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ABSTRACTS

Abstracts of the 18th Congress of the European Geriatric Medicine Society

Live from London and Online, 28–30 September 2022

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CORRECTION

Correction: Abstracts of the 18th Congress of the European Geriatric Medicine Society

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Correction: Eur Geriatr Med (2022) 13 (Suppl 1):S1–S439
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An author was missing in abstract O-031 ('Effectiveness of Covid-19 vaccines in preventing SARS-CoV-2 infection, hospitalizations and death among elderly nursing homes residents in a health area of Madrid') in section Oral Communications. The correct authorship is as follows:

Ana Merello de Miguel[1], Francesca Argentina[1], Montserrat Barcons Marques[1], Blanca Chaparro Jiménez[1], Rocío Menéndez Colino[1], Juan Ignacio González Montalvo[1]

[1]Hospital Universitario La Paz

Furthermore, the following abstracts were unfortunately missing and should have appeared in section Posters:

P-1055

Security of MANTA closure device in elderly and frail patients

Abstract Area: Cardiovascular Medicine

Sofia Martinho[1], José Almeida[1], Diogo Fernandes[1], Joana Guimarães[1], Gustavo Campos[1], Elisabere Jorge[1], Lino Gonçalves[1]

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Introduction: Aortic stenosis has an increasing prevalence with advancing age and patients who undergo transcatheter aortic valve replacement (TAVR) often are frail and elderly. MANTA closure device use appears to be safe and effective for closure of large bore arterial access, but we don't know the safety in elderly patients submitted to TAVR.We wanted to evaluate the safety and efficacy of the MANTA closure device in elderly patients undergoing TAVR.

Methods: We performed a single-center prospective study of 245 elderly patients (age > = 70 years) who underwent TAVR and in which a MANTA device was used to close the femoral arterial access. We analyzed the safety and effectiveness of this closure device in this population.

Results: Patients had a mean age of 81 ± 6 years, the majority being women (53.9%) with a mean body mass index of 29 ± 3 kg/m2 and multiples comorbidities, 31.8% were diabetics, 71.4% had dyslipidemia, 79.6% hypertension, 18.4% had chronic kidney disease and 11% had had a previous acute coronary syndrome. There was one major bleeding requiring blood transfusion and 3 minor vascular complications (2 femoral hematomas and one femoral artery pseudoaneurysm). There were no life-threatening complications with the device.

Conclusion: This arterial closure device seems to be secure in this population and maybe the best option in this transcatheter procedure. More study needs to be conducted to compare this type of arterial closure with others like Angioseal device.

The original article can be found online at https://doi.org/10.1007/s41999-022-00711-8.

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O-122

Exploring the ideal obesity definition in the context of sarcopenic obesity for its relationship with functional measures

Abstract Area: Sarcopenia

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Introduction: There is a gap in the literature both in terms of the definition of the obesity component of sarcopenic obesity (SO) and the relationship between SO and functionality. We aimed to explore the ideal obesity definition in the context of SO for its relationship with functional measures.

Methods: We included community-dwelling adults aged > 60 between 2013–2021 in this retrospective cross-sectional study. We recorded age, sex, number of diseases & medications, and assessed nutritional status by mini-nutritional assessment-short form. We measured handgrip strength by Jamar dynamometer and defined the sarcopenia component as low muscle strength (probable sarcopenia). Obesity was determined with three different methods: body mass index (BMI), fat percentage estimated by bioimpedance analysis, and waist circumference. Functionality was assessed with Katz's activities of daily living (ADL) and Lawton Brody's instrumental ADL (IADL) scales. We performed multivariate analyses adjusted for age, sex, and nutritional status to determine the association between SO and the function of the measures.

Results: We included 1390 participants [mean age: 73.7 ± 6.8 (range: 60–98 years), 68.8% female]. The prevalences of SO (probable) were 12.4%, 11.7%, and 19%, by BMI, fat percentage, and waist circumference methods, respectively. For all probable SO definitions, impaired ADL was more prevalent in the "sarcopenic alone" and "probable SO" phenotypes compared to the reference standard "non-sarcopenic non-obese" phenotype ($p < 0.01$, for all). Impaired IADL was common in the "sarcopenic alone" and "probable SO" phenotypes compared to "non-sarcopenic non-obese" and "obese alone" phenotypes ($p < 0.001$, for all). "Probable SO" phenotype was independently associated with impaired ADL and IADL and had the highest odds ratio of 2.9, 2.2, and 2.8 for impaired ADL and 4.6, 3.3, and 3.8 for impaired IADL by BMI, fat percentage, and waist circumference methods, respectively when compared to "non-sarcopenic non-obese" phenotype in multivariate analyses.

Conclusions: Our study showed that sarcopenia demolished the beneficial functional associations of obesity in older adults. This study suggests that while considering obesity, sarcopenia should be a major component and determinant to be looked for. In addition, BMI and waist circumference methods which are much practical than the fat percentage method, came front while assessing the obesity component of SO in terms of its associations with functional measures.

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