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Abstracts

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total CD4 lymphocyte count of 407 per mm³. HIV viral load was > 10,000,000 copies/mL. Therefore, he was referred to immunodeficiency consultation to initiate antiretroviral therapy.

Conclusion.– The course of the HIV epidemic has dramatically changed over the past decades. However, most seroprevalence studies have targeted parenteral drug users, gay men and pregnant women, and have not included many elderly people. Additional research on HIV infection in elderly is urgently needed. This case illustrates that the possibility of HIV infection should not be discounted on the basis of age.

Disclosure.– No significant relationships.

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The emergence of infections with methicillin-resistant *Staphylococcus aureus*

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Introduction.– Methicillin-resistant *Staphylococcus aureus* (MRSA) has become the most prevalent pathogen causing hospital infection throughout the world.

Method.– Retrospective study of all episodes of MRSA infection in patients above 65 years admitted during 2011 in a secondary hospital. Community-Associated MRSA (CA-MRSA) was the infection developed before admission or presented during the first 48 h following admission. Healthcare-Associated MRSA (HA-MRSA) was the infection that occurs 48 hours or more after admission.

Results.– Mean age: 82.06 years (SD: 6.4); 53% female. We evaluated 361 *S. aureus* infections. A total of 186 (51.5%) MRSA were found. The incidence rate of MRSA infection was 4.2%. Of these, 80 (43.01%) were CA-MRSA and 106 (56.98%) were HA-MRSA. Comorbidities: hypertension (38.17%); neurological conditions (26.8%); COPD (18.8%) and diabetes (16.12%) Site of infection: CA-MRSA compared with HA-MRSA was more often soft-tissue (93% vs 45%, $P < 0.001$) and less often urinary (2.8% vs 11.25%, $P < 0.001$), lung (2.8% vs 22.5%, $P < 0.001$) or bloodstream infection (0% vs 5%, $P < 0.001$). Antibiotic sensitivity: CA-MRSA versus HA-MRSA was less often resistant to clindamycin (1% vs 6%, $P < 0.001$) and erythromycin (18.8% vs 48.7%, $P < 0.001$). All MRSA isolates were sensitive to trimethoprim/sulfamethoxazole and vancomycin. Four patients (5%) with MRSA bacteraemia died (all of them HA-MRSA).

Conclusion.– This study shows a high incidence of MRSA infection and CA-MRSA infection was more commonly seen among patients. Screening to identify patients with CA-MRSA should be considered as an element of an active surveillance program.

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Oxidative stress and Alzheimer disease

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Introduction.– Brain tissue is particularly susceptible to oxidative damage, which has been associated with pathological findings of Alzheimer's disease (AD), such as amyloid plaques and protein fibrils. Oxidative stress alterations, including increased production of reactive oxygen metabolites, decline of antioxidant systems, and decreased efficiency in repairing damaged molecules, have been linked to the development of AD. Postmortem studies on brain tissue from AD patients have shown several oxidative damage markers, such as increased lipid peroxidation, oxidative damage of proteins, glyco-oxidation, and reduction of antioxidant enzyme systems.

Text.– We studied 40 patients referred to our Geriatric Unit (age 78.2 ± 1.1 years), 28 patients with AD according to DSM-IV and NINCDS-ADRDA criteria, and 12 controls. All patients were tested with measurements of 8-hydroxy-2'-deoxyguanosine (8-OHdG) in the urine to assess oxidative stress. Twenty AD patients from group 1 were supplemented with fermented papaya powder (FPP, 4.5 g per day) for 6 months, while other eight AD patients (group 2) did not receive any treatment.

Results.– At baseline, 8-OHdG was significantly higher in patients with AD vs. controls (13.7 ± 1.61 ng/ml vs. 1.6 ± 0.12 ng/ml). After supplementation with FPP, 8-OHdG was significantly reduced (from 14.1 ± 1.7 ng/ml to 8.45 ± 1.1 ng/ml, $P = 0.01$), while in group 2 (AD patients, not supplemented), 8-OHdG did not significantly change, with a non-significant tendency to increase (from 12.5 ± 1.9 ng/ml to 19.6 ± 4.1 ng/ml, $p = NS$).

Conclusion.– Our data show that:

- AD is associated with increased oxidative stress;
- that antioxidant FPP may be helpful to counteract excessive production of free radicals in these patients.

Disclosure.– No significant relationships.

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The effects of brain vitality exercise training on cognitive function, balance, quality of life on older people

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Keywords: Brain Vitality Exercise Training; Cognitive function; Balance and quality of life; Jakarta-Indonesia

Introduction.– Many study appearing the efficacy of exercise programs designed for reducing falls and improving quality-of-life and cognitive function among the elderly. Brain Vitality Exercise Training (BVET) was Exercise that combined between Indonesian traditional dance and self defense which adapted to older people.

Text.– The study examines the effects of BVET program on cognitive function, balance and Quality of life. An experimental pretest-posttest design was used. Participation in the study was people aged 60 years and older who were member of Pusaka in South of Jakarta. The experimental group consisted of 23 older peoples who performed 60 minutes of BVET program supervised exercise three times per week for one year. The control group consisted of 25 older peoples who were not performed BVET. Cognitive function was assessed using the CERAD neuropsychological assessment battery and balance was assessed using Berg Balance scale. The quality of life was assessed according instrument WHOQOL-BREF which focusing on four domains; physical health, psychological well-being, social relationships and environment as well as the overall Quality of Life and Health. The results showed significant improvements in the overall health based on the quality of life measurement, cognitive function in several it items in CERAD (MMSE, CDT, Verbal Fluency and Visuoconstruction), and balance after one-year intervention BVET ($P < 0.05$).

Conclusion.– One year BVET program improved the overall health, cognitive function and the balance of older people.

Disclosure.– No significant relationships.

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