P09 Community acquired bacteremia at the UMMC
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Introduction: Bacteremia in the elderly follows a different clinical course from those affecting younger adults and is associated with higher mortality. This study was performed to analyse the causes of bacteremia and the underlying factors that contributed to the increase in the mortality rate of elderly patients admitted to the University of Malaya Medical Centre with community acquired bacteremia.
Method: A retrospective study of patients aged 65 years and more admitted to the University of Malaya Medical Centre between January 2008 to January 2009 with community acquired bacteremia
Results: A total of 116 patients aged 65 or more were diagnosed with community acquired bacteremia. Most patients were female (63.8%) and the majority of patients were living at home prior to admission (100 patients 86.2%). Fever was commonly not present at presentation in a significant number of patients. The episodes of bacteremia were more likely to be due to gram negative bacteria compared to gram positive organisms: 88% of isolates were due to E. coli and Klebsiella species (46% and 17% respectively). Approximately one third of the isolates were gram positive organisms. Staph. aureus and Streptococcus species were the commonest (19% and 11% respectively). Mortality among patients with bacteremia was due to a single organism, 6 patients (5.2%) had a polymicrobial infection. In only 22% of the patients were the source of infection identified. The commonest source of bacteremia was from the urinary tract. Mortality associated with bacteremia in this group of patients was high with 30.2% dying during the hospital admission. There was no significant increase in mortality associated with increased age. The following factors were associated with an increase in the mortality rate; the patient’s place of origin (patients in nursing home had a higher risk of death, p = 0.06) and the patient’s mobility status (immobile patients at higher risk, p = 0.03). Hypoalbuminemia was also found to be associated with a poor outcome. (p=0.038)
Conclusion: At the UMMC, community acquired bacteremia was more often due to gram negative bacteria particularly E coli and Klebsiella species. A high mortality rate was observed in these elderly patients with bacteremia with patients coming from nursing homes having a higher likelihood of death than those who have been living at home.

P10 The Association between Falls and Psychotropic Medications Among Older Residents in the Klang Valley
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Introduction: The use of psychotropic medications has been identified as an important independent intrinsic falls risk factor in older people. The purpose of this study was to evaluate the effects of psychotropic medications on falls and to assess the prescribing patterns of psychotropic medications in our local older population.
Methods: Individuals aged ≥ 60 years with a history of one or more injurious falls from the emergency room and outpatient departments at the University of Malaya Medical Centre were recruited. Control subjects with no falls were recruited from the local catchment area. Information about pattern of psychotropic usage was recorded and the appropriateness of prescribing was determined using the Beers’ criteria.
Results: 125 participants (67 fallers; 62 non-fallers) were recruited into the study. Psychotropic medications were associated with an increased risk of falls (OR [95% CI]: 5.2 [1.4-19.1], p=0.007), and remained an independent risk factor following adjustment for confounders (adjusted OR [95% CI]: 4.83[1.13-20.68], p=0.03). Benzodiazepines were the most commonly prescribed psychotics (8/17 47%). Inappropriate use could be demonstrated in 100% of patients prescribed with psychotropic medications. Inappropriate use of psychotropic medications could be demonstrated in all patients prescribed with these medications. We therefore recommend that psychotropic medications should be used judiciously and patients should be carefully followed-up and monitored for risk of falls.

P11 Development of a pain assessment pathway for community dwelling older adults
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Introduction: Pain assessment and its management are the standard of care that should be achieved for all older adults. As the number of older adult increases, the nursing framework related to pain assessment and management will become more important in the provision of quality care for this population. Pain assessment is challenging due to inaccurate pain reporting and difficulty in pain measurement. This study will focus on the concept of pain and its evaluation in community dwelling older adults.
Method: A longitudinal study conducted over 3 years in 3000 participants age 55 years old or more were recruited using simple random sampling under Malaysian Elder Longitudinal Research (MELoR) in Petaling Jaya and Lembah Pantai. Pain assessment tools appropriate for older adults will be selected based on systematic literature review.
Discussion: Prevalence of pain among this older adults population will be obtained. Correlation of pain with other co-morbidities and qualitative assessment of quality of life will be assessed.
Conclusion: The development of pathway related to pain assessment and management is vital in the provision quality of care for community dwelling older adults. The results of the study will be used to develop strategies to promote the use of nursing framework among nurses who provide nursing care for community dwelling older adults.