Introduction.– Geriatric assessment can help oncologists guide treatment in older patients. A scale for older patients with hematological malignancies is being developed and validation integrating essential dimensions of geriatric assessment aimed to design an easy-to-use tool for daily practice and useful for clinical decision making. After item-pool generation and content validation, a comprehensive health status assessment scale in older patients (≥ 65 Years) with hematological malignancies. GAH Study


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Introduction.– Geriatric assessment can help oncologists guide treatment in older patients. A scale for older patients with hematological malignancies is being developed and validation integrating essential dimensions of geriatric assessment aimed to design an easy-to-use tool for daily practice and useful for clinical decision making.

Methods.– After item-pool generation and content validation, a brief scale with several domains was created (Geriatric Assessment in Haematology, GAH). Feasibility was confirmed in 83 patients. A multicenter, prospective study is ongoing in 18 Spanish hospitals, targeting 500 newly diagnosed patients with myelodysplastic syndrome (MDS), acute myeloblastic leukemia (AML), multiple myeloma (MM) or chronic lymphocytic leukemia (CLL). Scale validation includes criterion and concept validity, internal reliability, test-retest reliability, intraclass correlation (ICC) and factor analysis.

Results.– Currently, 170 patients have been enrolled; data of 75 with complete data are presented (51.5% men, median age 76 years. 44% with MDS/AML, 36% with MM, 20% with CLL). Median time to complete GAH: 12 min. GAH shows satisfactory test-retest reliability. ICC is greater than 0.66 in 6 of 8 dimensions (P < 0.05). Some differences seem to emerge between diseases, although further analysis is needed. GAH shows great potential in terms of sensitivity, specificity and reproducibility between trained observers.

Key conclusions.– To our knowledge, this is the first study aiming to develop and validate a comprehensive health status assessment in older patients with hematological malignancies. After psychometric validation further studies will be carried out to evaluate its clinical use for prognosis and clinical decision making.

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The relationships between executive function, cognitive processing speed and two models of frailty are mediated by sustained attention in the older adult population

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Introduction.– Frail older adults perform poorly on tasks placing high demands on resources of attention, a fundamental aspect of executive function. We investigated the relationships between two models of frailty, and sustained attention in a cognitively intact adult population aged 50+.

Methods.– Four thousand three hundred and ten participants of The Irish Longitudinal Study on Ageing (TILDA) completed a comprehensive health assessment. Frailty index (FI) scores from 0–1 were calculated from 40 self-report items. Phenotypic frailty or pre-frailty were defined by 3+ or 1–2 items from unintended weight loss, exhaustion and low gait speed, grip strength and physical activity. Multivariate regression analyses computed associations between frailty models and measures from the Sustained Attention to Response Task (SART). Cognitive processing speed and executive function were also measured.

Results.– The prevalence of frailty and pre-frailty were 3.3% (FI score: 0.28, ±0.12), and 34.1% (FI score: 0.14, ±0.10). Declining sustained attention was associated with pre-frailty, frailty and higher FI scores in the 50–64 and 65+ age-groups. This was indexed by slower mean reaction time (RT) (P < 0.01), greater RT variability (P < 0.01), and more SART errors (P < 0.01).

Results.– Remained significant (P < 0.05) following adjustments for cognitive processing speed, executive function, age and gender. Cognitive processing speed only correlated with FI in the 50–64 age-group (P < 0.01). Female gender was strongly correlated with frailty in both age-groups (P < 0.001), but age and executive function were not.

Conclusions.– Sustained attention appears to mediate the relationships between frailty, executive function and cognitive processing speed, suggesting an objective and modifiable cognitive marker of frailty progression.

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Evaluation of an emergency geriatric screening for older patients in the emergency department


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A gait analysis in three different speeds (slow, preferred and fast) on an electronic walkway system (Gaitrite). Speed was measured in meters per second, cadans in steps per meter and muscle mass was measured by BIA using a ten frequencies bio-impedance device (Inbody S10) in supine position. Patients were grouped according skeletal muscle mass (SMM) into quartiles. ANOVA test was performed on the first and fourth quartile.

Results.– Fifty-five elderly women (age 66 to 93) were selected and grouped into quartiles according SMM. Velocity in slow, preferred and fast speed in the first and the fourth quartile were significantly different (Anova $P = 0.045; 0.030; < 0.0001$). Adding cadans to the equation reinforces the connection (Anova $P = 0.003; 0.002; 0.002$).}

Key conclusions.– Muscle mass and velocity is correlated. Cadans becomes stronger when cadans is added to the equation. Cadans-velocity relation is more specific then velocity in the observation of the physical status and frailty of elderly women.