

75% and 55%, respectively, the average frequency of sexual intercourse was 0.9 and 0.5 per week. The major sexual dysfunction of the man is reported in 80% of cases, contrasting with the persistence of the orgasmic capacities. Disorders of lubrication and the decline in sexual desire are reported in 80% and 56% of women. Current sexual activity was correlated with the previous activity and the degree of participation of the partner. Cardiovascular diseases were incriminated in 56% of cases. Erectile disorders have been associated with urinary problems. The doctors are accused of not interested in their sexual difficulties. The complexity and the multifactorial nature of sexual disorders in the elderly make their therapy difficult.

<http://dx.doi.org/10.1016/j.eurger.2013.07.532>

P465

### **The geriatric skin microcirculation. Are the changes functional or structural?**

M.S. El-Nahid, A. Ashmaoui, M.S. Makboul

Kasr el Aini Hospital, Cairo University Hospital, Cairo, Egypt



**Introduction.**– The interest in the study of skin microcirculation rose from the hypothesis that skin microvascular function can mirror the state of the microcirculation in all other vascular beds, including the coronary bed. Endothelial function is a component of the microvascular function and an important parameter to assess for cardiovascular risk stratification. Endothelial dysfunction (ED) can accompany or even precede the development of several disease states like hypertension, diabetes, ischemic heart disease and peripheral vascular disease. Whether old age, in absence of illness, is accompanied by a state of endothelial dysfunction or not is a matter of interest. Early detection of ED in this population and means to reverse it can have its positive impact on the overall cardiovascular performance. ED can be examined by several techniques. The Laser Doppler Fluxmetry (LDF) is considered a safe and reliable method to study ED. The components of the reactive hyperemia test, namely the peak flux and percent change measurements, are considered good estimates of endothelial function. Not just the microvascular function that can be impaired, in old age, but also the structure. Structural changes in capillaries have been examined in elderly subjects with variable results.

**Methods.**– One hundred and eighty subjects were examined, 92 males and 88 females with an age range 35–76 years old. Subjects were divided into three groups. Group A; composed of 60 healthy elderly subjects with an age range of 65–76 years old, with no diabetes, hypertension, dyslipidemia or peripheral vascular disease (factors known to affect endothelial function). Group B; composed of 60 elderly subjects with an age range of 65–78 years old, with long standing hypertension (7–10 years) and Group C; the control group, composed of 60 young healthy subject, with an age range of 25–40 years old, with no diabetes, hypertension, dyslipidemia or peripheral vascular disease. The microcirculation was assessed by means of the LDF with the provocative test, the reactive hyperemia test, performed in all subjects. Further evaluation of the apparent structural abnormalities in skin microvascular structure was done using the capilloroscope in the three groups.

**Results.**– Results of the LDF showed a statistically significant difference in the peak flux and the percent change (components of the reactive hyperemia test) between groups A and C ( $P$  0.001 and 0.002 respectively) and between groups B and C as well ( $P$  0.001 and 0.001 respectively). These results denote the presence of endothelial dysfunction in the group of elderly hypertensive group compared to the control group and as well in the group of healthy elderly group compared to the control group. Results of the capilloroscope showed a statistically significant difference in the abnormal capillary morphology, capillary rarefaction and the presence of capillary hemorrhage in the elderly hypertensive group compared to the control group but no statistically significant difference between

the healthy geriatric group and the control group in the three studied morphologic parameters.

**Conclusion.**– The study of the microcirculatory changes in healthy geriatric patients revealed the presence of endothelial dysfunction and that this functional change was not accompanied by any significant characteristic abnormalities in capillary morphology.

<http://dx.doi.org/10.1016/j.eurger.2013.07.533>

P466

### **Variations in leucocytes and CRP during hospital stay after hip fracture**

M.I. Martinsen, A.H. Ranhoff

Diakonhjemmet Hospital and University of Bergen, Bergen, Norway



**Introduction.**– Clinical observations show that leucocytes and CRP increase far above normal levels after a hip fracture. Little is known about the normal and expected variations in these parameters and in relations to complicating infections. The aim is to describe variations in leukocyte count and CRP on day 0, 1, 3 and 5 after a hip fracture.

**Method.**– Observational study with 5 days follow-up. Medical and demographic data were obtained in a quality registry. Leukocyte count and CRP values were routine analyses, obtained from laboratory charts.

**Results.**– Four hundred and ninety-one patients (371 women) aged 65–83 years were included from 01.09.2011–30.09.2012. Mean leukocyte count and CRP on admission was respectively 10.9 ( $3.4$ – $25$ ,  $\pm 3.8$ ) and 19 ( $1$ – $253$ ,  $\pm 34$ ). Highest mean leukocyte count was registered on admission; highest mean CRP 166 ( $\pm 91$ ) was registered on day 3. One hundred and thirty patients (26%) were diagnosed with infections that required antibiotics (57 UTI and 79 pneumonia, 6 patients for both). Mean highest CRP in patients without infections was 148, and in patients with infections 204 (UTI 178, pneumonia 229). There were no differences in gender, age, ASA score or fracture type regarding variations in neither leukocyte count nor CRP during hospital stay. Nursing home patients had higher leukocyte count on admission 11.5 vs 10.7 ( $P=0.052$ ) and on day one 10.7 vs 9.6 ( $P=0.001$ ).

**Conclusions.**– Leukocyte counts in hip fracture patients seem to be falling during hospital stay, while CRP reaches maximum on day 3 after surgery. Patients admitted from nursing home had higher leukocyte count.

<http://dx.doi.org/10.1016/j.eurger.2013.07.534>

P467

### **Change in N-terminal pro B-type natriuretic peptide levels in the oldest old: The Leiden 85-plus Study**

R.K.E. Poortvliet<sup>a</sup>, A.J.M. de Craen<sup>b</sup>, J. Gussekloo<sup>a</sup>, W. de Ruijter<sup>a</sup>

<sup>a</sup> Department of Public Health and Primary Care, LUMC, Leiden, The Netherlands

<sup>b</sup> Department of Gerontology and Geriatrics, LUMC, Leiden, The Netherlands



**Introduction.**– N-terminal pro B-type natriuretic peptide (NT-proBNP) level is a diagnostic marker for heart failure and prognostic marker for long-term cardiovascular morbidity and mortality, also in older age. We aimed to assess the course of NT-proBNP levels in old age over time, the underlying determinants related to changes and the prognostic implications of changes.

**Methods.**– Changes in NT-proBNP levels between age 85 and 90 years and their associations with baseline and follow-up characteristics were assessed in a population-based sample of 272 participants aged 90 years of the Leiden 85-plus Study.

**Results.**– Median NT-proBNP increase over 5 years was 276 pg/mL (interquartile range [IQR] 77–1579) for men and 147 pg/mL (IQR