

were associated with slower rates of increase in EDS over time (both $p < 0.001$). Modifiable predictors of EDS and clinical implications will be discussed.

SESSION 675 (SYMPOSIUM)

STRATEGIES TO PREVENT FRAILTY: THE POWER OF EARLY DETECTION AND TRAINING OF PROFESSIONALS

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Aging in place is an important goal for both older adults as well as many health policies worldwide, as it is in the Netherlands. Within an aging society, the number of frail older people with complex care needs living at home is increasing. Despite the various definitions of frailty, it is important to early identify who is at risk in clinical practice in order to prevent functional decline, enhance quality of life, and reduce health care costs. Furthermore, an important requirement is effective collaboration between primary care professionals. Various factors are associated with frailty. However, early detection of frailty and its risk factors such as oral health, nutrition and medication related problems is not part of routine care of professionals. To recognize frailty and its risk factors we started a large proactive integrated primary care program that successfully identified frail older people living at home based on routine care data in the Netherlands. After two-year follow-up, a reduction in acute visits at the emergency department was observed. Next, we performed additional studies focusing on early detection and prevention of risk factors of frailty such as oral health, nutrition, and medication related problems among older people living at home. During this symposium we will present the results of the program, followed by our studies that investigated frailty or frailty related risk factors. Additionally, we will show how we enhanced and evaluated the knowledge and skills of professionals working with frail older people in primary care.

A PROACTIVE CARE PROGRAM FOR FRAIL OLDER PEOPLE LIVING AT HOME: A 2-YEAR EVALUATION

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This study presents the long-term evaluation and impact of a proactive primary care program that aims to reduce acute healthcare consumption and preservation of daily functioning of frail older people living at home. For nine years the program has been adapted and evaluated. We present the results of our implementation study with two-year follow-up. 53 general practices (GP) participated.

They provided care to approximately 35000 people aged 65 years and older. Data was extracted from routine primary care data, hospital data and social care data from the municipality. Important outcomes were: number of GP visits, house visits by GP, out-of-hours primary care visits, emergency room (ER) visits, hospital admission, social support, self-sufficiency and wellbeing. After implementing the program, a significant reduction in acute visits (ER and out-of-hour visits) was observed. GP contacts and visits were also significantly increased. The program was well perceived by professionals.

EXPLORING ASSOCIATIONS BETWEEN FRAILTY AND ORAL HEALTH IN COMMUNITY-DWELLING OLDER PEOPLE

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This study explores associations between frailty and oral health in cross-sectional data of 1,202 community-dwelling older people. Two dichotomous outcomes were used: 1. Potential frailty, using routine primary care data; 2. Self-reported frailty, using a questionnaire. Oral health concerned dental record data and self-reported oral problems. Following exploration of univariate associations, age and sex adjusted multivariate logistic regressions were performed. For potential frailty and self-reported frailty associations were found with dental emergency visit (odds ratio (OR)=2.0, 95% confidence Interval (CI)=1.33;3.02 respectively OR=1.58, 95% CI=1.00;2.49), experiencing oral problems (resp. OR=2.07, 95% CI=1.52;2.81 and OR=2.87, 95% CI= 2.07), making dietary adjustments (resp. OR=2.66, 95% CI= 1.31;5.41 and OR=5.49, 95% CI= 3.01;10.01). Additional associations were found for self-reported frailty with wearing dental prosthesis (OR=3.33, 95% CI=1.49;7.44) and missing periodontal information (OR=1.56, 95% CI=1.05;2.32). The cross-sectional data of this study show that in community dwelling older people oral health is associated with frailty.

POTENTIAL CLINICAL CONSEQUENCES OF ADMINISTRATIVE ISSUES REGARDING MEDICATION IN HOME CARE PATIENTS

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Home care professionals observe drug-related problems (DRPs) as administrative problems (e.g. inconsistent registration of (changes in) drug prescription) and side effects which may have clinical consequences for older patients. This study aims to determine the potential clinical impact of administrative problems. A retrospective descriptive study was performed, using reports of home care professionals of the