P62: CONCORDANCE BETWEEN GERIATRIC ASSESSMENT SCALES AND EUROQUAL-5-DIMENSIONS-3 LEAVES IN NURSING HOMES. J.F. García-Gollart1, F.M. Martínez-Arana1,2, P. Pérez3, S. Baixauli-Alacreu1, M. Martínez-Martín1, D. Montero Ruiz1, F.J. Tarazona-Santabalbina1,4,4 (1. Grupo Ballesol, Valencia, Spain; 2. Departament of Physiotherapy, Universitat de València, Valencia, Spain; 3. Nursing Faculty, Universidad Católica de Valencia San Vicente Mártir, Valencia, Spain; 4. Department of Geriatrics, Hospital Universitario de la Ribera, València, Spain)

Background: Quality of Life (QoL) is described as “a broad ranging concept affected in a complex way by the person’s physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment” according to the World Health Organization. There are multiple instruments to assess QoL in the elderly, but there is a lack of standardization. The best QoL instrument should be generic, feasible and brief, and it should also include multidimensionality and subjectivity. The Comprehensive Geriatric Assessment includes geriatric assessment scales for clinical, functional, psychological and social dimensions and the QoL scale also assesses multidimensionality. The aim of the study was to determine the intrinsic validity of the EQ-5D-3L to geriatric assessment scales in a population of community-dwelling elderly people. Methods: Cross sectional study. The recruitment period took place from February 2015 to April 2015. The follow up period included twelve months before the recruitment study. The study took place in four nursing homes of Ballesol Group (Burjasot, Valencia, Gobernador Viejo and Gobernador Serrador) in Valencia, Spain. The inclusion criteria were: 65 years and older, and living in the nursing home 12 months at least. The exclusion criteria were Barthel, Tinetti, VAS for pain and Cornell, were collected and were related to dimensions to EQ-5D. In this study we analyzed the EQ-5D-3L. Tinetti scale functional score refers to dimension 1 (mobility) in EQ-5D. Barthel scale functional score refers to dimension 2 (self-care) in EQ-5D. Cornell score refers to dimension 4 (anxiety-depression) in EQ-5D and VAS for Pain Scale functional score refers to dimension 5 (pain) in EQ-5D. Results: We included 233 subjects (74% women) aged 85.5±7. The older adults have moderate levels of dependency (Barthel: 49.1±32.26, Tinetti: 15.87±10.86) lower scores for pain and for depression (VAS for pain: 2.4±2.8, and Cornell: 5.6±3.6). QoL VAS index was 41.76±32.83. A moderate correlation was found between the Barthel score and the ‘self-care’ dimension (K=0.384, p=0.001) and a moderate correlation between the Tinetti score and the ‘mobility’ dimension (K=0.325, p=0.001). We observed no correlation between the Cornell Scale score and the ‘anxiety-depression’ dimension (K=0.078, p=0.53) and poor correlation between VAS for pain and the ‘pain’ dimension (K=0.124, p=0.03). Conclusions: The EQ-5D scale is not a sufficient instrument to assess QoL in nursing homes older people. More studies are needed to know a good tool to assess QoL in nursing homes.

P64: ASSESSMENT OF GLYCEMIC CONTROL IN LONG TERM FACILITY INSULIN-TREATED RESIDENTS. C. Oliver, E. Leslidée, M. Grino, Y. Traidi, F. Retornaz (Centre Gérontologique Départemental, Marseille, France)

Background: The prevalence of diabetes increases with aging and reaches 14.5-26.7 % in nursing home dependent older residents. Diabetes control may be difficult in this population, especially under insulin-treatment with an increased risk of severe hypoglycemia and there is now a consensus to target HbA1c up to 8.0-9.0 % at less stringent values than in middle-aged adults in order to avoid the risk of hypoglycemia, up to 8.0-8.5 %. However, the quantification and consequences of hyperglycemic peaks have not been deeply investigated. Our objective is to further analyze the characteristics of glucose control in a group of insulin-treated residents and identify the