

P132- FRAILTY AND COGNITIVE FUNCTION AMONG THE COMMUNITY-DWELLING ELDERLY. R. Aparecida Parizani Rodrigues, N. Amorim, J.R. Silva Floss, S.C. Coelho, F. Wehbe (Ribeirão Preto, Brazil)

Background: The population pyramid has changed in recent decades both in Brazil and in the world. Physical and psychological changes occur along with the aging process such as cognitive decline and the development of the frailty syndrome. Estimates show that between 10% and 25% of community-dwelling seniors over 65 years of age and 40% of those over 85 years are frail, i.e. these individuals are at higher risk of experiencing adverse clinical events. This study's aim was to determine the incidence of frailty and identify alterations in the cognitive function among community-dwelling elderly individuals. **Method:** This longitudinal retrospective study with five-year follow-up was conducted over two waves of a cross-sectional cohort involving 515 elderly individuals aged 65 years old or older (2008/2013) in Ribeirão Preto, SP, Brazil. A total of 262 (50.87%) individuals were interviewed in 2013. A two-stage cluster probabilistic sampling was performed in 2008. Data were collected using an instrument addressing sociodemographic information, the Edmonton Frail Scale, and the Mini-Mental State Exam. **Results:** A total of 515 individuals were interviewed in 2008 and 262 (50.87%) of these individuals were located and consented to participate in the interview in 2013. A total of 127 (24.66%) individuals died while 126 (24.45%) either moved away, refused to participate, were institutionalized, or were not found at home after three attempts. The elderly individuals interviewed in 2008 were 75 years old on average ($sd=7.28$) while in 2013 they were 79 years old ($sd=6.34$) on average. In regard to the assessment of cognitive function, 148 (56.48%) of the seniors did not present cognitive deficit in 2008 while 114 (43.51%) presented cognitive impairment. In 2013, 103 (39.31%) individuals did not present cognitive deficit and 159 (60.68%) individuals experienced cognitive deficit. In 2008, cognitive deficit was more frequently observed among women and older seniors while in 2013, cognitive deficit was more prevalent among men and older individuals. In both assessments, cognitive deficit was more prevalent among elderly individuals without partners. In regard to the assessment of frailty, of the 262 individuals assessed in 2008, 46 (17.6%) were frail (mild frailty 27; 10.3%; moderate 14; 5.3%, and severe 5; 1.9%) and 216 (82.4%) did not present frailty (not frail 156; 59.9%, and apparently vulnerable 60; 22.9%). In the second assessment performed in 2013, of the 262 interviewees, 99 (37.8%) were frail (mild 60; 22.9%; moderate 23; 8.8%, and severe frailty 16; 6.1%) while 163 (62.2%) were not frail (not frail 107; 40.8%, and apparently frail 56; 21.4%). Average frailty observed in 2008 was 4.16 and 5.47 in 2013 and the average number of individuals with cognitive deficit was 6.00 while the average of individuals without cognitive deficit was 4.00. Most of the elderly individuals were women (2008: 66.6%) and about the same percentage remained in 2013 (66.4%). Married individuals were majority in 2008 (44.3%) while most individuals were widowed in 2013 (44.3%). In 2013, the frailty syndrome was more prevalent in elderly individuals without partners, with low educational level, and with cognitive impairment. **Conclusion:** Data reveal that the average of frailty in 2008 was 4.16 while in 2013 the average was 5.47. The average number of elderly individuals with cognitive deficit was 6.00 and those without cognitive deficit was 4.00. The factors associated with higher means of frailty in 2013 included cognitive deficit (37.79%), being older, not having a partner, and scoring above 3.29% when comparing with the assessment of 2008. A higher educational level serves as a protective factor. These findings show that geriatric nurses play a key role in assessing and monitoring elderly individuals, especially the older ones, in regard to cognitive function and frailty. **Descriptors:** Aged, Cognitive status, Frailty syndrome, Community, Geriatric nursing.

P133- QUALITY OF LIFE AND FRAILTY IN ELDERLY PEOPLE LIVING IN COMMUNITIES. M. de Lencastre de Farias Pontes, R. Aparecida Parizani Rodrigues, A. de Oliveira Silva (Ribeirão Preto, Brazil)

Background: Quality of life of elderly people is a subjective, broad and multifactorial concept resulting from interaction of people who live in society undergoing changes, and from their community, intra- and extra individual relationships. The aim of this cross-sectional study was to assess the quality of life of elderly individuals vulnerable to frailty and that of frail elderly individuals who live in community. **Methods:** The probabilistic sample resulted in the participation of 131 elderly individuals living in 20 census sectors in the municipality of João Pessoa, state of Paraíba. Data were collected by means of home interviews, in the period between April and June of 2011, using an instrument containing sociodemographic questions so as to characterize the elderly and to identify self-reported health care problems, namely: Edmonton Frail Scale, Geriatric Depression Scale, WHOQOL-BREF and WHOQOL-OLD. Data were analyzed using descriptive statistics and tests to compare the means between the two groups (student's t test); three or more groups (analysis of variance - Anova) and the correlation between the variables (Pearson test). **Results:** The mean age was 75.4 ($SD=7.7$) years. There was predominance of female (74.0%), mixed race (45.0%), married (45.0%), and illiterate (29.8%) individuals, with a family income of 1 to 2 minimum wages (31.3%); and predominance of the apparently vulnerable state to frailty among the elderly (45.8%). Relating the frailty scores with the sociodemographic variables allowed to observe that the skin color ($p=0.036$) and the occurrence of comorbidities ($p=0.002$) were statistically significant. The most frequent self-reported health problem among the elderly was arterial hypertension (69.5%), and women presented a higher frequency in all of the health problems, with statistical significance for arterial hypertension and impaired hearing. Statistical dependence was also observed between the comorbidity: Broncho pulmonary disease - Chronic obstructive disease / emphysema ($p=0.012$), stroke ($p<0.001$), cardiac disease ($p<0.001$), neurologic disease - Parkinson / sclerosis ($p=0.022$)

arterial hypertension ($p=0.031$), urinary or fecal incontinence ($p=0.001$) and the frailty syndrome. The highest mean scores of quality of life were found in the domain of social relationships (58.06) and in the dimension of intimacy (63.83). There was a statistically significant difference ($p=0.029$) in the comparison of the means of the dimensions of sensory skills and autonomy ($p=0.043$ and $p=0.013$) according to the age range variable. The physical domain was the only domain in quality of life to present a statistically significant difference ($p=0.001$) with the scores of frailty. All of the domains in the WHOQOL-BREF and the dimensions of autonomy ($p<0.001$) and intimacy ($p<0.001$) showed a statistically significant difference when related to the symptoms of depression. **Conclusion:** The knowledge of frailty levels favors the identification of risk groups, assisting to elaborate a care plan towards frail elderly individuals, aimed to promote their health and quality of life. **Descriptors:** Aged, Frailty, Quality of life, Community.

P134- TRAUMA BY TRAFFIC ACCIDENT IN ELDERLY PEOPLE: RISK FACTORS AND CONSEQUENCES. A.M. Ribeiro dos Santos, R. Aparecida Parizani Rodrigues, J. Roberto Silva Floss, M.A. Dair, S.C. Coelho Fabricio-Wehbe (Ribeirão Preto, Brazil)

Background: Healthcare toward aged people is presently deemed to be a priority, as the aging process stands out as a world challenge. The occurrence of trauma has been increasingly observed in this population and traffic accidents are one of the most frequent sources of such events. The aim of the present longitudinal, retrospective study was to assess trauma by traffic accident in elderly people cared for at a municipal hospital, a reference in emergency health care services, in 2010 and 2011. **Methods:** The study was carried out at an emergency reference hospital and at a Transit Crime Repression Precinct. The study was composed of 524 aged people. Data were collected from medical records, emergency care reports, official traffic accident reports, and police reports with the application of forms validated by trauma experts. A descriptive analysis was carried out to all variables, including position and dispersion scales of measurement for all quantitative variables. The spatial analysis employed the Moran Local Statistics and the Kernel density estimate. The relative risk tool was used as a correlation measurement to assess accident risk, trauma and death. **Results:** From the total amount of 524 injured elderly people, characterized by the mean of 67.5 years of age, 69.1% were men; 66.9% were married; and 65.3% had completed elementary school. Among the injured people, 78.6% presented trauma, being 34.9% pedestrians; in 27.2% of the accidents, the motorcycle was the type of vehicle involved. Lower limbs were reported as the most injured body parts in the accidents, corresponding to 24.1%. Among the consequences, 47.7% were considered to be immobilization processes. Orthopedic surgeries responded to 26.1% of procedures. Hospital discharge represented 83.2% in the total number of people leaving the hospital. From all researched accidents, 92.5% did not present casualties, and 56.2% of recorded deaths occurred to people between 60 and 69 years of age. From these, 59.7% were pedestrians, and 47.3% took place in the emergency room, being 28.3% caused by traumatic brain injury. Spatial analysis showed that the deaths were mostly recorded in urban areas, at high density neighborhoods displaying high occurrence of traffic accidents, thus showing a positive correlation. The assessment also pointed out the existence of regions with higher occurrence of traffic accidents. **Conclusion:** The results of this study also showed a strong correlation between the male sex and the accident occurrence, trauma and injury followed by death in practically all analyzed conditions and age groups, especially among more senior citizens. Traffic accidents presented specific characteristics at elderly groups, thus generating a need for broader studies that could come up with the real figure of the problem and the adoption of adequate and applicable protection measures. The spatial analysis of the accidents per site of occurrence showed to be quite a relevant procedure, as it enabled the identification of priority regions for the implementation of preventive and corrective measures toward preventing and monitoring these occurrences. **Descriptors:** Aged, Traffic accidents, Wounds and injuries, Relative risk, Spatial analysis.

P135- CHARACTERISTIC DEPRESSIVE SYMPTOMS OF THE CONDITIONS OF FRAILTY IN ELDERLY BRAZILIANS: DATA FIBRA - POLO UNICAMP. P. Pascarelli Pedro do Nascimento¹, A. Liberato Neri¹, S. Sathler Tavares Bastiani² (1. Campinas, Brazil; 2. São Paulo, Brazil)

Background: Despite evidence of overlap between the criteria of frailty and depression by the literature, and both syndromes are associated with damage to health and the adverse outcomes, there is still a big gap on their relationships. There are no investments and attention to the specifics of this association, and there are few publications devoted to this theme. In this sense, this work is the result of the analysis of data collected by FIBRA Study (Frailty of Brazilian Elderly) polo UNICAMP, and aimed to identify the relationship between frailty syndrome and depressive symptoms in a sample of community-dwelling elderly symptoms, and identify characteristic depressive symptoms of pre-conditions of fragility and weakness in this sample, controlling for the presence of disease and disability, and sociodemographic characteristics. **Methods:** The present study has a descriptive and cross-sectional, based on data obtained from the electronic database of the Network FIBRA, descriptive research, population-based multicenter, conducted in 17 Brazilian cities, the result of a partnership between four Brazilian public universities (State University of Campinas - UNICAMP, University of São Paulo at Ribeirão Preto - USP-RP, Federal University of Minas Gerais - UFMG, and the State University of Rio de Janeiro - UERJ). FIBRA Network aims to identify conditions of fragility in urban elderly community residents, aged 65 and more, and its relationship with demographic, socioeconomic, psychosocial and physical health variables. This study analyzed the data of 2,402 older adults (≥ 65 years) without cognitive impairment suggestive of dementia, according to the Mini-Mental State Examination (MMSE), and