population, elderly women's numbers of chronic diseases and medications, GDS-SF score, EQ-5D score, fear of falling, urinary incontinence, VAS score, chronic pain complaints and FRAIL score were higher while their educational level, instrumental daily life activity score and subjective health status score were lower. No significant difference was observed between two genders in terms of age, basic DLA score, existing dementia, HT, DM, HL diagnoses, subjective health status score, rates of falling within the last 1 year, fecal incontinence, Romber maneuver, need for assistance in ambulation, and cognitive disorder presence assessed by a mini-cog test. The postural instability was more common for the elderly women whereas it was within the limit of significance (p = 0.07).

Conclusion: The prevalence of geriatric syndromes was found higher in the elderly women living in society than in men. The findings of our study suggest that geriatric assessment is likely to be much more beneficial in women.

Keywords: geriatric assessment gender.

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Fatih Geriatrics Trial: how often is sarcopenia, low muscle mass and muscular performance decrease for the elderly people living in society?

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Objective: In this abstract, it is aimed to determine the prevalence of sarcopenia and its components in the elderly people who are evaluated by Fatih/Istanbul Province geriatric survey research.

Methods: In the study, the sample changes from 63 to 101 years old people. Muscle mass is measured by bio impedance analyze (TANITA-BC532) and is evaluated by Baumgartner Index (skeletal muscle kg/length2). According to our national data, low muscle mass (the average of adult-2SD) and muscle power threshold are determined for men and women: <9.2 kg/m^2, 7.4 kg/m^2 and <32 kg, <22 kg respectively. Also, Class 1 low muscle mass level is determined as 10,1 and 8,2 kg/m^2. The definition of sarcopenia is defined as low muscle mass (SMMI) and reduction of muscle function (OYH or strength of muscle) by definition of EWGSOP. Additionally, calf girth is noted. According to our national references, the low calf girth is determined as being the diameter of calf girth lower than 33 cm.

Table 1
Results of the research population by gender

	Men (n = 94)	Women (n = 110)	Total (n = 204)	p
Age	74,7 ± 6,6	76 ± 7,8	75,4 ± 7.3	0,19
Height	167,1 ± 7,4	153,2 ± 7,5	159,5 ± 10,2	<0,001
Weight	75,9 ± 14,1	73,1 ± 16,5	74,3 ± 15,7	0,2
BMI	27,1 ± 4,5	31,3 ± 6,9	29,4 ± 6,3	<0,001
Falling (last 1 year)	25,5%	30,3%	28,1%	0,47
Fear of falling	18,1%	45%	32,5%	<0,001
Inability to walk without help	19,1%	23,6%	21,6%	0,25
Strength of hand grip	32,1 ± 8,8	19,8 ± 5,5	25,6 ± 9,5	<0,001
Dynapenia	43.6%	58.5%	51,5%	0,036 (men <32 kg, women <22 kg)
Calf Girth	36,1 ± 4,8	37,8 ± 6,1	37 ± 5,6	0,03
Low calf girth	19.1%	12.8%	15.8%	0.24
OYH	1,09 ± 0,40	0,98 ± 0,34	1,03 ± 0,38	0,051
Low OYH	21.3%	29,8%	25,6%	0,21
Muscle mass (kg)	52 ± 7,8	41,6 ± 8,7	46,4 ± 9,8	<0,001
SMM	29,4 ± 4,4	23,5 ± 4,9	26,3 ± 5,5	<0,001
Low SSMI (Baumgartner)	17.9%	3%	9,8%	0,001
Sarcopenia Baumgartner	8.2%	2.9%	5.3%	0,11

Results: 204 cases (94 men, 110 women) were included in the research. Median age was 74,5 ± 7,3 years. The characteristics and their distributions by gender are summarized in the Table 1. The prevalence of sarcopenia and its components are by order: sarcopenia 5.3%, low muscle mass 9.8%, dynapenia 51.5%, low walking speed 25.6%. Low calf girth-an indirect indicator of low muscle mass-was observed in the 15.8% of the cases.

Conclusion: Our results of study show that the sarcopenia prevalence of elderly people in our society is low which is similar in other population; however, dynapenia and the low level of walking speed are very common problems.

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Long-term home-based physiotherapy for older people with signs of frailty or consequent to a hip fracture operation – Design of RCT (NCT02305433)

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Objectives: There is increasing need to develop rehabilitation models to postpone older people's disabilities and institutional care. One alternative is home-based rehabilitation with emphasis on functional-based exercises. Our aim is to study home-based physiotherapy for 12 months with 12 months' follow-up in older people either with signs of frailty or consequent to a hip fracture operation.

Methods: Three hundred frail (>65 y) persons and 300 persons with hip fracture (>60 y) will be recruited in Eksote District, Finland (population 131,000). Both groups are randomized separately to a physiotherapy (60 minutes 2 times weekly) arm, and a usual care arm. Assessments, including modified Fried's frailty criteria, SPPB, FIM, IADL, 15D, MNA, FES-I, MMSE, GDS-15 and SPS, are performed by an assessor-physiotherapist at the participant's home at baseline, 3, 6 and 12 months. The primary outcome is duration of living at home at 24 months (a difference of six months between the groups is hypothesized). Secondary outcomes are physical functioning, frailty status, health-related quality-of-life, use and costs of health and social services, falls, and mortality.

Results: Recruitment will continue until the end of 2016. By May 2016, 277 frail persons and 46 persons with hip fracture have been randomized. Hundred persons (90 and 10, respectively) have completed 12-month assessment, and 33 persons have discontinued.

Conclusions: Our trial will provide new knowledge on how to implement intensive long-term home-based physiotherapy and whether it improves physical functioning of persons at risk for disabilities, to postpone institutional care. – Supported by Social Insurance Institution.

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Outcomes in an orthogeriatrics Portuguese unit

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Background: Hip fracture is common in older adults and is associated with high morbidity, mortality and a common cause of long hospital stay in the elderly. A pilot orthogeriatric unit was established in a Portuguese Tertiary Hospital in October 2015 to ascertain if such a unit would improve patient outcomes. The aim of this study is to evaluate the efficiency of a multidisciplinary team.

Methods: A retrospective cohort study was performed between October 2015 and April 2016. We assessed hospital length of stay and time to perform surgery, the degree of prior functional dependence in admission and discharge of the unit, comorbidities, complications and mortality.

Results: Of 110 elderly had median age 83.5 (max 100 years and minimum 65 years); 84.5% were women. The hospital stay was 8.1 days and the average time to perform surgery of 2.88 days. The degree of functionality prior to event was 40.9% Katz A and 73.6% had