10 domains, the SHHC provider indicated less transition threats than the researcher and the older adult/caregiver. These results will inform research on improvement of SHHC workflow, and interventions addressing threats to patient safety.

FRAILITY AND THE METABOLIC SYNDROME – RESULTS OF THE BERLIN AGING STUDY II (BASE-II)

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Background: Frailty and the metabolic Syndrome (MetS) are frequently found in old subjects and have been associated with increased risk of functional decline and dependency. Moreover, central characteristics of the MetS like inflammation, obesity and insulin resistance have been associated with the frailty syndrome. However, the relationship between MetS and frailty has not yet been studied in detail. We analysed data of the Berlin Aging Study II (BASE-II) to explore associations between MetS and Frailty.

Methods: Complete cross-sectional data of 1,486 old participants (50.2% women, 68.7 (65.8–71.3) years) of BASE-II were analyzed. Frailty was defined according to the Fried criteria. Limitations in physical performance were assessed via questionnaire, muscle mass was measured using dual energy X-ray absorptiometry (DXA) and grip strength using a Smedley dynamometer. Adjusted regression models were calculated to assess the association between MetS and Frailty.

Results: MetS was prevalent in 37.6% of the study population and 31.9% were frail or prefrail according to the here calculated frailty index. In adjusted models the odds of being frail/prefrail were increased about 50% with presence of the MetS (OR1.5; 95% CI 1.2,1.9; $p = 0.002$). Moreover the odds of being prefrail/frail were significantly increased with low HDL-C (OR: 1.5 (95%CI: 1.0–2.3); $p = 0.037$); and elevated waist circumference (OR: 1.65 (95%CI: 1.1–2.3); $p = 0.008$).

Conclusion: The current analysis supports an association between MetS and frailty. There are various metabolic, immune and endocrine alterations in MetS that also play a role in mechanisms underlying the frailty syndrome.

FRAILITY AS A DYNAMIC GERIATRIC SYNDROME: ANALYSIS OF THE RISK FACTORS FOR THE ONSET OF FRAILITY USING THE SHARE DATABASE

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Frailty is an age-related multifactorial syndrome that has profound implications on planning and delivering healthcare and social assistance. Using the Survey of Health, Ageing and Retirement in Europe (SHARE) we derived a database with individuals interviewed in both Wave 4 (2011) and Wave 6 (2015), and we aimed to investigate

factors associated with frailty. We considered a population of 10,432 community-dwelling subjects aged ≥ 65 . The collected data included a comprehensive assessment with which we derived the 5 criteria of Fried's operative definition for frailty: unintentional weight loss, fatigue, muscular weakness, gait slowness, low physical activity. Individuals are frail with ≥ 3 positive criteria, pre-frail with 1–2 criteria, and fit with no criteria. We assessed the prevalence of pre-frailty and frailty in both waves and we analyzed the factors potentially associated with developing frailty at Wave 6 (primary outcome). We found 4,438 fit, 4,834 pre-frail and 1,160 frail subjects at Wave 4. The number of pre-frail ($n=5,216$) and frail subjects ($n=2,008$) increased at Wave 6. Using multivariate logistic regression analyses, we showed that male gender (OR 1.52, 95% C.I.: 1.21–1.91), being underweight (OR 3.23, 95% C.I.: 1.93–5.41) and suffering from diabetes (OR 2.34, 95% C.I.: 1.75–3.11) were independent risk factors for the outcome. Conversely, being engaged in indoor (reading, board games) or outdoor activities (charities, clubs, political/religious initiatives) were protective against developing frailty. Recognizing the modifiable risk factors for frailty and promoting an active/engaging lifestyle will potentially allow to reduce the burden of this syndrome on an aging population.

FRAILITY TRAJECTORIES IN THE DECADE PRIOR TO DEATH AMONG U.S. VETERANS BORN 1927–1934

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Studies have demonstrated that frailty predicts adverse outcomes such as mortality; however, few have characterized how frailty trajectories progress over time, particularly towards the end of life. In a nationwide retrospective cohort study, we characterized frailty trajectories over a 10-year period prior to death. Using VA electronic medical record data linked to Medicare/Medicaid (2002–2014), 31 age-related health deficits were used to calculate a frailty index annually. Death was determined by the National Death Index. Among 184,235 regular VA users born from 1927–1934 (99.2% male, 90.2% white race), we described trajectories according to baseline chronic disease prevalence and time until death. Using cluster analysis, five trajectories were identified: 1) robust progressing to moderately frail ($n=38,203$); 2) stable pre-frail ($n=30,680$); 3) pre-frail progressing to moderately frail ($n=31,032$); 4) mildly frail progressing to moderately frail ($n=43,709$); and 5) mildly frail progressing to severely frail ($n=40,611$). Mildly frail progressing to severely frail had the highest baseline prevalence of common chronic conditions (coronary artery disease 73.7%; arthritis 62.5%; peripheral vascular disease