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Digital Ageing:
A New Horizon for Health Care and Active Ageing

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Introduction: Cardiovascular disorders form an important cause of untimely death and recurrent falls in older persons because of the overlap with syncope. However, cardiovascular causes of falls are still underestimated in clinical practice. Over 0% of hip fractures are caused by a fall. Aim of this study was to investigate the proportion and association of clinically relevant ECG abnormalities in hip fracture patients. Study control: Case-control study. Cases: traumatic hip fractures. Controls: planned hip surgery (non-traumatic). Exclusion criteria: age ≥ 60 years was randomized. Eligible patients: high energetic trauma, pathological and/or previous hip fracture. ECG was scored through predefined categories. Multivariate logistic regression analyses were performed to calculate odds ratios (OR) and correct for confounders. Results: We included 1601 patients (1297 cases). Cases: mean age 87 years (SD 10), 73% female. Controls: mean age 70 years (SD 9), 67% female, and correction for age, gender. Previous falls, cardiovascular disease, diabetes mellitus, mobility aid, visual impairment, cognitive impairment, depression and Parkinsonism, we found the following associations between hip fractures and ECG abnormalities: atrial fibrillation OR 2.8 (95% CI 1.6 - 5.1), sinus tachycardia OR 3.7 (2.0 - 10.9), abnormal QTc prolongation OR 4.2 (2.8 - 6.3), LVH OR 1.8 (1.0 - 3.4), low QRS voltage OR 3.7 (1.3 - 10.6), pathologic Q-wave OR 1.9 (1.1 - 3.4), inverted T-wave OR 2.6 (1.1 - 6.1) and specific ST changes OR 1.5 (1.1 - 2.0). Conclusion: Hip fracture patients show significantly more clinically relevant ECG abnormalities indicative of rhythm- and conduction abnormalities and impaired cardiac function. Detection of these abnormalities may form a valuable basis for additional cardiovascular screening in older fallers. Keywords: Falls, Hip fractures, Syncope, ECG abnormalities.

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THE EFFECTS OF THE IMPLEMENTATION OF AN EVIDENCE-BASED FEAR OF FALLING PROGRAM IN PRACTICE
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Introduction: Fear of falling and related activity avoidance are common in older people. An RCT showed the effectiveness of a multifaceted cognitive behavioral program on concerns about falling, daily activity, and recurrent falls in community-living older people. In the present study we explored the effects and acceptability of the 8-week group program after its nationwide implementation in homecare organizations in The Netherlands. Method: A pretest-posttest study was carried out in 25 community-living older adults. Prior to the program and at 2 and 4 months we collected data on concerns about falls, related avoidance behavior, falls, fall-related medical attention, loneliness, and symptoms of anxiety and depression for the effect evaluation. To explore the program's acceptability the participant's opinion on different program aspects was registered. Results: Pretest-posttest analyses showed significant improvement at 4 months on several outcomes, e.g. concerns about falling (l-item; p<.01, scale: p<.05), avoidance behavior (p<.01), and falls (p=.01). No differences were found for daily activity (p=.13) and feelings of loneliness (p=.47). Participants held a positive overall opinion regarding the program. Directly after the program 63.2% of the participants reported substantial program benefit, at 4 months this had slightly decreased to 56.3%. Conclusion: The outcomes of the program as implemented in the homecare organizations were highly similar to the outcomes of the RCT, i.e. participants reported reduced concerns about falls, avoidance behavior and falls, and the majority benefited from the program. This indicates that the program is not only effective and acceptable in an experimental setting but also in practice. Keywords: fear of falling, accidental falls, activities of daily life, effect evaluation, feasibility, implementation.

OP27 313-S-2
ASSOCIATION OF FALL WITH EXERCISE AND FARMING WORK AMONG CHINESE NONAGENARIANS/ CENTENARIANS