PB2343 MONITORING PHYSICAL ACTIVITY OF OLDER ADULTS WITH HEMATOLOGICAL MALIGNANCIES. THE IMPORTANCE OF CONDUCTING AN INDIVIDUALIZED FOLLOW-UP PROGRAM TO PREVENT FUNCTIONAL IMPAIRMENT

**Topic:** 35. Quality of life, palliative care, ethics and health economics

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**Background:**
Currently in Spain, the percentage of the population over 65 years has reached 22.9% and it is estimated that in 2050, 31.4% of the population will be over 65 years and 11.6% will be over 80 years of age. Regular physical activity (PA) helps to improve physical and mental function as well as to reverse some effects of chronic disease to keep older people mobile and independent. Being able to monitor PA in these patients would help us to carry out a more individualized follow-up and prevent functional decline early.

**Aims:** To describe the adherence and preliminary data of a personalized programme which monitors physical activity in older adults with hematological malignancies by means of wearables.

**Methods:** This is a prospective, non-randomized, single center (Hospital Rey Juan Carlos, Mostoles, Spain) study. We estimate a sample of 100 patients. It started in December 2020 and it will last up to December 2022. The inclusion criteria were patients over 70 years with hematological malignancies who were referred to the geriatric clinic to perform a comprehensive geriatric assessment (CGA) after scoring >14 points in the frailty G8 screening tool. The exclusion criteria were life expectancy less than one month, not indication of treatment, absence of smartphone, or program refusal. Initially, a CGA was made jointly between the geriatrician and the geriatric nurse. All those patients who fit the criteria were included in the program. Then, a personalized program is made with nutritional recommendations and physical activity prescription, following the Vivifrail programme and using a wearable to monitor it. The follow-up is carried out by the geriatric nurse through telephone calls at 1, 2, 4, 5 months and face-to-face at 3 and 6 months.

**Results:** To date, 34 patients have been referred to the geriatric clinic between December 1st 2020-February 20th 2022. The mean age was 77 (Min. 70, max. 93). The main diagnosis were: lymphoma (38%), multiple myeloma (32%), and chronic lymphatic leukemia (21%). 20 patients (59%) were classified as fit, 11 (32%) as pre-fragile, 2 (6%) as fragile, and 1 (3%) as “poor prognosis”. 33% were excluded (3 absence of smartphone, 2 life expectancy < 1 month, 4 refusal, 2 not indication of treatment, 1 for other causes). Of them, 53% of the sample was male. To date, 77.2 % of the patients have successfully completed the program. 55% of the patients synchronized the wearable with their own mobile. The mean number of daily footsteps was 6,678 (Min. 964, max. 14,562) of the total sample. The mean number of footsteps of the robust patients was higher than the footsteps of the prefragile patients (7,321 vs 4,833) but this difference was not statistically significant (p=0.17). No fragile or palliative-care patients reported data of footsteps. The mean minutes of sleep was 323 (Min. 231, max. 507).

**Summary/Conclusion:** The programme was feasible and satisfactory due to the adherence shown by most of the patients. The average number of daily steps and hours of sleep shows significant variability between patients. The relationship between the phone call and the face-to-face visit, and the increase in footsteps in the following days after the treatment provides us some promising data on the effectiveness of the intervention, pending further analysis when
the sample size is sufficient.