Abstract # 109

Metabolic syndrome in hospitalized geriatric patients

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Introduction: metabolic syndrome (MetS) increases with age. This assumes a public health problem by encompassing factors that promote greater cardiovascular morbidity and mortality. We aimed to establish the prevalence and variables related to MetS in pa

Abstract # 110

Frailty and calcium homeostasis in elderly patients with severe aortic stenosis

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Introduction: Severe aortic stenosis (SAS) is the most common valve disease in the elderly. SAS pathophysiology is not well understood. Recent studies have suggested a possible association between AS and calcium balance.Objectives.Frailty detection and description of calcium metabolism in patients over 75 years of age with AS included in a Geriatric Assessment Program.
Methods: Prospective study, including patients over 75 years of age with SAS referred from cardiology to a specialized geriatric consult. Variables:-Baseline characteristics: age, sex, functionality (Lawton and Barthel indices), nutritional status [Mini Nutritional Assessment Short-Form, (MNA-SF)], cognitive function [Mini Mental State Examination (MMSE)]. -Frailty: Short Physical Performance Battery (SPPB). -Biological parameters: GFR-CKD-EPI (mL/min/1.73m2). Serum Albumin (g/L), calcium (mmol/L), phosphorus (mmol/L), 25-OH-vitaminD (ng/mL), iPTH (pg/ml), corrected Calcium for serum albumin (mmol/L).
Results: n=50, age 83.66 ± 3.86, female: 54.0%. Lawton Male: 4.48 ± 0.84 and Female: 6.67 ± 1.79 (independent: 56.0%), Barthel 94.80 ± 7.42 (independent: 76.0%), MNA-SF 12.52 ± 1.50 (normal: 80.0%), MMSE 27.84 ± 2.30 (cognitive impairment: 6%). SPPB: 8.64 ± 1.74, frail (0–6): 18.0%. GFR-CKD-EPI 6.95 ± 17.26 (< 60 mL/min/1.73m^2:58%). Albumin 44.36 ± 2.52 (hypoalbuminemia:0%), calcium 2.37 ± 0.10 (< 2.20 mmol/L:4.0%; >2.55 mmol/L:6.0%), phosphorus 1.02 ± 0.18 (< 0.87 mmol/L:25.0%; > 1.45 mmol/L:2.1%), 25-OH-vitaminD 12.36 ± 5.18 (< 10 ng/mL:40.0%; < 20 ng/mL:92%), iPTH 76.82 ± 42.61 (> 65 pg/ml:40%), corrected Calcium for serum albumin 2.26±0.85 (< 2.20 mmol/L:18.0%; > 2.55 mmol/L:0.0%).
Key conclusions: Elderly patients with SAS included in our study were mostly in good functional, cognitive and nutritional status; and 18% were frail. Alterations in calcium metabolism were frequently detected: hypocalcemia (18%), hypophosphatemia (25%) and high levels of iPTH (40%). Vitamin D deficiency was present in most patients (92%), being severe in almost half of the cases.

Abstract # 111

Number and replating capacity of endothelial colony forming cells are telomere length dependent: implication for human atherogenesis

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Introduction: Short leukocyte telomere length (TL) is associated with atherosclerotic cardiovascular disease (ASCVD). Given that TL is equivalent across somatic cells within the individual, patients with ASCVD might have short telomeres in circulating cells other than leukocytes. These include endothelial colony forming cells (ECFCs), which behave as progenitor cells displaying endothelial repair activity. To explore a potential role of short TL in atherogenesis, we examined associations of TL with proliferative dynamics of ECFCs.
Methods: To isolate ECFCs, we performed a clonogenic assay on blood samples donated by 116 participants (aged 24–94) in the TELARTA study. We detected no ECFC in 29 blood samples (Group 1) but detected clones with no replating capacity in other 29 samples (Group 2). In additional 58 samples, we isolated clones with replating capacity (Group 3). TL was measured by Southern blotting in leukocytes (LTL) and ECFCs (ECFC-TL).
Results: Age- and sex-adjusted LTL was the shortest in Group 1 (6.51 ± 0.13 kb), longer in Group 2 (6.69 ± 0.13 kb) and the longest in Group 3 (6.78 ± 0.09 kb; $p < 0.05$). In group 3, ECFC-TL was associated with the number of generated clones ($p < 0.01$). ECFC-TL was strongly correlated with LTL ($r = 0.82$; $p < 0.0001$) but was always longer (7.98 ± 0.13 kb vs. 6.74 ± 0.12 kb; $p< 0.0001$).
Conclusions: Blood samples with a longer LTL yield a higher number of self-renewing ECFCs. These results suggest that individuals with a longer LTL might have a better endothelial repair capacity.

Abstract # 112

Characterization and prognosis of very elderly patients, with anemia, cardio-cerebrovascular disease and iron deficiency in 4 Portuguese centres, in 2017

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Introduction: Vascular diseases are the main death cause in Portugal, associated with cardio and cerebrovascular diseases (CVD). Anemia and iron deficiency (ID) are vascular risk factors common in the elderly, associated with worse clinical outcomes. Given the lack of national data concerning on this matter, our study aimed at characterizing and evaluating prognosis of very elderly patients (VEP), with anemia and CVD, with and without ID.
Methods: Data was obtained through local data of the participating centres of patients admitted to Internal Medicine wards in 2017 and