

MED 1

**AA@home, exercise program for frail older adults delivered by volunteers.
Protocol of a Randomized Controlled Trial and cost-effectiveness study**

Topic	medical
Presentation	ORAL
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Abstract title	AA@home, exercise program for frail older adults delivered by volunteers. Protocol of a Randomized Controlled Trial and cost-effectiveness study

AA@home, exercise program for frail older adults delivered by volunteers. Protocol of a Randomized Controlled Trial and cost-effectiveness study

Abstract body

Purpose:

Between 2020 and 2050, the world's population aged 80 years and over will triple, drastically increasing the prevalence of frailty and associated healthcare costs. Multimodal exercise programs have proven to be an ideal countermeasure for frailty but the current Flemish standard of care does not include them. The purpose of this study is to investigate functional outcomes and cost-effectiveness of the homebased exercise program ACTIVE-AGE@home.

Methods:

A pragmatic randomised controlled trial will be conducted with two intervention groups: delivered by professionals versus trained volunteers, and one control group. Participants (n=195) are community-dwelling frail older adults (>70 years) as defined by Fried et al. (2001). The 24 week program consists of three one hour visits per week and contains aerobic, strength, balance, flexibility, coordination and dual tasking exercises, accompanied by goalsetting and motivational interviewing. Functional ability, cognition, loneliness, self-management, subjective health, health care utilization and meaningful activities will be measured in all groups at 0, 24 and 48 weeks. Time and expenses invested by professional or volunteers will be kept in diaries for trial and model based cost-effectiveness analyses, expressed in incremental cost per QALY (quality-adjusted life year). Participants will be randomized into three parallel groups using permuted block randomization. Statistical analysis will be blinded to group allocation and outcome assessors will be blinded to the maximal extent possible.

Conclusions:

Positive results will improve negative outcomes of frailty and reduce healthcare costs. It will be the first community based exercise intervention for frailty, aligning with Flemish an international policy regarding socialization of care.

MED 3

Applicability of STOPP/START criteria in the Swedish national patient register and a Swedish observational cohort

Topic

medical

Presentation

Poster

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Applicability of STOPP/START criteria in the Swedish national patient register and a Swedish observational cohort

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Abstract title

Applicability of STOPP/START criteria in the Swedish national patient register and a Swedish observational cohort

Abstract body

Doel: The STOPP/START criteria are frequently applied in observational studies to assess potentially inappropriate prescribing in older adults. This study aimed to assess the applicability of the three available STOPP/START versions in two distinct datasets.

Methodologie: To evaluate the applicability of the three versions, we used: (i) the Swedish national patient register (SNPR) and (ii) an observational cohort study, Swedish National study on Aging and Care in Kungsholmen (SNAC-K). The criteria of each version were automated using R (version 4.2.2) and RStudio (version 2022.12.0+353). The Anatomical Therapeutic Classification code (ATC) was used to categorise medications. Diseases were categorised using the international classification of diseases version 10 (ICD10).

Resultaten: The first STOPP/START version demonstrated the applicability rate of 80% in SNPR and 87% in SNAC-K. The second version showed the applicability of 63% in SNPR and

Applicability of STOPP/START criteria in the Swedish national patient register and a Swedish observational cohort

73% in SNAC-K and third version showed applicability of 64% in SNPR and 75% in SNAC-K. SNAC-K displayed higher applicability across all three versions compared to SNPR, with an applicability rate 7 to 11% higher than that of the SNPR. Challenges in applicability included broad definitions, vague terminology, and the absence of ICD10 codes for disease severity, symptomatic traits, and stability status of certain conditions.

Conclusion: The first STOPP/START version seems most applicable in observational studies. The cohort study with comprehensive clinical assessments showed higher criteria applicability compared to the register-based dataset. Future versions of the STOPP/START criteria should prioritise clear and unambiguous definitions to improve their applicability in research and promote result generalisability and comparability.

MED 4

The effect of exercise on the skin immunity and wound healing: A systematic review

Topic	medical
Presentation	Poster
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The effect of exercise on the skin immunity and wound healing: A systematic review

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Abstract title The effect of exercise on the skin immunity and wound healing:
A systematic review

Abstract body

Background:

One of the first visible effects of ageing occurs in the skin. Exercise is the best non-pharmacological method to counteract the ageing effects in the circulation. Whether exercise also affects the skin immunity and wound healing is at this moment unclear. Therefore, the review aim is to perform a systematic literature analysis regarding the exercise effects on the skin immunity and wound healing in humans.

Methods:

The review protocol was registered with PROSPERO (ID:CRD42021248948). PubMed and Web-of-Science were systematically searched for relevant articles using the keywords: humans, exercise, skin immunity, and wound healing. Exercise intervention studies including endurance, resistance, flexibility or a combination of these exercise types, which investigated skin immunity and wound healing in humans were eligible. Articles were screened for eligibility by two independent reviewers. ROB-2 and ROBINS-I were used to assess internal validity.

Results:

The searchstream of databases Pubmed and Web-of-Science yielded respectively, 953 and 844 articles, of which 386 were duplicates. Sixteen articles were eligible of which 11 RCTs, 2 non-RCTs, and 3 intervention studies with a control group. The most frequently studied outcome was wound healing. Most studies showed a positive influence of exercise on wound healing. Other investigated outcomes were delayed-type cell-mediated immunity, skin function, and changes in skin histology.

Conclusion:

The exercise effects on skin immunity and wound healing are

The effect of exercise on the skin immunity and wound healing: A systematic review

becoming more interesting to investigate. The included studies are heterogeneous in exercise intervention type, study population, and outcomes. These review results showed that exercise has beneficial effects on both wound healing and other skin related outcomes.

MED 5

The effect of a combined lifestyle intervention with and without protein drink on inflammation in older adults with obesity and type 2 diabetes

Topic	medical
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The effect of a combined lifestyle intervention with and without protein drink on inflammation in older adults with obesity and type 2 diabetes

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Abstract title

The effect of a combined lifestyle intervention with and without protein drink on inflammation in older adults with obesity and type 2 diabetes

Abstract body

Doel: To investigate whether hypocaloric diet combined with resistance exercise and interval training, with or without consumption of a protein drink, affected inflammatory profile in older adults with type 2 diabetes.

Methodologie: 114 Adults (≥ 55 years) with obesity and type 2 (pre-)diabetes had measurements of CRP, pro-inflammatory cytokines (interleukin (IL)-6, tumor-necrosis-factor (TNF)- α , monocyte chemoattractant protein (MCP)-1), anti-inflammatory cytokines (IL-10, IL-1 receptor antagonist (RA), soluble tumor-necrosis-factor receptor (sTNFR)1), adipokines (leptin, adiponectin), and glycation biomarkers (carboxymethyl-lysine (CML), soluble receptor for advanced glycation end products (sRAGE)) from fasting blood samples. A linear mixed model was used to evaluate change in inflammatory biomarkers after lifestyle intervention and effect of the protein drink. Linear regression analysis was performed with parameters of body composition and insulin resistance.

Resultaten: IL-1RA, leptin and adiponectin significantly decreased after 13 weeks, while ratios TNF- α /IL-10 and TNF- α /IL-1RA increased. There were no significant differences between the protein and control groups. CRP increased by 12% in participants with low to average chronic low-grade inflammation and decreased by 36% in those with high chronic low-grade inflammation. Change in leptin and IL-1RA was positively associated with change in fat mass and insulin resistance. Change in lean mass was not associated with any of the biomarkers.

Conclusie: 13 weeks of combined lifestyle intervention, either with or without protein drink, reduced circulating adipokines and anti-inflammatory cytokine IL-1RA, and increased inflammatory ratios TNF- α /IL-10 and TNF- α /IL-1RA in older adults with obesity and type 2 diabetes. CRP was either increased or reduced depending on the level of chronic low-grade inflammation.

Is stretching an appropriate control for studies on exercise immunology? A systematic review

Topic	medical
Presentation	Poster
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Abstract title	Is stretching an appropriate control for studies on exercise immunology? A systematic review
Abstract body	<p>PURPOSE</p> <p>Physical exercise recruits immune cells to the blood circulation and can lower aging-related chronic low-grade inflammation in a dose-response manner. An active muscle contraction is assumed to be essential for these responses. Muscle stretching does not involve active muscle contractions and is therefore often used as a control for exercise immunology studies. However, it has not yet been documented whether stretching influences the inflammatory profile. This systematic reviews aims to determine if stretching is an appropriate control for exercise studies.</p> <p>METHODS</p> <p>A systematic search in PubMed and Web Of Science resulted in 9 articles describing the effect of stretching on inflammation (immune cell proportions, cytokines, changes in muscle/immune cell gene expression) in adults aged 65+ (Prospero CRD42023388920). Reviews, case reports and animal studies</p>

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were excluded. Quality assessment was performed using the Cochrane risk-of-bias tool for randomized (ROB-2) trials.

RESULTS

All articles showed sufficient methodological quality and reported effects on basal levels of inflammation. No effects on the number of naïve, memory and senescence-prone T-cells or on circulating inflammatory markers CRP and IL-6 were observed. One article observed no changes in TNF-alpha after stretching, while another showed an increase. This increase was also observed at the muscle gene expression level. While one article showed few stretching-induced changes in pro/anti-inflammatory related genes in immune cells, this was not confirmed in a second article.

CONCLUSION

Based on available literature, muscle stretching elicits no major effects on the immune response in older adults and can therefore be a suitable active control group for exercise immunology studies.

MED 7

Potentially inappropriate prescribing in multimorbid and polymedicated older adults with atrial fibrillation: a systematic review and meta-analysis

Topic	medical
Presentation	Poster
Quality project	[abstract_application_quality]
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Potentially inappropriate prescribing in multimorbid and polymedicated older adults with atrial fibrillation: a systematic review and meta-analysis

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Abstract title

Potentially inappropriate prescribing in multimorbid and polymedicated older adults with atrial fibrillation: a systematic review and meta-analysis

Abstract body

Doel: Polypharmacy in multimorbid older patients with atrial fibrillation (AF) is a risk factor for potentially inappropriate prescribing (PIP). We aimed to systematically assess the evidence on the prevalence of PIP and its impact on adverse health outcomes in this patient group.

Methodologie: A systematic search of peer-reviewed literature describing the prevalence of PIP and/or its association with adverse health outcomes in multimorbid (AF plus one comorbidity) and polymedicated (≥ 2 drugs) adults ≥ 65 years was done from inception to 31st of March 2023. A meta-analysis of the prevalence of PIP of (direct) Posterior anticoagulants ((D)OACs) was conducted using a random-effects model.

Resultaten: Of the 12 studies included, only one reported overall PIP prevalence (65%). Most studies ($n = 7$) used clinical guidelines to assess PIMU. Summary of Product Characteristics ($n=5$), explicit ($n=4$) and implicit screening tools ($n=1$) were used to a lesser extent. The meta-analysis of 10 studies assessing PIP of (D)OACs produced a pooled prevalence (95% confidence

Potentially inappropriate prescribing in multimorbid and polymedicated older adults with atrial fibrillation: a systematic review and meta-analysis

interval, CI) of 35% [30%-40%], with significant heterogeneity between the included studies (I²=95%). No statistically significant association was reported in three studies between PIP of (D)OACs, cardiovascular (CV) and all-cause mortality, hospital readmission, CV hospitalisation and stroke. Reported associations between PIP and major bleeding differed, with only one study demonstrating a significant association (odds ratio 2.17, 95%CI 1.14-4.12).

Conclusion: This systematic review and meta-analysis highlights the scarce evidence on PIP prevalence and its association with adverse health outcomes in multimorbid older adults with AF. Large, prospective and better designed studies are needed.

MED 8

How do relatives experience palliative care on the acute geriatric ward? A telephone survey

Topic	medical
Presentation	Poster
Quality project	[abstract_application_quality]
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How do relatives experience palliative care on the acute geriatric ward? A telephone survey

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Abstract title How do relatives experience palliative care on the acute geriatric ward? A telephone survey

Abstract body

Context:
Over ten percent of patients admitted to an acute geriatric ward die during hospitalisation. Healthcare workers on geriatric wards are expected to combine palliative care with geriatric care to give these patients a comfortable death.

Methods:
To assess relatives' experiences with palliative care on geriatric wards a structured telephone survey was conducted. Relatives of patients who had an expected death on acute geriatric wards from November 2022 to June 2023 were contacted four to eight weeks after the death of the patient.

Results:
Fifty-one of the Ninety-three contacted relatives participated in the study. Nearly all relatives judged that the patient died peacefully. Eighty percent of relatives felt they were adequately supported by the care team and sufficiently involved and informed on medical decisions. According to the relatives, care was adequately adapted to the patients' needs. This, despite the fact that in the relatives' perception patients' wishes at the end of life were only assessed in half of the patients. Almost all patients were prescribed "as needed" medication for expected symptoms at the end of life. Sixteen relatives felt symptoms were only partially or not sufficiently managed. Overall care received a mean score of nine out of ten. Relatives mentioned several suggestions for improvement regarding communication, care and facilities for relatives.

Conclusion:
This telephone survey found that relatives were satisfied with the palliative care provided on the geriatric ward. This is a way to get insights on the perception of care and to receive suggestions for improvement.

MED 9

Pharmacological treatment of pain, dyspnea, death rattle, fever, nausea and vomiting in the last days of life in older people: a systematic review

Topic medical

Pharmacological treatment of pain, dyspnea, death rattle, fever, nausea and vomiting in the last days of life in older people: a systematic review

Presentation poster

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Abstract title Pharmacological treatment of pain, dyspnea, death rattle, fever, nausea and vomiting in the last days of life in older people: a systematic review

Abstract body

Context:
Due to altered pharmacokinetics and pharmacodynamics in the geriatric population the pharmacological treatment of physical symptoms during the last days of life in older people requires a custom approach.

Methods and objectives:
This systematic review searched MEDLINE and EMBASE from inception till 09/03/2023 for evidence on the pharmacological treatment of pain, dyspnea, death rattle, fever and nausea & vomiting in the last days of life in older people. It focuses on the recommended pharmacological treatment, its effectiveness and the occurrence of undesirable side effects.

Results:
Concerning pain and dyspnea, four studies were found for each symptom. These were predominantly descriptive studies on the use of opioids for the treatment of pain or dyspnea, without clear evidence for the choice of one specific opioid, nor a specific

Pharmacological treatment of pain, dyspnea, death rattle, fever, nausea and vomiting in the last days of life in older people: a systematic review

opioid dose. For death rattle, five randomised controlled trials and two retrospective studies were retrieved. These provide evidence for the prophylactic treatment of death rattle with hyoscine butylbromide. However no clear evidence was found for the treatment of death rattle once it has occurred. For fever, or nausea and vomiting no articles were withheld.

Conclusion

Limited evidence exists on the pharmacological treatment of pain, dyspnea, death rattle, fever, nausea and vomiting in the last days of older people. Other than the general use of opioids for pain and dyspnea and the prophylactic administration of hyoscine butylbromide to decrease the likelihood of developing death rattle, no specific recommendations can be made based on current available evidence.

MED 10

High blood pressure variability is associated with increased risk for negative health outcomes in people aged 65 and over

Topic	medical
Presentation	Poster
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Abstract title	High blood pressure variability is associated with increased risk for negative health outcomes in people aged 65 and over
Abstract body	Background: Ageing may increase blood pressure variability (BPV) because of a rise in arterial stiffness and a decline in baroreflex.

High blood pressure variability is associated with increased risk for negative health outcomes in people aged 65 and over

Aim: To systematically review the association between BPV and negative health outcomes in older adults.

Methods: For this systematic review, the PubMed, and Web of Science databases were systematically screened. After the selection procedure, 109 articles were included. The quality of the included studies was assessed. Review Manager was used to perform meta-analyses comparing the high BPV group with middle and low BPV groups. Additionally, meta-analyses comparing the low BPV group with the middle BPV group were performed. 18 retrospective, 69 prospective and 22 cross-sectional studies were included.

Results: High BPV is associated to a higher risk for all-cause mortality (OR=1.95 (95% CI 1.56-2.42), $p < 0.00001$) and the occurrence of cardiovascular events (OR=2.32 (95% CI 2.00-2.71), $p < 0.00001$) in older persons. Furthermore, our meta-analysis demonstrated that older adults with low BPV have a 26% decreased risk for cardiovascular events (OR=0.74 (95% CI 0.62-0.87), $p = 0.0004$).

Conclusion: Older persons with high BPV show a 2-fold higher risk of mortality and cardiovascular events, and the latter risk is 26% lower in those with a low BPV. Because there is currently no gold- standard for measuring BPV, we give an overview of cut-off values for the most often reported BPV-parameters in the literature.

MED 11

Agreement and Predictive Value of the Clinical Frailty Scale in hospitalized older patients

Topic	medical
Presentation	poster
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Agreement and Predictive Value of the Clinical Frailty Scale in hospitalized older patients

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Abstract title Agreement and Predictive Value of the Clinical Frailty Scale in hospitalized older patients

Abstract body

OBJECTIVE/METHODS
The Clinical Frailty Scale (CFS) was developed to summarize a Comprehensive Geriatric Assessment. A classification tree was designed to assist with CFS scoring. This prospective multicenter observational study examined agreement between the classification tree and clinical scoring by geriatric residents and geriatricians. Furthermore the predictive value for 6-month mortality was investigated. It included patients 75 and older admitted to an acute geriatric unit.

RESULTS
We included 97 patients, 66% were female, mean age was 86 years. The intraclass correlation coefficient (ICC) for the classification tree CFS was 0.526 when compared to the geriatrician's CFS and 0.573 when compared to the resident. The ICC for the resident's CFS when compared to the geriatrician's CFS was 0.643. The logistic regression model showed good predictive value for 6-month mortality (AUC 0.774, 0.774, 0.719 for the geriatrician's CFS, resident's CFS and classification tree CFS respectively). A cut-off of CFS 6 or higher resulted in a specificity of 0.544 and sensitivity of 0.833. A cut-off of CFS 7 or higher showed a specificity of 0.897 and sensitivity of 0.458.

CONCLUSIONS
Agreement between the geriatrician and the geriatric resident regarding the CFS is average. The classification tree is of limited added value for physicians with geriatric experience though might be beneficial for health care workers with limited experience. The predictive value of the CFS for 6-month mortality is good.

MED 12

Orthogeriatric co-management for older patients with a major osteoporotic fracture: An observational pre-post study

Topic medical

Presentation ORAL

Orthogeriatric co-management for older patients with a major osteoporotic fracture: An observational pre-post study

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Abstract title Orthogeriatric co-management for older patients with a major osteoporotic fracture: An observational pre-post study

Abstract body Purpose: The aim of this study was to investigate whether nurse-led orthogeriatric co-management in patients with a major osteoporotic fracture is more effective than inpatient geriatric consultation.

Methods: We performed an observational pre-post study on the traumatology ward of University Hospitals Leuven in Belgium including 108 patients aged 75 years and older hospitalized with

Orthogeriatric co-management for older patients with a major osteoporotic fracture: An observational pre-post study

a major osteoporotic fracture in each cohort. The intervention group received proactive geriatric care based on automated protocols and comprehensive geriatric assessment (CGA). The primary outcome was the proportion of patients having one or more in-hospital complications, results were compared with χ^2 testing. Additionally, a process evaluation was performed.

Results: In the intervention group, 8% fewer patients experienced in-hospital complications (46% vs. 38%; $p=0.215$) with a significant decrease in delirium incidence (34% vs. 21%, $p=0.033$). Congestive heart failure decreased by 3% (8% vs 5%; $p=0.269$), and pneumonia by 5% (10% vs. 5%, $p=0.119$). The prevalence of deep venous thrombosis, urinary tract infection, pulmonary embolism, myocardial infarction, and in-hospital mortality was not altered. Regarding the process evaluation, dysphagia screening and daily recording of dietary intake were more frequently performed (0% vs 70%, 0% vs 52%), laxatives were more frequently prescribed in patients without bowel movement (67% vs 94%), and more patients were started on calcium-vitamin D supplements (20% vs 58%), all findings were significant ($p<0.001$).

Conclusions: Proactive geriatric care based on automated protocols and CGA resulted in an overall reduction in in-hospital complication rate and a significant reduction of in-hospital delirium incidence.

MED 13

Hospitalizations for major osteoporotic fractures in Belgium: trends between 2010 and 2021

Topic	medical
Presentation	Poster
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Hospitalizations for major osteoporotic fractures in Belgium: trends between 2010 and 2021

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Abstract title Hospitalizations for major osteoporotic fractures in Belgium: trends between 2010 and 2021

Abstract body

Purpose: The aim of this study was to describe the incidence and trends of major osteoporotic fractures (MOF) in patients aged 50 years and over in Belgium between 2010 and 2021.

Methods: Population-based, retrospective study based on hospitalization data extracted from the national database NIHDI and demographical data from the Belgian Federal Bureau for Statistics. Data were combined to determine the crude and age-standardized incidence of fractures of the hip, distal femur, pelvis, humerus, wrist, and vertebrae using 2010 as the reference year.

Results: A total of 445,234 osteoporotic fractures were reported between 2010 and 2021 (excluding 2015). Hospitalizations for MOF increased by 5.8% between 2010 and 2021 ($p = 0.013$) with a higher increase in men (12.1%; $p = 0.001$) compared to women (4.1%; $p = 0.041$). The crude incidence per 100,000 for all MOF decreased from 990 to 910 between 2010 and 2021 ($p = 0.572$). The age-standardized incidence for any MOF in men declined from 5.30/1,000 to 4.42/1,000 ($p = 0.010$). In women, a very similar decrease of 16.0% was observed (13.84 to 11.62; $p = 0.003$). Both hip and non-hip MOF showed a decrease in both sexes.

Conclusions: Although a declining trend in the crude incidence per 100,000 and age-adjusted incidence of MOF was observed, the absolute number of MOF will continue to rise due to demographic changes in Belgium.

Risk Factors and Mortality of Infective Endocarditis in the Elderly: A Belgian Single-Center Retrospective Study

Topic	medical
Presentation	poster
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Abstract title	Risk Factors and Mortality of Infective Endocarditis in the Elderly: A Belgian Single-Center Retrospective Study
Abstract body	<p>But : Infective endocarditis (IE) is increasingly observed in the elderly, leading to high morbidity and mortality. Objectives were threefold: to characterize an elderly cohort with IE, to assess the impact of frailty on 30-day mortality, and to identify other geriatric features predictive of 30-day mortality.</p> <p>Méthode :Patients aged ≥ 75, diagnosed with IE according to Dukes criteria were enrolled in a retrospective, single-center study from January 2016 to August 2021. A retrospective comprehensive geriatric assessment (CGA) was performed, including frailty (Clinical Frailty Scale, CFS), dependency ((Instrumental) Activities of Daily Living), cognitive function (Mini-Mental State Examination), nutritional status (short-form Mini Nutritional Assessment, MNAsf), and functional status (ability to walk). Based on CFS, patients were categorized as "frail" (CFS > 4) or "robust" (CFS ≤ 4).</p> <p>Résultats :Of the 41 included patients, 30 were classified as frail and 11 as robust. Frail patients were older (84.9 ± 5.2 vs 78.3 ± 3.8 years old, $p < 0.001$), with similar comorbidities (overall Charlson score</p>

Risk Factors and Mortality of Infective Endocarditis in the Elderly: A Belgian Single-Center Retrospective Study

7.6±2.6, p=0.63) and a higher CFS (6.1±0.8 vs 3.4±1.0, p<0.001). Both groups showed equivalent 30-day mortality (46.7 vs 45.5%), and the frail group did not correlate with increased mortality (OR = 1.05, 95%CI [0.26 – 4.37], p =-0.95). Among the geriatric features, only nutritional status suggested a relationship with 30-day mortality (MNA_s<8/14: OR = 3.44, 95%CI [0.83 – 16.48], p = 0.1; hypoalbuminemia (<30g/L): OR=3.05, 95%CI [0.91-10.89], p=0.076).

Conclusions :Our study provides insights into the relationship between geriatric features and IE mortality. While frailty (CFS) did not significantly correlate with higher mortality, nutritional status potentially did. Further studies are essential to corroborate these results

Med 15

Comparison of protein intake assessed from weighed protein powders, food diaries and 24-hour urine samples in community-dwelling sarcopenic adults

Topic	medical
Presentation	Poster
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Comparison of protein intake assessed from weighed protein powders, food diaries and 24-hour urine samples in community-dwelling sarcopenic adults

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Abstract title Comparison of protein intake assessed from weighed protein powders, food diaries and 24-hour urine samples in community-dwelling sarcopenic adults

Abstract body

Purpose:

1. To determine protein intake by nitrogen-excretion in 24-hour urine samples in older adults with/without protein supplementation (objective method).
2. To validate protein intake estimated from a combination of 4-day food diaries (dietary protein) and weighed protein powders (supplemental protein) against protein intake estimated from 24-hour urine samples (dietary+ supplemental protein).

Methods:

Longitudinal data of the Exercise and Nutrition for Healthy Ageing (ENHANCE) study were used. ENHANCE, a 5-armed triple blinded RCT, in older adults (≥ 65 years) with sarcopenia (EWGSOP2-criteria) aims to assess the effect of 12 weeks of combined anabolic interventions (protein supplement, omega-3 supplement, physical exercise) versus placebo/no intervention on physical performance. Protein intake was determined by nitrogen-excretion in 24-hour urine samples and by a combination of weighed protein powders and 4-day food diaries. Mean differences and correlation coefficients were used to assess agreement between the two methods.

Results:

Nitrogen analysis showed that the mean protein intake was 1.30g/kg/BW (protein powder group; n=34) and 0.85g/kg/BW (placebo group; n=16). Mean protein intake according to the combined method was overestimated by 7.7 g/day compared to 24-hour urine samples (87.0 g/day versus 79.3g/day). Correlations between protein intake derived from the combined

Comparison of protein intake assessed from weighed protein powders, food diaries and 24-hour urine samples in community-dwelling sarcopenic adults

method and 24-hour urine samples were in the order of 0.480-0.785 at different time points during the study.

Conclusions:

Protein supplementation increased protein intake to meet the daily recommended amount of protein intake for older adults(1.0-1.2 g/kg BW), but not that for sarcopenic older adults(1.5 g/kg BW). Protein intake in sarcopenic older adults can be estimated with fair to moderate accuracy by the combination of food diaries and weighed powders.

MED16

The interrelationship between sarcopenia and mild cognitive impairment, Alzheimer's disease and other forms of dementia: a meta-analysis

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The interrelationship between sarcopenia and mild cognitive impairment, Alzheimer's disease and other forms of dementia: a meta-analysis

Jos Tournoy
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Abstract title

The interrelationship between sarcopenia and mild cognitive impairment, Alzheimer's disease and other forms of dementia: a meta-analysis

Abstract body

Purpose:

This systematic review aims to clarify the existing evidence on the interrelationship between sarcopenia and MCI, AD and other forms of dementia.

Methods:

Databases including PubMed, EMBASE, CINAHL, SCOPUS, Web of Sciences, ClinicalTrials.gov, PEDro, Sportdiscus and the Cochrane Central register of Controlled Trials were used to search for studies that reported on the association and prevalence of sarcopenia in MCI, AD or non-AD dementia from inception to 8th June 2023. Observational studies (cross-sectional and cohort) and interventional studies in adults ≥ 50 years were included.

Results:

Seventy-seven studies (92 058 subjects) were included in the qualitative analysis (71 cross-sectional, 4 cohort and 2 interventional studies). Studies were heterogeneous, using different diagnostic criteria to define sarcopenia or cognitive status. The majority of studies (n=38) included Asian community-dwelling older adults. Most studies investigated the association of sarcopenia with AD(33/77) and MCI(32/77). For studies focusing on non-AD dementia, two studies included Lewy body dementia and one study included Parkinson's dementia, whereas the remaining studies did not specify dementia aetiology(n=21). Results from the meta-analysis (n=26) showed that sarcopenia was significantly associated with MCI (pooled OR= 1.58, 95% CI 1.42-1.76)(n=14), AD (pooled OR=2.97, 95% CI 2.15-4.08)(n=3) and non-AD dementia (pooled OR=1.68, 95% CI 1.09-2.58) (n=9). The significance and magnitude of the associations differed in subgroup analyses by study design, study population and definition of sarcopenia or cognitive status.

Conclusions:

This meta-analysis showed that sarcopenia is significantly associated with having MCI, AD and non-AD dementia. Further longitudinal research is needed to clarify the causal relationship.

Establishing age-dependent reference values for ultrasonographic muscle mass measurement in a Belgian population

Topic	medical
Presentation	ORAL
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Abstract title	Establishing age-dependent reference values for ultrasonographic muscle mass measurement in a Belgian population
Abstract body	<p>Introduction: Ultrasonographic muscle assessment has been proven to be an easy screening method for early muscle mass alterations. In order to use this technique in clinical practice, there is a need for age-dependent reference values.</p> <p>This study aims to compare ultrasound with BIA, an already established method of muscle mass measurement, in order to validate the former and incorporate it into official guidelines for routine muscle screening in clinical practice.</p> <p>Methods:A total of 120 patients per age group (decade) will be included. The data are collected through the University of Antwerp and ZNA Middelheim hospital. Muscle ultrasound is performed measuring following characteristics: muscle thickness, muscle cross-sectional area, echo-intensity, muscle fascicle length and pennation angle.</p> <p>Results: Currently, preliminary data from 90 persons from all age cohorts and both sexes is presented. In women, muscle thickness (PCC 0.508), cross-sectional area (PCC 0.454) and</p>

Establishing age-dependent reference values for ultrasonographic muscle mass measurement in a Belgian population

pennation angle (PCC 0.539) have good correlations with appendicular skeletal muscle mass.

In men, muscle thickness (PCC 0.613), cross-sectional area (PCC 0.524) and pennation angle (PCC 0.474) have good correlations with appendicular skeletal muscle mass.

Conclusion: These data already give an insight in the projected outcome of the study: clear cut-off values at which early conclusions can be made regarding muscle assessment and possible sarcopenia diagnosis. Hence, an early treatment can prevent further physical decline, leading to less morbidity, mortality and an improved quality of life.

This study will give a clear boost to sarcopenia research in clinical practice as ultrasound provides an easy bedside screening method.

Med 18

Associations between gut microbiota and sarcopenia or its defining parameters: a systematic review

Topic	medical
Presentation	Poster
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Associations between gut microbiota and sarcopenia or its defining parameters: a systematic review

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Abstract title

Associations between gut microbiota and sarcopenia or its defining parameters: a systematic review

Abstract body


Aim

This systematic review aims to clarify possible associations between sarcopenia or its defining parameters (muscle mass, strength, physical performance) and gut microbiota (GM).

Methods

This systematic review was conducted according to the PRISMA-reporting guideline and pre-registered on PROSPERO (CRD42021259597). PubMed, Web of Science, Embase, ClinicalTrials.gov and Cochrane library were searched until July 20th 2023. Included studies reported on GM and sarcopenia or its defining parameters. Observational studies were included with populations of mean age ≥ 50 years.

Results

Thirty-two studies with 10,781 persons (58.56% ) were included. Thirteen studies defined sarcopenia as a construct. Nineteen studies reported at least one sarcopenia-defining parameter. Most studies included Caucasian community-dwelling persons.

Studies found GM-taxa to be associated at multiple levels with sarcopenia (n=4), muscle mass (n=14), strength (n=7) and physical performance (n=2). Muscle strength was associated with α -(within-sample) and β -(between-sample) diversity, and muscle mass additionally with Firmicutes/Bacteroidetes (F/B)-ratio.

Alpha-diversity was decreased in persons with sarcopenia, low muscle mass or strength. GM of persons with sarcopenia and decreases in one of its parameters clustered differently compared to persons with preserved muscle status. F/B-ratio

Associations between gut microbiota and sarcopenia or its defining parameters: a systematic review

was decreased in persons with sarcopenia or low muscle mass. All reported results were significant ($p < 0.05$).

Conclusions

Sarcopenia and its defining parameters were associated with GM-taxa. GM-diversity was lower in persons with sarcopenia, low muscle mass or strength and clustered differently compared to persons with preserved muscle status. However, results were heterogeneous and no causal conclusions were drawn. This emphasizes the need for uniformly designed longitudinal trials in large samples to explore GM as possible sarcopenia biomarkers.

Med 19

Mixed-Reality induced balance perturbation in fallers: study protocol.

Topic	medical
Presentation	poster
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Mixed-Reality induced balance perturbation in fallers: study protocol.

Abstract title Mixed-Reality induced balance perturbation in fallers: study protocol.

Abstract body

Objectives: This study aims (1) to profile postural balance reactions in older adults with fall history by use of mixed-reality and (2) to examine whether these reactions relate to sensory function in older adults, taking frailty into account as a potential influencing factor.

Methods: A cross-sectional case-control study will be carried out in community-dwelling adults ≥ 65 years old with ≥ 2 fall incidents (fallers) or none (non-fallers) in the last 12 months. Recruitment will take place in community centres, service flats and through 1st line practitioners until a sample size of 74 is reached. Data will be collected at the UA-UZA movement analysis lab and consists of 3 categories. (1) 3D-biomechanical movement analysis where an augmented-reality set of goggles projects a hologram moving in different directions. The participant is then ought to follow this projection with eyes and head while standing or walking. Postural balance reactions will be mapped based on biomechanical marker data and electromyography. (2) Frailty assessment using the Fried criteria. (3) Sensory function testing including cervical sensorimotor control using the Head repositioning and Fly test. Vestibular function with vestibulo-ocular reflex testing by the video Head impulse test and visual acuity measurement through the functional Head impulse test.

Hypotheses: We hypothesize higher instability levels and lower efficiency in muscle reactive strategies during standing and locomotion in fallers. Additionally, lower sensory function and higher frailty levels are expected in fallers, correlated with higher instability levels in this group.

Med 20

Identifying clinical tools related to one-year mortality in older heart failure patients. A multicentre, observational, prospective study.

Topic medical

Presentation poster

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Identifying clinical tools related to one-year mortality in older heart failure patients. A multicentre, observational, prospective study.

Anja Velghe
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Abstract title

Identifying clinical tools related to one-year mortality in older heart failure patients. A multicentre, observational, prospective study.

Abstract body

Purpose:

Heart failure is a prevalent condition amongst older people and has a poor prognosis. The purpose of this study is to identify prognostic factors which can help clinicians to identify older heart failure patients at high risk for one-year mortality.

Methods:

Multicentre, observational, prospective study which included 147 heart failure patients aged ≥ 75 years, hospitalized on the cardiology or the geriatric department in two hospitals. One-year survival status was the main outcome measure. For univariate analysis Chi square test and independent sample T-test was used; for multivariate analysis logistic regression.

Results:

One-year mortality was 28% (41/147). One-year survivors and non-survivors did not differ in following characteristics: age, gender, sodium level at hospital discharge, ejection fraction, NYHA Class, KATZ scale, iADL and GRP. There was a significant lower systolic blood pressure at discharge in non-survivors compared to one-year survivors ($p = 0.002$). Non-survivors had more severe underlying comorbidities according to the Charlson Comorbidity index (CCI) ($p = 0.002$). Logistic regression showed a lower risk of mortality with increasing systolic blood pressure at hospital discharge (OR 0.960, 95% CI [0.938 – 0.983]) and a higher risk with increasing CCI (OR 1.262, 95% CI [1.032– 1.544]); the other variables were not significantly related.

Conclusion:

Lower blood pressure and more severe comorbidity, but not functionality neither geriatric risk profile, are related to one-year mortality in older heart failure patients.

MED 21

Validatie van de Osteoporosis Health Belief Scale in het Nederlands om te peilen naar de gezondheidsovertuigingen bij de oudere populatie.

Topic

medical

Validatie van de Osteoporosis Health Belief Scale in het Nederlands om te peilen naar de gezondheidsovertuigingen bij de oudere populatie.

Presentation	poster
Quality project	[abstract_application_quality]
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Abstract title	Validatie van de Osteoporosis Health Belief Scale in het Nederlands om te peilen naar de gezondheidsovertuigingen bij de oudere populatie.
Abstract body	<p>Purpose:Osteoporose blijft een onderbehandelde aandoening. Literatuurnazicht leert dat patiënten zich weinig bezig houden met gezondheidspreventieve maatregelen ten aanzien van osteoporose. De Osteoporosis Health Belief Scale (OHBS) werd ontwikkeld om te peilen naar de gezondheidsovertuigingen over osteoporose. Dit is een vragenlijst met 42 vragen die worden ingedeeld in 7 subschalen over ernst, vatbaarheid, gezondheidsmotivatie, calcium en lichaamsbeweging. Het doel van deze studie was om de OHBS te valideren in het Nederlands om zo te kunnen peilen naar de gezondheidsovertuigingen bij de oudere populatie.</p> <p>Methods:Nederlandstalige patiënten ouder dan 65 jaar, zonder cognitieve problemen, werden geïncludeerd in de studie. Vertaling van de OHBS in het Nederlands gebeurde o.b.v. de</p>

Validatie van de Osteoporosis Health Belief Scale in het Nederlands om te peilen naar de gezondheidsovertuigingen bij de oudere populatie.

internationale richtlijnen over het omzetten van een gevalideerde vragenlijst in een andere taal.

Results: Het gebruik van de Nederlandstalige versie van de OHBS bij de ouderen toonde algemeen een correct begrip en duidelijke verstaanbaarheid. Er was enig verschil in mening omtrent de interpretatie van vraag 13 "Calciumrijke voeding bevat u niet goed". Een gebrek aan kennis over osteoporose werd aangehaald als een limiterende factor voor het invullen van de vragenlijst. De resultaten tonen een sterke test-hertest-betrouwbaarheid en interne consistentie. De invultijd varieerde tussen de 5 en 7 minuten.

Conclusions: De Nederlandstalige versie van de OHBS is een duidelijk en begrijpelijk instrument met een goede test-hertest-betrouwbaarheid en goede interne consistentie. Deze validatie zorgt ervoor dat de OHBS kan worden gebruikt om te peilen naar de gezondheidsovertuigingen over osteoporose bij de Nederlandstalige geriatrische populatie. Meer kennis hieromtrent kan helpen om de communicatie en aanpak van osteoporose te verbeteren.

MED 22

Prevalence and appropriateness of antimicrobial therapy in nursing homes – a point prevalence study in Belgium

Topic	medical
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Prevalence and appropriateness of antimicrobial therapy in nursing homes – a point prevalence study in Belgium

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Abstract title

Prevalence and appropriateness of antimicrobial therapy in nursing homes – a point prevalence study in Belgium

Abstract body

Doel: Overall prevalence of antimicrobial therapy in nursing homes is well described in literature. However, less is known about the appropriateness of antimicrobial therapy in residents. Therefore, this study aimed to investigate both prevalence and appropriateness of antimicrobial therapy in Belgian nursing homes.

Methodologie: In a prospective, observational point prevalence study, researchers documented prevalence and identified potentially inappropriate prescriptions (PIPs) by evaluating antimicrobial therapy according to national guidelines. The severity of inappropriateness was assessed using a modified Delphi expert panel.

Resultaten: Eleven nursing homes, including 1178 residents, participated in this study. On the survey day, 8.0% of residents received systemic antimicrobial therapy, primarily for urinary tract infections (54.2%), respiratory tract infections (36.5%) or skin and soft tissue infections (6.3%). However, 89.2% of these therapies did not align with national guidelines, resulting in 171 PIPs, with 49 being unique PIPs. Among these, 26.5% were assessed with a mean severity score of four or higher. The most inappropriate practices were initiating antimicrobial prophylaxis for recurrent urinary tract infections with insufficient episodes (n=25) and starting therapy for cough without other symptoms

Prevalence and appropriateness of antimicrobial therapy in nursing homes – a point prevalence study in Belgium

(n=3). Inappropriate timing of time-dependent antimicrobial therapy was common, but was assessed with moderate severity. Additionally, one-third of systemic antimicrobial therapy exceeded the recommended duration.

Conclusie: Antimicrobial therapy in nursing homes is often not prescribed according to national guidelines, highlighting the need for future interventions to promote the rational use of antimicrobial therapy in this setting.

MED23

"Onze viervoeter collega" : over de relevantie van een therapiehond bij de behandeling van gedragsstoornissen in onze zorgcentrum

Topic medical

Presentation Poster

Quality project [abstract_application_quality]

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Abstract title "Onze viervoeter collega" : over de relevantie van een therapiehond bij de behandeling van gedragsstoornissen in onze zorgcentrum

Abstract body But : De gedragsproblemen die geassocieerd worden met cognitieve stoornissen, worden goed gedocumenteerd in de literatuur: agitatie, verbale of fysieke agressie, apathie, weigering van zorg of voedsel, geremdheid, angst- of depressieve stoornissen, enz.
Deze situaties hebben een sterke invloed op de residenten, maar ook op het zorgpersoneel.
Om een holistisch antwoord te bieden op deze problemen, combineren we medicamenteuze en niet-medicamenteuze benaderingen.
De niet-medicamenteuze benaderingen omvatten motorische en zintuiglijke stimulatie, cognitieve stimulatie, relationele ondersteuning en passende training voor zorgteams.
We wilden de waarde van een therapeutisch dier in onze instelling beoordelen, als aanvulling op andere niet-medicinale

"Onze viervoeter collega" : over de relevantie van een therapiehond bij de behandeling van gedragsstoornissen in onze zorgcentrum

benaderingen.

De afgelopen twee jaar heeft onze instelling een hond gebruikt die speciaal is getraind in dierondersteunde therapie.

Onze hond werkt onder begeleiding van een speciaal opgeleid persoon.

We wilden de relevantie van dierbemiddeling beoordelen in de context van gedragsstoornissen verbonden met cognitieve stoornissen.

Méthode : kwalitatief onderzoek (casestudy), klinische observaties vanuit een multidisciplinair perspectief, vragenlijst.

Résultats : We constateerden een vermindering van gedragsproblemen. De hond hielp de stemmingen van de bewoners te reguleren door ze te stimuleren of te kalmeren. We zagen een vermindering van agitatie en agressief gedrag. De verzorgers constateerden een aanzienlijke verbetering van hun werkomstandigheden.

Conclusions : De aanwezigheid van een hond in onze instelling lijkt te worden ondersteund door klinische observaties. Grotere studies zouden nuttig zijn om deze trends te bevestigen.

MED 24

Zorgpad gynaeco-geriatrie: geïntegreerde zorg voor de oudere vrouw in het ziekenhuis

Topic	medical
Presentation	poster
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Abstract title	Zorgpad gynaeco-geriatrie: geïntegreerde zorg voor de oudere vrouw in het ziekenhuis
Abstract body	Doel: Specifieke pathologieën zoals borstkanker, pelviene oncologie,

Zorgpad gynaeco-geriatrie: geïntegreerde zorg voor de oudere vrouw in het ziekenhuis

prolaps, perimenopauzale klachten, urinaire incontinentie, en vulvovaginale klachten zijn frequent bij geriatrische patiënten. Met het uitwerken van dit zorgtraject willen we de zorg voor de oudere vrouw in het ziekenhuis optimaliseren.

Methodologie:

Bij een gynaecologische opname van een oudere patiënte wordt zij, adhv de Geriatric Risk Profile (GRP), gescreend op een geriatrisch profiel. Deze screening gebeurt, indien mogelijk, reeds ambuland. Zo de GRP-score ≥ 2 , wordt de patiënte opgenomen op de afdeling gynaeco-geriatrie, waarbij de geriater en de gynaecoloog, in onderling overleg, het behandelingsschema opstellen. Verpleegkundigen krijgen hiertoe de nodige opleiding. Alternatieven voor het klassiek gynaecologisch onderzoek, met meer aandacht voor het comfort van de patiënten, worden toegepast.

Bij elke geriatrische opname wordt, binnen het comprehensive geriatric assessment, aandacht besteed aan gynaecologische klachten.

Resultaten:

Door opname van geriatrische patiënten met gynaecologische problemen op de afdeling gynaeco-geriatrie, kunnen zowel het comfort als de outcome van de patiënten verbeteren. Door toepassing van het comprehensive geriatric assessment, kan gynaecologische en oncologische zorg meer worden toegespitst op het profiel van de patiënte. Op financieel vlak kan dit project een positieve invloed hebben op de inkomsten van het ziekenhuis, o.a. via de impact op de verantwoorde ligdagen.

Conclusie:

Door in te zetten op een meer gecoördineerde en gestructureerde aanpak van geriatrische patiënten met gynaecologische problemen, kunnen comfort en outcome van de patiënten verbeteren. Daarnaast kan dit een positieve invloed hebben op de financiële toestand van het ziekenhuis. Om dit te bereiken, kan dit zorgpad gynaeco-geriatrie een eerste stap zijn.

MED 25

Opioids in geriatric units in 14 Belgian hospitals: prevalence, dosage and associated factors

Topic	medical
Presentation	ORAL
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Opioids in geriatric units in 14 Belgian hospitals: prevalence, dosage and associated factors

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Abstract title

Opioids in geriatric units in 14 Belgian hospitals: prevalence, dosage and associated factors

Abstract body

Doel:

To examine the prevalence of opioid use among older in-patients and identify factors associated with both opioid usage and dosage.

Methodologie:

In this prospective one-day cross-sectional study, conducted in geriatric units across 14 Belgian hospitals, the primary focus was to assess the prevalence of opioid use and dosage, along with identifying associated factors. Therefore, a multiple binary logistic regression model was fitted for opioid use, and a multiple linear regression model for opioid dose.

Resultaten:

Opioids were used in 24.4% of 784 patients, of which 57.9% was treated with tramadol, 13.2% with oxycodone or morphine and 28.9% with transdermal buprenorphine or fentanyl. The odds for opioid use were 4.2 times higher in patients in orthogeriatric units compared to patients on acute or mixed geriatric units (OR=4.2, 95% CI=2.50-7.05) and 34% lower in patients with dementia compared to patients without dementia (OR=0.66, 95% CI=0.46-0.95).

The overall mean daily dosage was 14.07mg subcutaneous morphine equivalent. After adjustment for age, gender and dementia, dosage was only associated with type of opioid: the estimated mean opioid dose was 70% lower with tramadol (mean ratio=0,30, 95% CI=0,23-0,39) and 67% lower with oxycodone and morphine (mean ratio=0,33, 95% CI=0,22-0,48) compared to buprenorphine and fentanyl.

Conclusie:

One in four patients received opioid treatment. It is not clear whether this reflects under- or overtreatment, but these results can serve as a benchmark for geriatric units to guide future pain management practices. The utilization of transdermal fentanyl and buprenorphine, resulting in higher doses of morphine equivalent, poses significant risks for side effects.

**THE ROLE OF HYPERTENSION CONTROL WITH ANTIHYPERTENSIVE
MEDICATIONS IN THE OCCURRENCE OR PROGRESSION OF FRAILITY IN
COMMUNITY DWELLING OLDER PEOPLE**

Topic	medical
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Abstract title	THE ROLE OF HYPERTENSION CONTROL WITH ANTIHYPERTENSIVE MEDICATIONS IN THE OCCURRENCE OR PROGRESSION OF FRAILITY IN COMMUNITY DWELLING OLDER PEOPLE
Abstract body	<p>Purpose:Hypertension control has been hypothesized as one of the frailty/healthy aging markers. Several studies have found that frailty and hypertension often coexist, but whether hypertension treatment modifies frailty remains unclear. The aim of this study was to investigate the relationship between hypertension control with antihypertensive medications and frailty decline.</p> <p>Methods:This was a prospective cohort study. 494 community-dwelling older people aged 80 years and older were recruited. They were reassessed every 6 months for potential early markers of frailty. Data on hypertension control and frailty at baseline and after one year follow-up was used and their relationship was modelled using multiple logistic regression analyses.</p>

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Results: After baseline measurement, 91 participants were excluded according to the in- and exclusion criteria and another 80 participants, could not further continued after one year follow-up. 101 participants (31.3%) had a decline in frailty status, whereas 222 participants (68.7%) had not. Controlling hypertension was associated with a decreased likelihood of exhibiting frailty decline, with an odd ratio of 0.34 and a significance level of .002. Age and sex were not added significantly into the model but comorbidity index and cholesterol, appeared to have a significant predictive value for the occurrence of frailty or maintenance of robustness after one year follow-up ($p = .007$ and $p = .01$ respectively).

Conclusions: Controlling hypertension with antihypertensive medications could significantly prevent frailty progression or occurrence in older people aged 80 and over.

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Keuze	Poster
Titel	Referentiearts Dementie: een innovatieve opleiding voor een nieuwe functie: ervaringen en perspectieven
Auteurs	De Lepeleire Jan, Expertisecentrum Dementie & KU Leuven Kool Emy, Domus Medica Verschraegen Jurn, Expertisecentrum Dementie De Wachter Leentje, Expertisecentrum Dementie
Onderwerp	Medisch
Doel	Doel is om artsen (huisartsen, CRA's, neurologen, psychiaters, geriateren) op te leiden om de functie van 'Referentiearts Dementie' waar te nemen. Dit is een nieuwe functie die in Vlaanderen zal ingebed worden om collega-artsen te adviseren in de zorg voor personen met een ernstige cognitieve problematiek/dementie.
Methodologie	Een online-opleidingscyclus werd opgezet via het platform assessment-Q, begeleid door een stuurgroep en een multidisciplinair samengestelde redactie- en revisiegroep. De cursus bestaat uit 5 online modules: 'setting the scene (basisinfo over dementie, medische aspecten van de pathologie, hanteren van complexe zorg bij dementie, palliatieve zorg voor personen met dementie, zorg voor de mantelzorger. De zesde module is deels e-learning rond de sociale kaart gecombineerd met een live sessie rond

interdisciplinair werken en het uitdiepen van het functieprofiel van de referentie arts. Een kwantitatieve en kwalitatieve evaluatie is gepland met de cursisten en reviewers.

Resultaten

90 artsen zijn ingeschreven, waarvan 57 huisartsen, 5 CRA's, 2 neurologen, 2 psychiaters en 24 geriateren.

Analyse van het verloop en de feedback van de cursisten zal besproken worden op de wintermeeting (momenteel nog niet beschikbaar).

Conclusie

De opleidingscyclus 'Referentiearts dementie' heeft zeer veel artsen aangetrokken. Na de uitrol in 2024 wordt een evaluatie gemaakt van de functie op het terrein.