

comorbidity associated by Charlson Index (ICh), global numbers of medicines, and antecedents of hypertension (HTA), diabetes (DM), hypercholesterolaemia (CH), cardiac disease (CD), pulmonary obstructive chronic disease (POD) and neoplastic.

Results.— Sixty patients were analyzed, 81.67% women. Mean age was 82.22 ± 5.5 . The 41.67% were married, 41.67% widower, 10.63% single. The 10% lived alone with supervision, 35% with partner, 26.67% by progenitor, 21.6% in nursing home, 1.67% rotatory. Mean previous IB was 65.4 ± 25.1 , IL 1.75 ± 2.3 and mean MMSE score was 17.68 ± 5.2 . Main types of dementia were: 40% Alzheimer's disease, 15% vascular dementia, 26.67% mixed dementia. Attending to cholinesterase inhibitors: 6.67% donepezil, 48.3% galantamine, 5% rivastigmine, 1.67% memantine, 38.33% mixed treatment and 58.33%. With neuroleptic. Polipharmacy 56 (93.33%). Mean ICh was 1.83 ± 1.1 . Regarding antecedents and vascular risk factors: 53.33% HTA, 28.33% DM, 31.67%. In 34.2 were dysphasia slight-moderate. The group dysphasia were worse functional status (I Barthel previous 45vs35) and cognitive impairment and geriatric syndromes (sd immobility, incontinence, malnutrition). Biochemical values: albumine < 3.5 mg/dl 42.4% and < 3 mg/dl 32.8%, cholesterol < 160 mg/dl 39.4%. Among patients analyzed by Global Dementia Staging (GDS), GDS 4-5 (71.6%) had more prevalence than GDS 6-7 (18.3%) ($P < 0.001$). Patients with dementia moderate-severe (GDS 4-5) had a good correlation with high age, polipharmacy and institutionalisation risk (SGS) ($r = 0.9$; $P < 0.001$).

Conclusions.— Geriatric outpatients needed from a nurse making. Patients had high comorbidity associated to the worse GDS stage. Vascular risk factors, polipharmacy, and worse previous functional status were frequently associated. Moderate-severe dementia presented high social risk of institutionalisation. Most dementias were moderate-severe GDS 4-5. The dysphasia was prevalent to a major disability and geriatric syndromes.

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Delirium in the hospitalized patient: a Portuguese context

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Introduction.— "Delirium", also known as Acute Confusion (AC), is associated to significant incidence rates and weak outcomes, with great impact in the patient. It is a complex syndrome frequently subdiagnosed by the interdisciplinary team. Due to such problems our purpose in this work is to: translate and validate to Portuguese a scale capable of diagnosing the syndrome; identify the frequency of patients and their characteristics in a university hospital; perform a patient's follow-up one month after the evaluation of the "delirium" episode.

Method.— In this descriptive-exploratory study of quantitative nature, the selected scale was the NeeCham Confusion Scale (NeeCham), translated and validated using the International Society for Pharmacoeconomics and Outcomes Research method. Data collection occurred in two moments: the first was done using a transversal cut, with a non-probabilistic by convenience sample; the second moment is relative to the patients' follow-up.

Results.— High internal consistency (Alpha Cronbach = 0.913), was found in the scale's psychometrics properties. From the 530 patients, 20.5% ($n = 113$) provided evidence of "delirium". The majority of these patients were men (52.3%), had an average of 75 years and were illiterate (40%). From the follow-up we observed that 32.7% from the patients diagnosed with "delirium" died in the hospital, 10.2% were transferred to nursing homes, 19.4% were

transferred to elder care institutions, and 17.3% ($n = 17$) returned to their home ("delirium" was observed in four of these patients).

Conclusions.— The NeeCham showed to be a good instrument to the "delirium" diagnosis, allowing a quick evaluation of the syndrome, without burden for the patient and health professionals. As so, the NeeCham's use is an adequate strategy for the reduction of the subdiagnosis rates and, consequently, promotes care focused on these patients' needs.

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Delirium in patients with hip fracture in hospital universitario de getafe between 2008 and 2010

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Introduction.— Hip fractures are an important cause of morbidity and mortality for elderly people. Delirium is one of the most common complications and it is associated with functional decline, mortality and longer length of hospital stay.

Hypothesis.— Patients who develop delirium during hospitalization after hip fracture have worse functional status, more complications and higher mortality.

Objectives.— We aimed to describe the population of geriatric inpatients who suffered from delirium after a hip fracture.

Methodology.— Medical records of 112 patients over 75 years old who were hospitalized in the trauma department for hip fracture between 2008-2010 were revised and data were analysed with SPSS 17.

Results.— Delirium appears as diagnosis in 27 of the 112 patients, namely, 24.11%. Most of them were women (85.1%), over 90 years old (48.15%), with less of 3 co-morbidities (55.55%), with a previous Barthel index when between 60 and 85 points (36%). The average stay was 10.54 days, with a 48.15% greater than 10 days and an 11.11% under a week and 66.67% of the patients were operated on 5 or fewer days. During hospitalization, it was noted heart failure in 33.33% of them, anaemia that needed transfusion in 66.67%, malnutrition in 76% and vitamin D deficiency in 25%. The 25% of the patients with delirium suffered from functional decline and a 48% had a Barthel index < 60 points at discharge. Mortality was 12% (it was 7.06% without delirium). Significant statistical differences were not found between subjects with and without delirium.

Conclusions.— A high proportion of patients with delirium suffered from malnutrition, severe anemia that required transfusion and to a lesser extent with vitamin D deficiency and heart failure and functional impairment. All this underline the importance of prevention, early diagnosis and treatment of delirium and other complications, nutritional status and comprehensive geriatric assessment aimed at minimizing the deleterious effects on functionality.

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Alladin project: a technology platform for the assisted living of dementia elderly individuals and their carers

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Introduction.— The great impact on daily life activities of patients suffering from Alzheimer disease, as well as on their relative is well known. Aladdin is a European project funded by European Commission that aims to improve quality of life of patients and their carers through the use of a technologic platform installed at home.