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ABSTRACTS

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nutritional status, affective and behavioral situation and use of psychotropic drugs). Evaluation in 3 moments: before and after a training intervention carried out in family members and professionals through Appreciative Inquiry and six months later.
Results: There are no significant changes in some indicators indicators analyzed (pain, suffering, nutritional status, etc.) but there is a lower appearance of behavioral symptoms, especially in the opinion of the families and a decrease in treatment with psychotropic drugs (27 at the beginning and 22 at the end). Thus, in 3 people of the 13 residents (56,5%), the initial dose of psychoactive drugs has been reduced and it was totally suppressed in 4 people**CONCLUSIONS:** The improvement of relationships between professionals and families seems to improve the quality of life from in people with dementia, especially in the reduction of behavioral disorders and therefore in the need to use psychotropic drugs. We believe it is necessary to delve into the analysis of the other indicators, to see if the initial results can be confirmed.

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A prevalent sleep disorder in older adults: restless legs syndrome (is there any association with other geriatric syndromes?)

Abstract Area: Comprehensive Geriatric Assessment

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Objective: Restless Legs Syndrome (RLS) is a common sleep disorder which affects quality of life in older individuals. We aimed to find out the geriatric syndromes and other factors significantly associated with RLS in an older study population.
Materials and methods: This was a retrospective-cross sectional study conducted with the participants $\geq$ 60 years old who admitted to the geriatric outpatient clinic of a tertiary hospital. Essential clinical features of RLS had to be present for diagnosis of RLS. Geriatric syndromes like sleep disturbance, falls, polypharmacy ($\geq$ 5 medications/day), constipation, chronic pain, cognitive impairment, depression, urinary and fecal incontinence, malnutrition, sarcopenia (S), dependency in basic and instrumental activities of daily living and reduced quality of life were assessed. Decreased muscle strength was assessed via handgrip strength measurement and defined as "probable S". Confirmed S was defined as "decreased muscle strength and mass" and muscle mass was assessed via Tanita BC-532 bioimpedance analyzer. We used cut-offs recommended by EWGSOP2 for low muscle strength, and population specific cut-offs for low muscle mass diagnosis. p value of less than 0.05 was accepted as significant.
Results: 1766 older subjects were included, 68.6% were female. Median age was 72 (60–99). RLS was seen in 28.3% and it was significantly higher in female subjects (76.4%). RLS group was younger and had higher number of comorbidities and regular drugs. Sleep disturbance, chronic pain, cognitive impairment, constipation, dependency in IADL, depressive mood, fear of falling, polypharmacy, reduced QoL and urinary incontinence were significantly more prevalent in RLS group. Multivariate analysis revealed that the only factors independently associated with RLS were age (Odds ratio (OR) (95% confidence interval (CI)) = 0.94 (0.89–0.99); $p < 0.01$) and cognitive impairment (OR (95% CI) = 2.25 (1.07–4.75); $p < 0.03$).
Conclusion: Only geriatric syndrome independently associated with RLS was cognitive impairment. More studies are needed to identify the relationship between RLS and congitive functions; and to reveal the cognitive profile of the individuals suffering RLS.

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Modifiable predictive factors and all-cause mortality in the non-hospitalized elderly population: an umbrella review of meta-analyses

Abstract Area: Comprehensive Geriatric Assessment

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Objective: This umbrella review aimed to summarize the association between modifiable predictive factors and all-cause mortality in the non-hospitalized elderly population, and estimated the credibility and strength of the current evidence.
Methods: PubMed, Embase, Web of science, and EBSCOhost were searched up to February 28, 2022. Random effect summary effect sizes and 95% confidence intervals (CIs), heterogeneity, small-study effect, excess significance bias, as well as 95% prediction intervals (PIs) were calculated. Methodological quality was assessed with the Assessment of Multiple Systematic Reviews 2 (AMSTAR-2) tool. The credibility of the included meta-analyses was graded from convincing to weak using established criteria. This umbrella review was registered with PROSPERO, CRD 42021282183.
Results: In total, 32 predictive factors involving 49 associations extracted from 35 meta-analyses were analyzed. Forty-three of the 49 (87.8%) associations presented nominal significant effects by the random-effect model ($P < 0.05$), of which 34 had harmful associations and nine had beneficial associations with all-cause mortality. Frailty (FRAIL scale), low short physical performance battery (SPPB) score, and fewer daily steps carried a more than three-fold risk for all-cause mortality. Convincing evidence showed that weight fluctuation, prefrailty and frailty status, sarcopenia, low SPPB score, fewer daily steps, and fatigue increased the risk of all-cause mortality, while daily moderate-to-vigorous physical activity (MVPA) duration and total physical activity participation reduced the risk of death. There were twenty, nine, five, and six associations that yielded highly suggestive, suggestive, weak, and non-significant grades of evidence. Thirty-four (69.4%) of the associations exhibited significant heterogeneity. Twenty-two associations presented 95% PIs excluding the null value, two indicated small-study effects, and three had evidence for excess significance bias, respectively. The methodological quality of most meta-analyses was rated as low (37.1%) or critically low (42.9%).
Conclusions: A summary of the currently available meta-analyses suggests that a broad range of modifiable predictive factors are significantly associated with all-cause mortality risk in the non-hospitalized elderly population. The most credible evidence indicates that physical function represented by frailty and sarcopenia, as well as physical activity, are significant predictors for all-cause mortality. This umbrella review may provide prognostic information to direct appropriate diagnostic evaluation and treatment goals in the future. More solid evidence is still needed coming from moderate-to-high quality meta-analyses.