



ABSTRACTS

Abstracts of the 21st Congress of the European Geriatric Medicine Society, Reykjavik, Iceland, September 24–26, 2025

Contents

Stefania Maggi Award Winner	2
Oral Communications	9
Posters	41
Late-breaking Posters	14

(1) Faculty of Medicine and Life Sciences, Hasselt University, Agoralaan, 3590 Diepenbeek, Belgium and Vesalius Hospital, Clinical trial center, Hazelereik 51, 3700 Tongeren, Belgium, (2) Faculty of Medicine and Life Sciences, Hasselt University, Agoralaan, 3590 Diepenbeek, Belgium and KU Leuven, Department of Public Health and Primary Care, Academic Centre for Nursing and Midwifery, Kapucijnenvoer 7 bus 7001, Leuven 3000, Belgium, (3) Faculty of Medicine and Life Sciences, Hasselt University, Agoralaan, 3590 Diepenbeek, Belgium and Jessa Hospital, Department of Infection Prevention & Control & Hospital Outbreak Support Team, Stadsomvaart 11, 3500, Hasselt, Belgium, (4) Faculty of Medicine and Life Sciences, Hasselt University, Agoralaan, 3590 Diepenbeek, Belgium and Center for Research and Innovation in Care, Department of Midwifery and Nursing Sciences, Antwerp University, Antwerp, Belgium, (5) Hasselt University, REVAL-Rehabilitation Research Center, Wetenschapspark, 3590 Diepenbeek, Belgium, (6) Faculty of Medicine and Life Sciences, Hasselt University, Agoralaan, 3590 Diepenbeek, Belgium and KU Leuven, Department of Public Health and Primary Care, Academic Centre for Nursing and Midwifery, Kapucijnenvoer 7 bus 7001, Leuven 3000, Belgium and Centre of Expertise for Falls and Fracture Prevention Flanders, Kapucijnenvoer, 3000 Leuven, Belgium

Introduction: The first World Falls Guidelines recommended post-fall management as a priority in nursing homes (NHs), because it might enable more appropriate and timely care and less unnecessary hospital transfers. This study aimed to map the current state of post-fall management in Flemish NHs.

Methods: A cross-sectional survey was conducted. All 813 NHs in Flanders were invited to complete a questionnaire focusing on demographic characteristics, availability of a post-fall protocol, post-fall management expectations and staff satisfaction. Data were collected via Qualtrics XM from April to May, 2024.

Results: Eighty-seven responses were included for analysis. Respondents were predominantly physiotherapists (49%). The median number of falls in the past year per bed was 2.44. The prevalence of a post-fall protocol was 32%. The majority of respondents from both NHs with and without a post-fall protocol reported that the following domains should always be assessed during the first two hours after a fall: consciousness level, pain, nausea, dizziness, mobility, cognitive functioning and screening for fractures and soft tissue damage. During the two to 24 h period after a fall, the majority of respondents from both NHs with and without a post-fall protocol reported the need to assess the same domains along with blood pressure and heart rhythm. Median satisfaction score concerning the current post-fall management was 7 for NHs with compared to 6 for NHs without a protocol.

Conclusions: Flemish NHs have started to protocolise post-fall care. Available protocols might not enable their full potential, but suggest higher staff satisfaction.

Poster

Falls and fractures

P-0602

Prevalence and correlates of fear of falling in community-dwelling older adults

Patricia Pires (1), Joana Carvalho (2), Anabela Pereira (3), Telma Pires (4), Oscar Ribeiro (5)

(1) School of Health, University of Trás-os-Montes e Alto Douro, Portugal; University of Aveiro, Portugal; Center for Health Technology and Services Research at the Associate Laboratory RISE-

Health Research Network (CINTESIS@RISE), Portugal, (2) Research Center in Physical Activity, Health and Leisure (CIAFEL); Faculty of Sports- University of Porto (FADEUP), Porto, Portugal; Laboratory for Integrative and Translational Research in Population Health (ITR), Porto, Portugal., (3) Center for Health Technology and Services Research at the Associate Laboratory RISE-Health Research Network (CINTESIS@RISE), Portugal. (4) Escola Superior de Saúde, Instituto Politécnico de Bragança, Bragança, Portugal; Research Centre for Active Living and Wellbeing (LiveWell), Instituto Politécnico de Bragança, Bragança, Portugal, (5) Department of Education and Psychology, University of Aveiro, Portugal; Center for Health Technology and Services Research at the Associate Laboratory RISE-Health Research Network (CINTESIS@RISE), Portugal

Introduction: Fear of falling (FoF) is highly prevalent among older adults and can negatively affect mobility, physical activity (PA) levels fall risk, and falls. This study aimed to assess the prevalence of fall risk and FoF, and their associations with demographic variables, mobility, physical activity, and fall history in community-dwelling older adults.

Methods: A cross-sectional study was conducted with individuals aged ≥ 65 years without cognitive impairment. Data collected included demographics, fall risk (Morse Fall Scale), FoF (Falls Efficacy Scale International-FES-I), mobility and balance (Timed Up and Go-TUG test), PA (Brief Physical Activity Assessment-BPAA), and fall history. Statistical analyses included Pearson's correlation coefficient, chi-square test, t-test, and ANOVA.

Results: The sample comprised 300 older adults (mean age: 74.7 years; 55.3% female). Higher FoF was observed in women ($M = 30.4$, $SD = 10.3$) and those aged ≥ 80 years ($M = 33.1$, $SD = 13.3$) ($p < 0.001$). FoF was positively correlated with impaired mobility/balance (TUG: $R = 0.453$) and fall risk ($R = 0.399$), negatively correlated with PA (BPAA: $R = -0.351$) and strongly associated with prior falls ($R = 0.660$) (all $p < 0.001$).

Conclusions: FoF is common among older adults, particularly women and the oldest age group, and is significantly associated with mobility limitations, low PA levels, increased fall risk, and history of falls. These findings highlight the need for tailored interventions focusing on improving mobility and promoting active lifestyles to mitigate FoF and fall risk.

P-0603

Is the opportunity to treat osteoporosis being missed before hip fractures occur?

P Pestaña-Reketyei (1), NB García de Fernando-Álvarez, (1), B Montero-Erasquin (1), CG Álvarez-Pinheiro (1), C Morán-Álvarez (1), L.K. Velayarce-Rengifo (1), A Cruz-Jentoft (1)

(1) Hospital Ramón y Cajal

Objective: Many osteoporotic patients remain undiagnosed and untreated, missing the opportunity to prevent fractures. This study aimed to determine whether anti-osteoporotic treatment was initiated in patients with osteoporosis criteria who had been evaluated by hospital services capable of prescribing such treatment two years before their admission to Orthogeriatrics due to a hip fracture.

Methods: A retrospective, observational study of patients aged ≥ 70 years admitted to Orthogeriatrics over one year due to hip fracture. Sociodemographic data were collected. It was analyzed whether they had been evaluated two years prior by services capable of prescribing anti-osteoporotic treatment (Geriatrics, Gynecology, Internal Medicine, Rheumatology, Rehabilitation, Traumatology). The study assessed if they met clinical criteria for treatment initiation including: