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Individual common comorbidities and 5 year mortality in the oldest old of a community-dwelling

Assumpta Ferrer Feliu(1), F Formiga(2), H Sanz(3), L Tarín(1), D Mestre(1), F Mera(1), on behalf of the Octabaix Group

(1) Health Care Center "El Plà" CAP, Sant Feliu de Llobregat, Barcelona, Spain

(2) Geriatric Unit, Internal Medicine Service, Hospital Universitari de Bellvitge, Spain

(3) ISGlobal, Barcelona Center International Health Research (CRESIB), Hospital Clinic, Spain

Corresponding author: PhD Fellow Assumpta Ferrer, Institut Catala Salut, Department of Family Medicine, Sant Feliu Llobregat, Spain. E-mail: aferrer.cp.ics@gencat.cat

Background and Aim: Comorbidity has been associated with higher mortality. The objective of this study is to analyse comorbidity predictors of 5-year mortality in the oldest old.

Method: A community-based, prospective cohort involving 328 subjects aged 85 at baseline was analysed. Socio-demographic variables and data from the geriatric assessment were evaluated. Information on the presence of multimorbidity (>1disease) and sixteen common chronic conditions was collected: hypertension, diabetes mellitus, dyslipidemia, ischemic cardiomyopathy, heart failure, stroke, chronic obstructive pulmonary disease (COPD), atrial fibrillation, peripheral arterial disease, Parkinson's disease, cancer, dementia, anemia, chronic kidney disease (CKD), visual impairment and deafness.

Results: At baseline, 202 were women (61.6%) and the rate of multimorbidity was 95.1%. The mean (SD) number of comorbid conditions was 4.5 (3.5-5.4). The mean Charlson Index value was 1.5 (0-7). The only significant differences of disease prevalence according to gender were the greater number of men with COPD ($p=0.016$) and malignancy ($p<0.001$). During follow-up, 129 (39.3%) subjects died. The Hazard ratio (and 95% Confidence Interval) of death increased 2.28 (1.5;3.5) in subjects with dementia, 1.84 (1.2;3.0) in subjects with COPD as well 1.81 (1.2;2.7) in cases of malignancy.

Conclusions: Dementia, chronic obstructive pulmonary disease and malignancy are the best predictors among the individual common chronic conditions studied of mortality, in these oldest old community-dwelling subjects after a 5 year follow-up period.