary intake, highlighting the importance of effective intervention strategies. An individualised intervention, mainly offered at breakfast and lunch, successfully increased PI in total and at all meals without compromising daily and mealtime protein intake from usual food sources.

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STATE OF THE ART WHILE MANAGING DIABETES IN OLDER ADULTS: EIGHT CASE STUDIES WITH FOCUS ON SGLT-2 INHIBITORS AND METFORMIN