SS24 124-R-1
CROSS CULTURAL ADAPTATION AND EVALUATION OF RELIABILITY AND VALIDITY OF EASY-CARE INSTRUMENTS IN MALAYSIA

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Introduction: EASY-Care Standard 2010 questionnaire is a patient-centered tool for assessing the functioning and well-being of the older people. It was initially developed for use in the European region. It consists of 49 items assessing seven domains and has three summary scores: the Independence score, Risk of Fall Score and Risk of Breakdown in Care Score. We evaluated the validity and reliability of this tool with elderly who attended a primary care clinic in Malaysia.

Method: The face and content validity of this tool were first assessed by an expert panel. Subsequently, the questionnaire was modified, and face validity was conducted on a group of elderly patients and minor changes were made. The amended questionnaire was then administered to 337 elderly patients attending an urban primary care clinic in Kuala Lumpur, Malaysia. Test-retest reliability of the questionnaire was performed in 32 respondents at an interval of two to three weeks. Results: The adapted version of the questionnaire has 7 domains with 47 items. Two items were dropped: vaccination status and financial allowances. The internal consistency of the Independence Score was good with a Cronbach alpha of 0.78. The mean scores for the Risk of Breakdown in Care Score and the Risk of Fall Score were 2.0±1.68 and 0.49±0.73 respectively. The kappa coefficients for most items ranged from 0.464 to 1.00. Conclusion: EASY-Care Standard 2010 questionnaire is a reliable tool with good face and content validity for use in the Malaysian primary care setting for assessing function of the elderly. Keywords: Easycare, validity and reliability, questionnaires

SS24 124-R-2
GLOBAL APPLICATION OF USE OF EASY-CARE
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AND CARE NEEDS

SS24 124-R-1
A PRACTICAL TOOL FOR GLOBAL USE TO IDENTIFY AND RESPOND TO OLDER PEOPLE'S HEALTH
Introduction: EASY-Care is a holistic instrument designed to provide a brief and comprehensive assessment of needs of older people to calculate overall scores for risk of falling, independence and risk of breakdown in care. This study aimed to compare older people internationally to provide policy makers with a brief summary of elderly needs to specify what should be funded to ensure that resources are used for promoting older people’s quality of life. Method: A sample of 2745 older people from Iran, Portugal, Turkey, Hong Kong, Malaysia and Poland completed EASY-Care. Data was analyzed based upon Classic Test Theory (CTT) and inference statistics. Results: The average internal consistency of scales of Independence, Risk of breakdown in care and Risks of falls were .91, .70 and .50 respectively. In all countries the indicators of shopping and walking outside had greatest effect on older people's independence, general health and experience of falling on risk of breakdown, while feet problems and feeling safe outside the home had the highest effect on risk of falls. Indicators of financial management and feeding had the lowest effect on older people’s independence, using bath and toilet on risk of breakdown, whereas feeling safe inside the home appeared to have the lowest effect on risk of falls. Conclusion: EASY-Care is a reliable instrument for assessment of elderly when used in a global setting. More cross-cultural studies using appropriate sample size, including analysis of individual items in EASY-Care are needed to determine key indicators for policy planning and service development. Keywords: EASY-Care, Independence, Breakdown in care, Falls, Older people

SS24 124-R-3
EASY CARE STUDY AMONG OLDER PEOPLE AGED 65 YEARS OR OLDER IN KOSOVO
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Introduction: Our aim was to assess the health status of older people aged 65 years or older in Kosovo; a transitional country in the Western Balkans currently experiencing a difficult period of political and socioeconomic changes. Method: A nationwide population-based survey using the EASY-Care Standard Instrument was conducted in Kosovo in January-March 2011. This included an age-sex and residence stratified random sample of 1,890 individuals (83.5% response) aged 65 years and over. The EASY-Care Standard Instrument was used to assess the self-perceived health and care needs in conjunction with a questionnaire focused on the socio-demographic and socioeconomic aspects of older people. Results: Preliminary results suggest that 51% of participants have problems with their sight (47% males, 55% females), and 46% (43% males, 48% females) have hearing difficulties. Approximately 21% are unable to use the telephone (16% males, 25% females), whereas 41% can use the telephone with some difficulties (34% males, 47% females). 15% had one fall in the last 12 months (11.5% males, 17.7% females); whereas 9% had two or more falls in the last 12 months (6% males, 11% females). Findings suggest that 6% of participants are unable to take their medicines as prescribed by their doctor (5% males, 7% females), and 41% need help in order to follow the instructions for how to take their medication (32% males, 50% females). Conclusion: These preliminary results from Kosovo indicate that the EASY-Care Instrument could be an appropriate tool for identifying older people with high and/or special needs in transitional countries of Southeast Europe. Keywords: EASY-Care Standard, older people, Kosovo

SS24 124-R-4
EVIDENCE BASE OF EASycARE ASSESSMENT AND DELIVERING INTEGRATED HEALTH CARE IN THE COMMUNITY
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Introduction: In our aging societies we urgently need an evidence-based and cost-effective feasible geriatric assessment instrument that supports primary care professionals in many countries to target deliver integrated care to the needs and goals of the individual elder. We conducted three Dutch trials on EASY-care, the Elderly Assessment System, to deliver a solid evidence base for an international care and welfare for the elderly. Method: The first trial was a cluster randomized controlled trial (RCT) in 151 community-dwelling frail elderly on cost-effectiveness of EASY-care based on a problem-directed integrated care, delivered by a geriatric care nurse in collaboration with a general practitioner. The second RCT focused on improving dementia detection using EASY-care training of 105 pairs of GPs and primary care nurses (Kempen, 2010). The third study validated the EASY-care Two Step Older People's screen (EASY-care-TOS) for detecting frailty in older people (Kempen, 2012). Results: Integrated care targeted by EASY-care as cost-effective as it improved wellbeing and functional performance was not significantly different between the intervention and the control group (p=0.2; NNT=4.7), lessened hospitalization due to institutionalization, and stimulated home care, adult day care and meals-on-wheels. EASY-care training improved detection of dementia with 34% and improved adherence to diagnostic guidelines with 15% (p<0.01). EASY-care-TOS validity (correlation 0.63 with Rockwood Frailty-index) and reliability (Cohen's Kappa 0.89) detected frailty more efficiently, as GPs tacit knowledge was used. Conclusion: EASY-care assessment is evidence based for detecting frailty and dementia in older subjects and is cost-effective in delivering problem-oriented integrated care at home in frail older subjects, which warrants further implementation of EASY-care across similar health systems.

SS24 125-C
ESTABLISHING AN INTERNATIONAL UNITED FRONT OF MEDICAL SOCIETIES AND MEDICAL BOARDS AGAINST ANTI-AGING AND AGE-MANAGEMENT QUACKERY AS ORTHOMOLECULAR MEDICINE

SS24 125-C-1
DISEASE MONGERING AND LOW TESTOSTERONE: THE SELLING OF “ANDROPAUSE” AS REJUVENATION IN TIMES
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Introduction: Rejuvenation mania occurs when socio-economic affluence allows indulgence in the luxury hobby of consciousness. The turn of the 20th Century rejuvenation quackery Brown-Sequard (testis extracts), Steinach (vasoligation) and Verschaffelt (testis grafts) evaporated upon the discovery of testosterone in 1935. But after the post-war golden age of steroid pharmacology to commercialize androgens by inventing an “anabolic” androgen pharmacology stagnated until the major increase in prescribing in recent decades. Without valid new indications, epidemic T prescribing is being driven by a renewed interest in rejuvenation, now termed “andropause” or synonymous neologism.