

**Objectives:** Understand the functional impact of the Cardiovascular Rehabilitation Programme (CRP) of the Centro Hospitalar Lisboa Norte – Hospital Pulido Valente (HPV-CHLN) in a group of elderly; Assess the relevance of the following instruments: Tinetti Scale, Timed up and Go Test (TUG) and the Functional assessment of balance and gait (FABG), used in the Comprehensive Geriatric Assessment (CGA). **Methods:** 25 adults (9♀ and 16♂) over 65 years old ( $\chi = 72$  years) submitted to coronary artery bypass graft surgery or valve replacement surgery were assigned to the 12 week Cardiovascular Rehabilitation Programme of the CHLN – HPV. An initial assessment was made in the beginning and again by the twelfth week using the following instruments: Tinetti Scale, TUG and the FABG as well as the 6 minute Walking Test and the International Physical Activity Questionnaire (IPAQ).

**Results:** A clear improvement in PM 6', TUG and IPAQ after three months was observed. CFM and Tinetti showed unrepresentative results. Some limitations to the study include the size of the sample and the fact that all subjects were post surgical patients.

**Conclusion:** The functional impact of CRP in the elderly is clearly positive. The application of TUG in the functional assessment of elderly proved to be pertinent. It's of the utmost importance to increase the re-orientation for CRP of the elderly patient, including post surgical.

#### P-463

##### Improving general ward outcome in female geriatric rehabilitation unit through evidence-based practice: a collaborative approach

Hanadi Al Hamad, Amal Abousaad, Navas Nadukkandiyil, Ligi Roy, Sheeba M jose, Manssor Kappachali, Faizal Umminiyattle, Maryam Al Obaidely, Ashely Vargheese, FGRU Nursing Staff. *Rumailah Hospital, HMC*

**Introduction:** Best Care Always Campaign was designed by Hamad Medical Corporation (HMC) in partnership with Institute of Healthcare Improvement (IHI) The campaign aim is to build the capability within HMC to deliver the safest and the most effective care to the people of Qatar which is HMCs strategic vision of healthcare. Female Geriatric and Rehabilitation Unit (FGRU) was selected as pilot unit in Rumailah Hospital. Problems were identified, change concepts were prioritized and the work started by running small tests until we reach the reliable process.

**Aim:** To improve the general ward outcome by providing the safest and quality care to the patients in specific time period. Ensure early identification of patients at risk of deterioration in 100% of incidents Avoid unnecessary catheterization for all patients in unit. Ensure at least 90% compliance to the 5 moments of hand hygiene. All geriatric patients are included in the monthly multidisciplinary round and monthly goals set for them. Conduct safety briefing at least once daily with as many as possible of multidisciplinary team members. Use SBAR tool for at least 95% of all phone communication between RN and doctors.

**Methodology:** Use the Model for Improvement. Frequent Small Test of Change. Empowerment of front-line staff thru training and education. Display of real-time data on the Best Care Always Board. Committed Multidisciplinary Team Approach. Leadership Active Involvement Key Learning: Blame hides the truth about error. Culture must be change. Communicate clearly. Document the facts. Focus on prevention. Learn from your mistakes and others mistakes.

#### P-464

##### Facing the traumatic brain injuries in elderly people

N. Syrmos, N. Haftouras, V. Sanidas. *Neurosurgical Division, General Hospital of Volos, Volos, Greece*

**Introduction:** Traumatic Brain Injuries are serious traumatic situations worldwide.

Aim of this study was to highlight the etiological pattern and the distribution of Traumatic Brain Injuries in Elderly People in the area of Magnesia Regional Unit in Central Greece. According to the most recent data (2011), the population stands at 190,010 people.

**Methods:** From May 2014 to May 2016 (24 months), more than 400 elderly patients (>65 years old) presenting to Volos General Hospital Emergency Department with Traumatic Brain Injuries were included in this study.

**Results:** All the patients underwent clinical and radiological evaluation. Injuries were caused mainly by 1. falls-domestic accidents, 2. road traffic accidents and 3. other types (assault, sport injuries, other).

**Conclusions:** The appropriate neurosurgical care (3 consultant neurosurgeons) and the neurosurgical evaluation are very important in order to minimize the serious consequences of the Traumatic Brain Injuries, specially in elderly patients.

#### P-465

##### Factors effecting quality of life of elderly in community

R. Özdemir<sup>3</sup>, A. Bora<sup>3</sup>, G. Bahat<sup>1</sup>, C. Kılıç<sup>1</sup>, F. Tufan<sup>1</sup>, S. Avci<sup>2</sup>, M.A. Karan<sup>1</sup>. <sup>1</sup>Department of Internal Medicine, Division of Geriatric, Faculty of Istanbul Medicine, Istanbul University, <sup>2</sup>Department of Internal Medicine, Division of Geriatric, Faculty of Cerrahpaşa Medicine, Istanbul University, <sup>3</sup>Faculty of Istanbul Medicine, Istanbul University, Istanbul, Turkey

**Introduction:** One-of-the-main-objective-of the geriatric approach is to provide a better quality of life. In-this-study, we-aimed-to-investigate the factors associated-with-quality-of-life in community-dwelling elders.

**Methods:** Community-dwelling-elders between 60 and 101 years of age included in the study. KATZ Activities of Daily Living (ADL) Scale and the Lawton-Brody Instrumental ADL scale, EQ5D (Euro-Quality-of-life five dimensions questionnaire), GDS-SF (Geriatric Depression Scale), MNA-SF (Mini Nutritional Assessment-Short-Form) and FRAIL scales were used to evaluate functional dependency, quality-of-life, depression, Malnutrition, and fragility, respectively.

**Results:** We included total of 204 elders (94 male-110 female). Mean age was  $75 \pm 7.2$  years. Age, sex, number of diseases and medications, urinary incontinence, falls in last year, chronic pain, functionality score, MNA and GDS scores were adjusted in multivariate analysis. Worse quality of life score was independently associated with following factors: advanced age (OR = 0.047, P = 0.001), urinary incontinence (OR = 0.94, p < 0.001), chronic pain (OR = 1.02, p < 0.001), lower ADL scores (OR = -0.16, p = 0.001), lower MNA score (OR = -0.15, p = 0.001), high depression scores (OR = 0.24, p < 0.001). There was no association between neither number of disease nor number of medications.

**Conclusions:** We observed that functionality, chronic pain, mood disorders, malnutrition, urinary incontinence get more place than the number of drugs and disease with regard to quality of life in the elderly. Screening and management of geriatric syndromes should be the main principle in the geriatric evaluation.

**Keywords:** Geriatric; Sarcopenia; Nutrition.

#### P-466

##### The implications of a program physical activity in relation on quality of life in the elderly population in Portugal

L. Pedro<sup>1</sup>, J. Pais-Ribeiro<sup>2</sup>, J.P. Pinheiro<sup>3</sup>. <sup>1</sup>ESTESL-IPL, Lisboa, <sup>2</sup>FPCE-UP/UIPESPorto, <sup>3</sup>FMUC/CHUC, Coimbra, Portugal

**Objectives:** Be physically active is very important for the independence, self-determination and quality of life (QOL) of the elderly. The aim of this study is to show the importance of a program to promote physical activity on quality of life in elderly population.

**Methods:** This is a prospective study. The study includes 17 people, aged between 66 and 83 years old, 75% female, 65% married, were all retired and all had functional independence. The data collection was performed on seniors universities. To access QOL we use the questionnaire The Short Form Health Survey (SF-36), that includes eight functional dimensions.

The program consists of an intervention to promote physical activity with groups of eight people, in once a week sessions of 90 minutes. The program was held for seven weeks. In each session were performed a