

- 48.2) months. The purpose of this study was to find the link between anthropometric variables, the body composition and all-cause mortality.
Results: Women had a BMI mean of 25.1 + or - 3.8 kg/m². Overweight patients (BMI between 25 and 29.9 kg/m²) had a lower risk of death, in multivariate analysis (RR of mortality (CI 95%) = 0.57 (0.36 - 0.9)). Moreover, a highest class of index of fat mass (above 9.3 kg/m²) was a protective factor of mortality (decrease of mortality by a factor of 1.8 to 2.7). The BMI was well correlated with the fat mass (r=0.93). So a higher rate of fat mass could explain the reduction of mortality among patients with a high BMI. However, the waist circumference was not associated with the mortality rate, as well as the fat-free mass index and the appendicular muscle mass index.
Conclusion : The fat mass is a protective factor of mortality in very aged population of women. The BMI and especially its thresholds are not very well adapted to this population. It should be considered to generalize the measurement of the body composition in order to really appreciate the risks related to nutritional status.

OB6 010-3 ELDERLY IS ASSOCIATED WITH HIGHER PREVALENCE OF MICROALBUMINURIA IN A TAIWANESE METROPOLITAN ADULT POPULATION

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Introduction: The objective of this study was to assess the association between microalbuminuria 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. Microalbuminuria was determined by urinary albumin-to-creatinine ratio (ACR) (>30 mg/g cr).
Results: The prevalence of microalbuminuria in individuals aged ≥65 years old was significantly higher than those aged 50-65 (30.77% vs. 16.99% for male, and 34.25% vs. 16.42% for female; both p < 0.001). The level of ACR was significantly higher in elderly males (40.56 mg/g cr higher compared to individuals aged 50-65; p=0.024). After adjusting for smoking, alcohol drinking, family history of DM, and abnormalities of components of metabolic syndrome, elderly was associated with an OR of 2.38 (95% confidence interval [CI]: 1.62, 3.48) in males and with an OR of 2.11 (95% CI: 1.41, 3.16) in females for microalbuminuria. When we categorized age into 5-year intervals, we observed significant trend effect for age on microalbuminuria in men and women (both p < 0.001).
Conclusion: Our findings show that elderly is associated with increased prevalence of microalbuminuria. This association is consistent in men and women.

OB6 010-4 BODY MASS INDEX AND MORTALITY IN THE ELDERLY POPULATION: A PUZZLING RELATIONSHIP

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Introduction
Recent studies have evaluated the relationship between body mass index (BMI) and mortality and results have shown that the U shape form of the curve shifts as people age. The aim of this work is to describe the complex relationship of body mass index with 15 year mortality in a population of people over 65 in Spain.
Methods and materials
The "Leganés Study" started in 1993, with a representative population sample of 1283 people over 65 years (mean age: 76.43±7.65; women 49.4%). In 2008, we have carried out a survival analysis and examined the association between mortality and their basal body mass index (BMI). Cox proportional hazards models were fitted controlling for age, sex, education, physical activity, smoking and number of chronic conditions. Individuals who died during the first 12 months (n=70) were excluded from the analysis.
Results
Mean BMI at baseline was 27.19±4.49. During 15 years of follow-up, there have been 637 deaths (63.2%). Best results in terms of survival were obtained in those individuals included in the Obesity I (BMI 30-34.9, median survival time=13.84 years) and overweight (BMI 25-29.9, median survival 12.28 years) groups. Worse results were found among subjects included in the underweight group (BMI <18.5, median survival=5.61 years). Normal, Obesity II and Obesity III groups had median survival times of 10.15, 11.86 and 8.78, respectively. The U shaped curve of the hazard of mortality by BMI had a nadir at BMI= 30.5.
Conclusion
Our results confirm that underweight must be consider as a risk factor of mortality among elderly people, while overweight and even mild and moderate obesity could be protective.

OB6 010-5 PILOT PROJECT FOR METABOLIC SYNDROME THERAPY IN 50-75 Y.O. PERSONS

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Introduction: Metabolic syndrome (MS) associates increased abdominal fat-free mass plus biological risk factors and/or cardio-vascular diseases as Hypertension and diabetes. 15 MS

volunteers, 50-75 y.o., were enrolled for an initial 3 weeks acute training and 6 month follow-up program in order to determine the acceptance and the adhesion to it
Methods: Program consist of a caloric restriction of 500-700 kcal/d associated to resistance (fitness : 150-250 kcal/d) and endurance (walking : 200-300 kcal/d) activities. During the follow-up, patients were phone contact every 2 weeks, and seen every 4 weeks in order to quantify food intakes and physical activities
Results: During initial training, a weight reduction of 3-4 kg was observed, mainly due to reduction in body fat mass (3/4). This was in relation to reduced intakes : reduced fat (-40g/d) and carbohydrates (-85g/d) intakes, and mild increases in physical activities (+170kcal/d). Such mild increases in physical activity are obtained in spite of important reduction in day to day activities (- 280kcal/d). Only total cholesterol do change (-0.8 mmol/L) for biologic parameters.
During follow-up, intakes increased again (+170kcal/d), mainly due to increases in fat intakes, but participants do maintain part of caloric restriction. Physical training does continue at similar level in participants who had total adhesion to training during initial program. In them, weight reduction does continue (-5,3 kg at 2 months, -7.4 kg at 6 months) and consists in fat mass reduction for 2/3. For the others weight reduction was abolished at 2 months Those subjects do not continue important physical activities. Nevertheless, for all, fasting blood glucose was decreased at 2 months (0.5-0.6 mmol/d) while creatinine clearance increased (9.6 mmol/L)
Conclusions: Such a program does permit reduction in fat mass with long-term effect on fasting blood glucose. Compliance to initial treatment is an important parameter for long-term effects.

OB6 010-6 DIABETES SELF-MANAGEMENT PROTOCOLS AND CLINICAL OUTCOMES IN THE ELDERLY: ARE THERE ANY AGE DISPARITIES?

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Introduction: We examined the extent of health disparities in self-management protocols and clinical outcomes for type 2 diabetes (T2DM) between the elderly (65+ years) and non-elderly (<65 years). **Methods and materials:** Data were abstracted from the electronic medical records/charts of 1300 patients aged 18+ years diagnosed with T2DM in 13 primary care clinics of a large multi-specialty group practice. Abstracted data included demographics, anthropometrics, labs, clinical outcomes, and receipt of counseling on smoking, diet, exercise, home blood glucose monitoring (HBGM), and diabetes education. **Results:** The elderly (n=402) were similar to the non-elderly (n=898) by gender, but differed significantly by race/ethnicity: majority of the elderly were white (66.2% vs. 42.8%; P <.0001). Mean BMI for the elderly and non-elderly were 31.8 and 35.7, respectively. Receipt of counseling on smoking, diet, exercise, HBGM, and diabetes education were 95.0%, 78.2%, 69.0%, 75.0%, and 29.4%, respectively. There were no significant age differences in receipt of counseling on smoking and HBGM. However, there were significant age differences in receipt of counseling on diet, exercise, and diabetes education. While the elderly were significantly more likely to have received diet counseling from physicians compared to nurses/pharmacists for the non-elderly, they were also less likely to have received diabetes education counseling (24.4% vs. 31.6%; P<.008). Mean HbA1c for the elderly was significantly lower than that of the non-elderly (8.9% vs. 9.8%; P<.0001). There were no significant differences in the mean number of hospitalizations, ER visits, and referrals to ophthalmology and podiatry. **Conclusion:** The significant differences found in HbA1c and self-management protocols underscore the existence of age-related health disparities in diabetes management, which vary across different behavioral and clinical outcomes.

OB6 011 CARDIAC FAILURE / HYPERTENSION

OB6 011-1 PREVALENCE OF HEART FAILURE IN NURSING HOMES: A SYSTEMATIC LITERATURE REVIEW

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Introduction
Heart failure is an important problem in western countries. The prevalence of heart failure in the general population ranges from 3-13%. In nursing home residents heart failure is expected to be highly prevalent. However, accurate diagnosis of heart failure in these patients is often hampered due to atypical findings and concomitant co-morbidity. In order to deliver adequate nursing care and medical treatment, it is important to get insight into the prevalence of heart failure in this target group of patients.
The objectives of this study were to assess the prevalence of heart failure as well as the co-morbidity interfering with heart failure in nursing home residents.
Methods and materials
A systematic literature review was conducted in Medline, Embase, Cinahl and the Cochrane Library. Twelve studies were included in the review. A quality judgement of the literature using an assessment scale for descriptive studies was carried out. Ten studies were ultimately included.