

(79 y.o.) and less dependent. **Methods:** Therefore, we built a special training program for cooks. Such a program focus on: dish plan to reach day to day adapted food equilibrium for aged persons, the way to prepare enriched food of better nutrient content compared to what is on the market, and also on the quantity that needs to be served. Of course the training specially emphasize on preparation for tasty food, adapted for elderly taste, in order to increase food intakes. Before training the mixed preparation whatever routinely prepared by the home cooks, or served from commercial ready to use preparations bring 230-250 kcal and 9-16 g of protein for 200g meat-vegetable mixed dish. After training, similar size dishes bring 480-500 kcal and 17-37 g of proteins, depending of the cook investment. In addition those enriched food preparations also have higher calcium (until 360 mg) and higher fibre's contents (lower potatoes and higher vegetable contents). This was done by adding to classical recipes either condensed milk, milk, extra eggs, allowing us to prepare tasty dishes. Particular attention was also given to serve dishes in more attractive plate presentation. **Results:** No effect was observed 2 month after the training, neither the dish content nor for resident consumption, showing that a period is needed for the cook to follow training instructions. In contrast, 5 month later, food served at lunch had increased of 425 kcal, 19g of protein and 216 g of calcium. Food consumption was also increased in initially low eaters (< 20 kcal/d) : intakes raised of 4.4 kcal/kg/d, of 0.2 g of protein/kg/d and calcium of 242 mg/d. In big eaters (>30 kcal/kg/d), as well as in middle eaters, the progressive declining in food intakes generally observed is slowed down. In addition such effect on food intakes was correlated with lower declining in Activity of Daily Living. **Conclusion:** Cook training is an effective way to slow down decreased intakes in Home residents. In addition adapted regularly served enriched food, permits to increase food consumption in low eaters.

PB8 409 ELDERLY IS ASSOCIATED WITH HIGHER PREVALENCE OF METABOLIC SYNDROME IN A TAIWANESE METROPOLITAN ADULT POPULATION

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Introduction: The objective of this study was to assess the association between metabolic syndrome with age in a Taiwanese metropolitan adult general population. **Methods and materials:** We had a random sample of 1,559 Taiwanese adults aged 50 years and over who lived in a metropolitan city, Taiwan in 2004-05. Metabolic syndrome was defined according to the criteria of American Heart Association and National Heart Lung and Blood Institute (AHA/NHLBI). **Results:** The prevalence of metabolic syndrome in individuals aged 50-65 and >=65 years old was 43.25% and 51.18%, respectively for males, and 42.11% and 58.64%, respectively for females. Number of metabolic syndrome components was significantly higher in elderly participants (0.18 and 0.68 components higher compared to individuals aged 50-65 in males and females, respectively; p=0.057 in males and p<0.001 in females). After adjusting for smoking, alcohol drinking, and family history of DM, elderly was associated with an OR of 1.54 (95% confidence interval [CI]: 1.14, 2.07) in males and with an OR of 2.06 (95% CI: 1.48, 2.86) in females for metabolic syndrome. When we categorized age into 5-year intervals, we observed significant trend effect for age on metabolic syndrome in men and women (both p<0.001). **Conclusion:** Our findings show that elderly is associated with increased prevalence of metabolic syndrome. This association is consistent in men and women.

PB8 410 EFFECT OF AGE ON RENAL FUNCTION ESTIMATED BY GLOMERULAR FILTRATION RATE IN A TAIWANESE METROPOLITAN ADULT POPULATION

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Introduction: The objective of this study was to assess the effect of age on renal function estimated by glomerular filtration rate in a Taiwanese metropolitan adult general population. **Methods and materials:** We conducted a population-based cross-sectional survey in a random sample of 1,559 Taiwanese adults aged 50 years and over who lived in a metropolitan city, Taiwan in 2004-05. Renal function was assessed with estimated glomerular filtration rate (GFR) using the modified Modification of Diet in Renal Disease (MDRD) Study equation. **Results:** Of the participants, 999 (64.1%) were 50-65 years old and 560 (35.9%) were over 65 years. The GFR level was significantly lower among elders (-11.0 and -14.3 mL/min/1.73 m² compared to individuals of 50-65 years for males and females, respectively; both p<0.001). After adjusting for smoking, alcohol drinking, central obesity, and abnormalities of components of metabolic syndrome, elders was associated with an OR of 4.05 (95% confidence interval [CI]: 2.51, 6.52) in males and with an OR of 5.53 (95% CI: 3.08, 9.93) in females for decreased kidney function (GFR<60 mL/min/1.73 m²). When we categorized age into 5-year intervals, we observed significant trend effect for age on decreased kidney function in men and women (both p<0.001). **Conclusion:** Our

findings show that elderly is associated with decreased renal function estimated by GFR. This association is stronger in females than in males.

PB8 411 LIFETIME DIET AND COGNITIVE PERFORMANCE IN AN OLDER COMMUNITY-DWELLING POPULATION

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Introduction - Research has identified the possible role of diet in age-related cognitive decline and cognitive impairment. Epidemiological studies suggest that dietary factors are associated with the aetiology of cancer and cardiovascular disease, playing a role several years before diagnosis. However, possible long-term influences of diet on cognitive status in old age have not been investigated. **Methods and Materials -** A sample of 314 community-dwelling older adults (Females = 163) completed a non-quantitative food frequency questionnaire designed to assess lifetime diet. Ages ranged from 65 to 91 years (M = 72.95, SD = 5.44) with a mean of 13 years of education (SD = 4.0). Participants also undertook an extensive battery of computerised and pencil and paper cognitive tasks to assess reasoning, knowledge, perceptual speed, memory, choice-reaction time and inhibition. Principle components analysis was performed on each of the lifetime periods to determine possible dietary patterns within those periods. Relationships were then examined between dietary patterns and performance on the cognitive tasks. Factor scores derived from confirmatory factor analytic models of the cognitive domains were the dependent variables in these analyses. Co-variables included current diet, physical activity, smoking status, and relevant health and demographic variables. **Results -** Three common dietary patterns emerged within each life-period; they were labelled 'Traditional Australian', 'European/Mediterranean' and 'Sweets and Processed foods'. Associations between dietary patterns across different life-periods, cognitive outcomes, and demographic influences will be discussed. **Conclusion -** Dietary intake across the lifetime, as measured by this retrospective food frequency questionnaire, may be related to cognitive status in later life.

PB8 412 THE NUTRITION STATUS AND EATING HABITS OF ELDERLY INHABITANTS OF KRAKOW CITY (POLAND)

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Introduction: The excess of weight among elderly in Poland is more prevalent than its deficiency. It is highly associated with a risk of cardiovascular diseases. The aim of study was assessment of nutrition status and eating habits of persons aged 60 and more, living in the community in a large city. **Methods and material:** 422 patients aged 60 and more (146 men, 276 women) who visited primary care outpatient clinic were examined by family nurses. Basic anthropometric measures, BMI and circumference of the abdomen were taken according to IDF recommendations for the central obesity diagnosis (WC: M > 94 cm and F > 80 cm). MNA was applied for the risk of undernutrition. Food frequency questionnaire of select products and meals was used to test the eating habits. Statistical analysis was done with U Mann-Whitney's and Kruskal-Wallis tests. **Results:** Mean age of elderly was 71.91y (SD=7.07). They suffered most often from hypertension (53.4%), other cardiovascular diseases (11.8%) and diabetes (10.7%). Mean value of BMI was significantly higher among male than female (26.95kg/m² vs. 26.16kg/m²). Obesity (BMI > 30kg/m²) was diagnosed in 20.62% of all participants. The prevalence of central type of obesity (63.1%) was significantly higher among men (p< 0.03). However, about 48.8 % patients according to MNA pre-test were a risk of undernutrition. Assessment of frequency of select products and meals intake proved significantly better healthy eating behaviors among women, while men more often preferred red meat, alcohol beverages and snacks. Moreover, some demographic factors like higher education, income and younger age were related to better health status perception, lower BMI and healthy eating style. **Conclusions:** Coincidence of high prevalence of undernutrition with central obesity occurrence among elderly patients admitted to primary care clinic is the most striking result. Medical staff should put more attention to that.

PB8 413 ASSOCIATION OF WAIST CIRCUMFERENCE WITH OTHER FACTORS RELATED WITH METABOLIC SYNDROME IN ELDERLY

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