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ABSTRACT BOOK**

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Introduction : The objective of this study is to compare the biomedical and social results obtained in a representative national sample of nonagenarians, data obtained from the Chilean National Health Survey, from the years 2003 and 2010. **Method :** Study the varied parameters of an expanded sample of nonagenarians. N(2003) = 26, N(2010) = 25. **Results :** The average weight (kgs), height (cm), IMC, and abdominal circumference (cm) was of 60, 147.2, 27.1, and 93.4 for the year 2003, and 53.4, 147.8, 24.1, and 85.1, for the year 2010. 2.8% of the nonagenarians in the year 2003 exercised once a week, while the rest did no exercise. In the year 2010, all were sedentary ($p = 0.403$). The total cholesterol (mg/dl), fasting blood sugar level (mg/dl), systolic and diastolic arterial pressure (mmHg) were 180.6 (7.3)*, 101.3 (7.4), 162.2 (11.9), and 90.2 (11.4), for the year 2003, and 200.4 (21.6), 93.7 (4.2), 152.9 (7.1), and 71.4 (2.2), for the year 2010. The results for the MMSE and Pfeffer were 7.7 (1.5), 23.1 (3.1), for the year 2003, and 13.2 (1.0), and 25.2 (3.7), for the year 2010. (Max score MMSE = 19, Pfeffer = 33) 8.5% of the nonagenarians received 8-12 years of education, in the ENS 2003. The rest had received less than 7 years of education. 21.7% studied in school for 8-12 years, and 3.8% had received 13+ years of schooling in the year 2010 ($p = 0.303$). **Conclusion :** There were no statistically significant differences in the studied parameters. **Keywords :** nonagenarians

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RELATIONSHIP BETWEEN FRAILTY AND CO-MORBIDITY AND SOCIO-DEMOGRAPHIC CHARACTERISTICS IN COMMUNITY-DWELLING OLDER MEXICANS

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Introduction : Frailty is a geriatric syndrome that places older adults at risk for adverse health outcomes such as functional impairments, falls, multiple medical co-morbidities, hospitalization, institutionalization, and death. Frailty has been mainly studied from physical and physiological aspects, although social and psychological domains of frailty have been recognized as critically important and also require research. The prevalence and correlates of frailty in Mexico are still unknown. **Objective:** To describe the correlation between frailty status and co-morbidity and socio-demographic characteristics in community-dwelling older Mexicans. **Method :** Design: Data were used from the Health, Wellbeing and Aging Study (SABE) in Jalisco and Colima, Mexico (FONCICYT/COECYTJAL). Setting: Jalisco and Colima States, Mexico. Participants: 2082 non-institutionalized Mexicans 749 (36%) men and 1332 (64%) women, of 60 years and older. Frailty was defined as: Unintentional weight loss (>3 kg in the last year), Weakness (Grip strength), Slow walking (Mobility), Self-reported-exhaustion (Depressive symptoms), and Low physical activity level (Basic Activities of Daily Living). Information about socio-demographic factors, cognitive function, depressive symptoms, health conditions, functional and nutritional status, was obtained

through a comprehensive gerontological assessment. **Results :** A total of 309 (14.8%) persons with frailty were found. the factors of being female, low education, malnutrition, cognitive impairment, depression, IADL, hypertension, diabetes mellitus, heart, lung and cerebral vascular disease and arthritis are related. Falls, urinary and fecal incontinence are related as well. **Conclusion :** Our results of frailty are higher than in other studies, and we found a clear relationship between frailty and co-morbidity and socio-demographic characteristics. Longitudinal studies are needed to establish predictors. **Keywords :** frailty, cognitive function, SABE Project,

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VULNERABILITY AND AGING: A PROSPECT IN THE CITY OF SAO PAULO - SABE STUDY

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Introduction : This research is part of a project called Health, Well-being and Aging ("SABE Study"). The aims was to identify and describe the living and health conditions of elderly physical and socially vulnerable in the city of Sao Paulo-Brasil and verify association with the outcomes: functional decline, frailty and death, six years later. **Method :** The sample was composed by the 2.143 elders interviewed in 2000 of which 1.115 were reevaluated in 2006. Rao-Scott tests weighted to account for sample design effects were used to evaluate associations of the variable origin with the independent variables considering the level of confidence of 95%. Multiple Regression with stepwise forward technique was used to analyse the outcomes. **Results :** The physical vulnerability was presented in 38,1% of the elders in 2000 and 52,7% in 2006. Most of the elders lived in a context of very low and low social vulnerability (71,9%). The physically vulnerable elders presented higher distribution in the medium, high and very high social vulnerability category (43,1% in 2000 and 60,1% in 2006). The physically vulnerable elderly has risk to become frail (2,61; $p=0,000$), to suffer functional decline for basic (2,48; $p=0,001$) and for instrumental (1,46; $p=0,051$) activities of daily living and has risk of social vulnerability (1,50; $p=0,005$). The socially vulnerable elderly has risk of death (1,58; $p=0,024$) and risk to become physically vulnerable (1,54; $p=0,005$). **Conclusion :** These findings suggest the importance of understanding the vulnerability in elderly, allowing the identification and prioritization of resources for the monitoring of those with higher possibility of adverse outcomes. **Keywords :** Aged. Vulnerability. Aging. Death.

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PROTECTIVE FACTORS FOR SUCCESSFUL AGING OUTCOMES IN OLDER ADULTHOOD

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Introduction : The purpose of the present study was to identify psychosocial attributes that promote successful aging outcomes in later life and to examine the mechanism through which this process occurs. In general, it is hypothesized that there are two sources of resilience, personal factors and family/community support factors. This model was based on the notion that individuals who outcome the risks and challenges associated with aging and an increased number of life experiences may have important resources or protective attributes that promote more optimal outcomes in later life. **Method :** The study subjects were 650 elderly persons over 65 living in Daegu city, and the