

was evaluated by the revised Life Satisfaction Scale (LSS), the Positive Affect Scale (PAS), the Negative Affect Scale (NAS) and the Geriatric Depression Scale-15 items (GDS-15). It was found that no significant difference in the total numbers of positive life events experienced by male and female elderly. However, they did show significant difference in the total numbers of negative life events. Male elderly experienced more negative events than their female counterpart. Life events, e.g., descendants enrolled in college, divorce or living apart and spouse passed away had more significant impact on female elderly, whereas quarreled with family members was rated having more significant impact on male elderly. Positive life events showed significant relationship with PAS while Negative life events showed significant relationship with NAS both among male and female elderly. Both Male and female elderly showed similar relationships between health related life events and psychological well-being. However, they showed difference in the relationship between divorce and psychological well-being, spouse bedridden and psychological well-being. It is suggested that gender perspective should be included for providing social support to the elderly who were experiencing negative life events.

## SESSION 570 (POSTER)

### LIFESTYLE AND CARE MODELS

#### ASSOCIATION BETWEEN SERUM 25 HYDROXY VITAMIN D AND LIFESTYLE FACTORS AMONG OLDER ADULTS IN ICELAND (AGES-REYKJAVÍK).

H. Eymundsdóttir<sup>1</sup>, M. Chang<sup>1,2</sup>, P.V. Jonsson<sup>3</sup>, L.J. Launer<sup>4</sup>, M. Cotch<sup>5</sup>, V. Gudnason<sup>6</sup>, A. Ramel<sup>1</sup>, 1. *Faculty of Food Science and Nutrition, University of Iceland, Reykjavik, Iceland*, 2. *Sports Science, School of Science and Engineering, Reykjavik University, Reykjavik, Iceland*, 3. *Faculty of Medicine, University of Iceland, Reykjavik, Iceland*, 4. *Intramural Research Program, National Institute on Aging, Bethesda, Maryland*, 5. *Division of Epidemiology and Clinical Applications, Intramural Research Program, National Eye Institute, National Institutes of Health, Bethesda, Maryland*, 6. *Icelandic Heart Association Research Institute, Kópavogur, Iceland*

Background Epidemiological research has frequently associated vitamin D with various health outcomes. Little attention has focused on how lifestyle factors influence vitamin D levels in the elderly, these factors might differentially influence risk of adverse outcomes in persons with low levels of vitamin D. The objective was to examine cross-sectionally whether serum 25 hydroxy vitamin D was associated with lifestyle factors in 5519 older persons living just south of the Arctic circle. Methods The Age, Gene/Environment Susceptibility (AGES)-Reykjavik Study assessed, by questionnaire, physical activity (moderate/vigorous activity < 3. hours vs. ≥3 hours per week past 12. months), smoking (current vs. non-smoker), alcohol consumption (current vs. non-consumer), body mass index (BMI) (obese (≥30) vs. non-obese (<30)), and education (primary vs. college). Insufficient serum vitamin D level was defined as < 50 nmol/l. Logistic regression models, adjusting for age and gender, were used to estimate odds ratios (ORs). Results Insufficient vitamin D

was detected in 2596 (45%) participants (40.1 % of men and 48.6% of women) whose mean age was 77 (±5.8) years. Participants with insufficient vitamin D were more likely to smoke (OR: 1.4, CI: 1.19-1.7), be less physically active (OR: 1.52, CI: 1.35-1.70), have higher BMI (OR: 1.79, CI: 1.6-2.0), have less education (OR: 1.24, CI: 1.09-1.41), and not consume alcohol (OR: 0.72, CI: 0.64-0.8). Conclusion Several lifestyle factors were associated with insufficient vitamin D. Analyses of vitamin D levels with adverse health outcomes should not only consider lifestyle factors as possible confounders but also the possibility of interactive effects.

#### PATTERNS OF CARE SERVICES USE IN CENTENARIANS: COMMUNITY SETTINGS VS INSTITUTIONS

D. Brandão<sup>1,2</sup>, C. Paul<sup>1</sup>, N. Duarte<sup>1</sup>, I. Martin<sup>1,3</sup>, O. Ribeiro<sup>1,3,4</sup>, 1. *UNIFAI, Porto, Portugal*, 2. *Faculty of Medicine, University of Porto (FMUP), Porto, Portugal*, 3. *UA, Aveiro, Portugal*, 4. *ISSSP, Porto, Portugal*

The aging of populations, namely the significant increase of the oldest old, can be associated with a greater risk of frailty, illness and dependence, raising the demand for specialized care services. This study analyzed the health and social care services used by a sample of 140 centenarians (Mean=101.2; SD=1.6) that participated in the Oporto Centenarian Study (PT100). Pearson Chi-squared analysis and Student t-tests were performed to identify differences by living context (community vs institution). Sociodemographic characteristics (e.g. age), functional status and general health condition (e.g. number of diseases), and use of health services (e.g. number of acute care hospital admissions) were considered. Most centenarians lived in the community (n=81; 57.9%) and among these most were cared for by their children. No significant differences were found for the number of diseases or comorbidity, even so the institutionalized presented higher levels of functional dependence, cognitive impairment and global deterioration. Although the number of medical conditions was very similar between the groups, significant differences were found for the number of daily medications (p=0.006), nursing care (p=0.040) and physiotherapy support (p<0.001), but not for acute care in the last month (neither hospital admissions nor doctor visits). Since increased health care needs is one of the most common reasons for entering a nursing home, it is essential to adjust the existing ones for this growing number of caregiving dyads (centenarian / children). Helping caregivers to perform their activities can promote more efficient caregiving dynamics and the maintenance of the oldest old in the community.

#### THE FIRST GERIATRIC EMERGENCY DEPARTMENT IN FRANCE: RESULTS OF I-GERS PILOT STUDY.

A.E. Tchalla<sup>1,2</sup>, T. Mergans<sup>1</sup>, S. Guerin<sup>1</sup>, P. Kajeu<sup>1</sup>, H. Karam<sup>3</sup>, P. Preux<sup>4</sup>, T. Dantoine<sup>1,2</sup>, 1. *Geriatric Emergency Department, CHU Limoges, LIMOGES, France*, 2. *Limoges University, EA 6310 HAVAE, University Hospital Center of Limoges, LIMOGES, France*, 3. *Emergency Department, CHU Limoges, LIMOGES, France*, 4. *Inserm UMR1094 Tropical NeuroEpidemiology (NET), LIMOGES, France*

BACKGROUND: The increased need for health care for the geriatric population represents an unprecedented and