# 6.C. Care for the elderly

#### Impact of social interventions on older adults' mortality and hospitalization Giuseppe Liotta

*G Liotta*<sup>1</sup>, *O Madaro*<sup>2</sup>, *MC Inzerilli*<sup>2</sup>, *P Scarcella*<sup>3</sup>, *MC Marazzi*<sup>4</sup> <sup>1</sup>Biomedicine and Prevention Department, University of Rome, Rome, Italy <sup>2</sup>Community of Sant'Egidio - Long Live the Elderly program, Rome, Italy <sup>3</sup>Biomedicine and Prevention Dept - University of Rome Tor Vergata, Rome, Italy

<sup>4</sup>LUMSA University, Rome, Italy Contact: giuseppeliotta@hotmail.com

#### Introduction:

The sustainability of health systems in Europe is threatened by the growing demand of care generated by an aging population. Aim of this paper is to assess the impact on the hospitalization of older adults, of a Community-based pro-Active Monitoring Program (CAMP).

#### Methods:

Long Live the Elderly (LLE) is the name of the CAMP that has been running for 14 years by the Community of Sant'Egidio, an Italian NGO, with the support of the municipality of Rome. The program aims at counteracting social isolation by awareness campaigns, phone monitoring, strengthening of the personal social network and home visits in case of need. A randomized sample of the program's clients have been matched with a sample of Rome residents aged over 80. At the enrolment the Short Functional Geriatric Evaluation questionnaire for the assessment of frailty have been administered to all the participants. Data about mortality and hospital admissions have been recorded for the first six months after the enrolment.

#### **Results:**

The study populations was made up by 415 and 407 subjects for the LLE program and the control group respectively. Cases and controls were similar for mean age, gender distribution and level of frailty at the enrolment. Six months mortality was slightly higher for the cases than the controls (4.6% vs 3.2%, p = 0.305) while the percentage of six months hospital admissions was higher in the controls (11.1 vs 7.5 p = 0.122). In the multivariable analysis the risk of death increased for the level of frailty (OR: 1.11; CL95%: 1.05-1.18) and decreased in the females (OR: 0.38; CL95%: 0.18-0.81). The risk of hospital admission decreased among the LLE program's clients (OR: 0.64; CL95%: 0.40-1.05).

## **Conclusions:**

A community-based program aimed at counteracting social isolation could reduce the use of hospital care and improve the health system sustainability. Longer follow up could allow a better assessment of this relationship to plan effective community-based program.

### Key messages:

- A community-based program aimed at counteracting social isolation could reduce the use of hospital care.
- Longer follow up can confirm this relation along the time.