recent well designed individually randomised RCTs and meta-analyses have been disappointing, probably related to compliance issues.

Models of Care: Several models of care have been developed over the last two decades. These include the fracture liaison service and primary care identification of fracture risk. Close working between geriatricians, orthopaedic surgeons and anaesthetists and timely and appropriate care of hip fracture patients have improved outcomes and the sub-specialty of ortho-geriatrics is rapidly growing worldwide.

Predictors of abnormal hand grip strength among Egyptian elderly

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Introduction: Hand grip strength (HGS) is gaining attention and interest of researchers and clinicians, including geriatricians, its measurement is available, cheap, useful measure for muscle strength. Although several studies have focused on the correlation between grip strength and stature, or grip strength and body weight, the covariance effect among sex, BMI, height, and weight has rarely been analyzed statistically 5, 6, 7.

Aim of this study: To find the predictors of abnormal hand grip strength; measured by using Jamar hand held dynamometer, in the community-dwelling Egyptian senior citizens.

Sample and Methods: The study was approved by the ethical committee of the Faculty of Medicine, Ain Shams University, Cairo, Egypt. This cross sectional study included randomly selected 200 elderly (60 years old or above), of both sexes, attending outpatient clinic of geriatric medicine department and outpatient clinic of internal medicine department in Ain Shams University hospital. Before participation a written informed consent was taken from each participant. Then Comprehensive Geriatric assessment was done including assessment of health-related quality of life using the short form 12 health survey

Exclusion criteria: refusal to participate in the study, restriction of movements of upper limb, functional decline due to any history of inflammatory joint diseases of upper extremity, functional decline due to any neurological disorder that affects upper limb activity, any injury to upper extremity, body oedema, depression or cognitive impairment. hand grip strength was measured using the jamar hand held dynamometer

Statistical methods: IBM SPSS statistics (V. 25.0, IBM Corp., USA, 2017) was used for data analysis. Data were expressed as Mean ± SD for quantitative parametric measures in addition to both number and percentage for categorized data. The following tests were done:

1. Comparison between two independent mean groups for parametric data using Student t test.2. Chi-square test to study the association between each 2 variables or comparison between 2 independent groups as regards the categorized data. The probability of error at 0.05 was considered significant, while at 0.01 and 0.001 are highly significant. 3. Diagnostic validity test: It includes: a. The diagnostic sensitivity. b. The diagnostic specificity. c. The predictive value for a +ve test. d. The predictive value for a -ve test. e. The efficacy or the diagnostic accuracy of the test.

The ROC was constructed to obtain the most sensitive and specific cutoff for each variable, AUC can also be calculated.

4. Logistic Multi-Regression analysis was used to search for a panel (independent parameters) that can predict the target parameter (dependent variable).

Results: Study sample ages range from sixty years old to ninety five years old with mean age is 69 ± SD 7.1 years. One hundred and seventeen females (58.5%) and eighty three males (41.3%). Chi-square test proved that abnormal findings for grip strength was significantly higher among females than that of males (67.7% Vs 32.3%). The Student t test proved that both height and weight were decreased significantly among subjects with abnormal hand grip strength in comparison to those normal, while BMI showed non-significant difference.

Stepwise logistic multi-regression analysis was used to study the actual predictors for grip strength using several models searching for the most sensitive predictors. Finally, the results proved that is no actual relation between gender and abnormality in hand grip strength but only height and general health that grip strength abnormality depends. The best prediction for abnormal hand grip strength found to be general health at 25 combined with height 178 cm (sensitivity 100% and specificity 87.5%); as the values of general health and height decrease than those cutoff points the hand grip strength decrease and vice versa.

Applications: Physicians can predict abnormal HGS in Egyptian elderly if general health is less than 25 (as measured by SF-12 health survey) in person with height less than 178 cm.

Prevalence of diabetic nephropathy among aged with type 2 diabetes mellitus and its association with cardiovascular diseases

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Background: Controversy exists regarding the association between reduced glomerular filtration rate (GFR) and stroke, as one of the cardiovascular end points.

Aim: To study the prevalence of diabetic nephropathy among elderly with type 2 diabetes mellitus and the association between impaired GFR and/or proteinuria and cardiovascular diseases especially stroke.

Methods: This study was an observational cross sectional study. Patients known to have type 2 diabetes mellitus were recruited from outpatient clinics and inpatient departments, over 1 year period. Patients were excluded if they had known or suspected immune disorders, systemic infections, neoplasia or cystic diseases. Patients were not enrolled during acute illness. The collected data included estimated glomerular filtration rate (eGFR) and urinary protein creatinine ratio. History of prior acute myocardial ischemia, stroke or peripheral vascular disease was reported. Framingham 10 year coronary risk prediction was calculated. The association between proteinuria and/or decreased eGFR and cardiovascular diseases, especially stroke, was studied.
Results: Five hundred elderly patients with diabetes mellitus were serially included. The prevalence of chronic kidney disease was 56.4%, and they were distributed through the stages 3 to 5. Patients having proteinuria with decreased eGFR (proteinuric nephropathy) were 33.8%. There were significant differences between patients with eGFR < 60 versus ≥ 60 ml/min/1.73m² in acute myocardial ischemia and peripheral vascular disease, but not stroke (p = 0.023, < 0.001 and 0.56 consecutively). Impaired eGFR and/or proteinuria were significant predictors of acute myocardial ischemia and/or peripheral vascular disease. Area under the curve for proteinuric nephropathy was significantly higher than that for decreased eGFR as discriminator for acute myocardial ischemia and/ or peripheral vascular disease, P = 0.025, with proteinuric nephropathy had higher specificity than eGFR; while decreased eGFR had higher sensitivity than proteinuric nephropathy.

Conclusion: Proteinuria with decreased eGFR had higher discriminatory power than decreased eGFR for cardiovascular diseases, namely acute myocardial ischemia and/or peripheral vascular disease.

Radial versus femoral access for primary percutaneous interventions in acute myocardial infarction in over 55 years old patients

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Radial versus Femoral Access for Primary Percutaneous Interventions in Acute Myocardial Infarction in Over 55 Years Old Patients Nireen Khalefa Okasha, Yasser Gomaa El-Kashlan, Haitham Abdelfatah Badran, Mohamed Magdy Mohamed El Saied Mahmoud Kenawy Cardiology Department, Ain Shams University ABSTRACT.

Background: The femoral artery is by far the most frequently used access for both peripheral and coronary angiography; however femoral access isn’t always possible in all patients due to many reasons, The transfemoral approach (TFA) has been until present the main-stay for arterial access PCI in the setting of acute STEMI, while the transradial approach (TRA) is gaining ground in elective and to a lesser extent in primary procedures. Indeed, transradial approach has been shown to have several advantages over transfemoral approach. The number of over 55 years old patients undergoing percutaneous coronary intervention has increased over the last few decades. Studies have demonstrated that old age is a significant predictor of failure in procedures performed using the radial route due to tortuosity and that it is associated with a greater need for conversion to an alternate access route. However, old age is a significant risk factor for severe bleeding and vascular complications related to the procedure. Although access through the radial artery is an attractive approach for PCI in elderly patients, due to its potential to reduce vascular complications and therefore to reduce bleeding, the technical challenges typically encountered using the radial approach and the potentially reduced rate of success of the procedure in these patients may discourage interventionists from using it in this scenario.

Aim of the Work: Our study aimed to evaluate safety (expressed as potential reduction of bleeding complications) in the TRA compared to TFA in over 55 years old patients presenting with acute STEMI who are referred for primary PCI, and to assess the efficacy (expressed as door-to-balloon time) of TRA in comparison to TFA.

Patients and Methods: This study was conducted on 40 patients presenting to Nasser Institute with recent onset of acute STEMI undergoing revascularization via primary PCI in the period from December 2016 till December 2017, the patients were divided into 2 equal groups, for the first group primary PCI was performed via TFA while for the second group via TRA.

Results: Are under processing.

Role of geriatrics levels of care in providing integrated service

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Elderly healthcare system is characterized by being in multiple levels. Each level is having its special criteria, objectives, team and structural design. Those levels are either institutions or non-institution. Sometimes there is overlap between those services. There is a great need to improve the knowledge among health care providers, policy makers and public about those services. Training and cooperation between several governmental institutes are mandatory to provide geriatric health services in comprehensive manner.

There is a great need to have all those levels in Egypt taking in consideration our special cultural habits and believes and economic circumstances.

The challenge of restorative medicine with ageing

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Homeostasis is the tendency of an organism to maintain internal equilibrium by the regulation of its bodily processes. When these processes go away for whatever reason, then a disease can ensue. Most of the time the body can and will heal itself. But, just occasionally, it needs a little help to rebalance itself. This is the function of Restorative Medicine. It is not a specific type of medication, but rather a way of treating the body’s physiology as a whole. It proposes that most of diseases are all fundamentally the same because they are caused by the same problem: an imbalance of our body’s physiology, more specifically hormones and important vitamins and minerals.

Restorative medicine’s goal is to achieve optimal health, through balancing hormones and correcting physiological errors, which go onto accomplish harmony within the body and its systems. By doing so, it treats the ‘cause’ rather than the ‘effect’ of the multiple symptoms By optimizing function in the five main areas which are MIND, BODY, HORMONES, NUTRITION and TOXIN REMOVAL, many disease states improve and can actually reverse making you feel and look better.

The model of geriatric care: Tunisian experience

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Tunisia, a middle-income country in the north of the African continent, has one of the highest percentages of elderly persons