Final Programme

BGS Autumn Meeting
15-17 October 2014
Brighton Centre

An international multi-disciplinary conference covering a wide range of topics of interest to geriatricians and health care professionals concerned with care of older people

Follow us on Twitter
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#BGSCconf
BGS Office Bearers

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Professor Tahir Masud

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Mr Colin Nee

CPD Accreditation

Wednesday AM session
Code 91878 - 3 hours

Wednesday PM session
Code 91871 - 3 hours

Thursday
Code 91880 - 6 hours

Friday
Code 91884 - 6 hours

BGS Meetings Secretariat

General Meetings Management, Delegate Registration and Sponsorship Management

Mr Geraint Collingridge and Ms Martel St Marthe
British Geriatrics Society, Marjory Warren House
31 St John’s Square, London EC1M 4DN

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Website: www.bgs.org.uk [Select BGS Events]

Supported by

The British Geriatrics Society acknowledges with grateful thanks, the support given through sponsorship from:

AMGEN

astellas

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NUTRICIA
Dear colleague,

I have great pleasure in welcoming you all to the 2014 Autumn British Geriatrics Society scientific meeting. We return to the sun, sea and stones of Brighton and its refurbished conference centre after a gap of 3 years. Hopefully the programme will provide enough variety and interest to stimulate our intellects and provoke thought and debate.

The conference is kicked off on Wednesday morning by the Community Special Interest Group looking at integrated pathways, virtual ward rounds and ambulatory care. It continues in the afternoon with orthogeriatrics from the perspectives of the geriatricians, therapists and surgeons. Thursday’s sessions take us on a journey from the Intensive Care unit to Palliative care with several other topics to choose from in between, cumulating in the guest lecture given by Nigel Edwards, Chief Executive of the Nuffield Trust. Friday morning talks include Prescribing Errors and the ‘UTI’ and features Kaare Christensen from Denmark delivering the Trevor Howell lecture entitled ‘Living longer – and better?’ The final session of the conference will be discussing elder abuse and neglect with speakers from the British Institute of Human Rights and well-known BGS members.

As usual there are sponsored symposia and stands to visit as well as the plethora of high standard poster and platform presentations, not forgetting the conference dinner and other exciting activities Brighton has to offer! Above all I hope we all enjoy the conference both scientifically and socially and return to our places of work enthused and energised with the aim of putting some of what we’ve learned into practice.

Finally a very big thank you to all the staff at Marjory Warren house who work so hard, both visibly and behind the scenes, to create a successful conference for our benefit.

Nigel Page
Honorary Meetings Secretary

The programme is correct at the time of printing and the Secretariat accepts no liability for any changes made at a later date.
General Information

**Venue**
The meeting is taking place at Brighton Centre. The registration desk can be contacted on 0207 608 8573 during the hours of the conference.

**Cloakroom**
A cloakroom is located in the foyer, close to the registration desk. The cloakroom will be staffed from 07:00 - 18:00 on Wednesday; 07:00 - 19:00 on Thursday; and 07:00 - 16:00 on Friday. Name badges must be shown in order to use the cloakroom facilities free of charge.

**Security/ Badges**
Name badges must be worn at all times as these serve as the admission pass to all scientific sessions and the exhibition.

**Exhibition**
The exhibition will be active on:
- Wednesday 15th October 2014 - 11:00 - 18:00;
- Thursday 16th October 2014 - 07:00 - 18:00;
- Friday 17th October 2014 - 07:00 - 15:30

**Wi-fi**
The venue has freely accessible wi-fi throughout. Connect to wifi connection 'Brighton Centre'.

**Lunch and Refreshments**
Refreshments are available to all delegates during the designated breaks in the Exhibition Hall. Lunch is provided in the Exhibition Hall. Your delegate pack includes a voucher for each day of the meeting, which must be presented when collecting lunch. Sandwich lunches are available for those attending ancilliary meetings or symposia during lunch time.

**CPD Accreditation**
The meeting has been accredited for CPD (see inside front cover). To claim CPD points, you are required to complete and return the attendance form. This form is found in your delegate pack along with the feedback form, and should be returned to the registration desk on your departure from the conference.

Certificates of attendance will be distributed from 15.00 hrs on Friday 17th October or on the day for those delegates attending one day only. An electronic version will be sent to the registered email address as well following the meeting.

Please note that sponsored symposia will only receive CPD accreditation if applied for by the sponsor. In accordance with the rules of the Federation of Royal Colleges, a maximum of 6 CPD points a day may be claimed.

**Programme key**
Please note that all the non-sponsored sessions are accredited for CPD. However, this button signifies that the topic is in on the CPD Rolling Programme for 2014 in order to cover key curriculum topics over a 5 year cycle.

**Insurance**
The Organisers are unable to accept any responsibility for damage or loss of personal property during the conference. Delegates are advised that such items are adequately insured.
Ancillary Meetings

<table>
<thead>
<tr>
<th>Wednesday, 15th Oct</th>
<th>Meeting</th>
<th>Location</th>
<th>Notes</th>
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<tr>
<td>08.30-09.00</td>
<td>Chairs’ Briefing</td>
<td>Meeting Room 1a</td>
<td>Chairman only</td>
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<tr>
<td>Thursday, 16th Oct</td>
<td>Meeting</td>
<td>Location</td>
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<tr>
<td>08.00-08.45</td>
<td>Poster Assessors</td>
<td>Breakfast provided</td>
<td>Poster assessors only</td>
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<tr>
<td></td>
<td></td>
<td>Meeting Room 1b</td>
<td></td>
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<tr>
<td>08.30-09.00</td>
<td>Chairs’ Briefing</td>
<td>Meeting Room 1a</td>
<td>Chairman only</td>
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<tr>
<td>13.00-14.00</td>
<td>Poster assessors</td>
<td>Lunch provided</td>
<td>Poster assessors only</td>
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<tr>
<td></td>
<td>Meeting</td>
<td>Meeting Room 1b</td>
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<tr>
<td>Friday 17th Oct</td>
<td>Meeting</td>
<td>Location</td>
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<tr>
<td>08.30-09.00</td>
<td>Chairs’ Briefing</td>
<td>Meeting Room 1a</td>
<td>Chairman only</td>
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<tr>
<td>10.30-11.00</td>
<td>Meetings committee</td>
<td>BGS Office</td>
<td>Meetings committee only</td>
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<tr>
<td>13.00-14.00</td>
<td>Trainees Meeting</td>
<td>Auditorium 2</td>
<td>Immediately after AGM. Lunch will be provided</td>
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</tbody>
</table>

Social Media

The BGS continues to be active on social media and we will be even busier throughout this Autumn Meeting. As usual we will be using the event hashtag #BGScconf on Twitter. We look forward to connecting with delegates and speakers and with those unable to attend this meeting, but interested in following the commentary online.

Our activities will not just be virtual, this meeting is a great opportunity for bloggers and tweeters to meet up in person. We have a designated area in the exhibition space as a Social Media Hang-out. Please come and join us during the breaks to meet other bloggers and tweeters, to get involved or to learn more about using social media.

Follow us on Twitter @GeriSoc #BGScconf

Sponsored Symposia

Wednesday: 17.00-18.00 - Sponsored by Amgen
**Treating osteoporosis in an ageing population**
Faculty: M Kassim Javaid, Norman Collisson Lecturer in Metabolic Bone Disease, University of Oxford and Honorary Consultant Rheumatologist, Nuffield Orthopaedic Centre
Mark Baxter, Consultant Physician and Lead Orthogeriatrician, University Hospital Southampton

Thursday: 08.00-09.00 Sponsored by Astellas
**Right first time in the elderly incontinent patient**
Faculty: Susie Orme, Consultant Elderly Medicine, Barnsley Hospital NHS Foundation Trust
Steve Foley, Consultant Urologist, Royal Berkshire NHS Foundation Trust
Phil Toozs-Hobson, Consultant Obstetrician, Gynaecologist, Birmingham Women’s Foundation Trust

Friday: 18.00-19.00 Sponsored by Britannia Pharmaceuticals
**Have your Parkinson’s patients got the guts to get going?**
Faculty: Sarah Marrinan, SpR Geriatric Medicine, Northern Deanery
Doug MacMahon, Consultant Physician, Dept of Neurology, University Hospitals Coventry & Warwick
Peter Fletcher, Elderly Care Consultant Physician, Gloucestershire Hospitals NHS Foundation Trust

Friday: 13.15-14.00 Nutricia
**A new nutritional approach in early Alzheimer’s disease**
Faculty: Craig Ritchie, Professor of Psychiatry of Ageing, University of Edinburgh
David Wilkinson, Consultant in Old Age Psychiatry

Programme Overview

<table>
<thead>
<tr>
<th>Wednesday</th>
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<tr>
<td>Community Geriatrics</td>
<td>ITU and Older Patient</td>
<td>Venous disorders</td>
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<td>Osteoporosis</td>
<td>Rheumatology</td>
<td>Health Service Research</td>
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<td>Research clinic</td>
<td>Communication/ Drug Errors</td>
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<td></td>
<td>Anticoagulation</td>
<td>Trevor Howell Guest Lecture Living longer – and better?</td>
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<td>Respiratory disease</td>
<td>Elder abuse and neglect</td>
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<td>New Service Development</td>
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<td>Neurology</td>
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Social Programme

**Drinks/Reception**
There will be a drinks/reception at the Skyline Restaurant at 18:00 on Wednesday, 15th October. The Drinks Reception is available to ALL delegates.

**Conference dinner**
The British Geriatrics Society Spring Meeting Conference Dinner will be held on Thursday 16th October at the Hilton Metropole.

Anyone wishing to purchase tickets for this event are advised to refer to the message board in the registration area for any re-sale tickets.
## Wednesday, 15th October

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Details</th>
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<tr>
<td>08.00-17.00</td>
<td><strong>REGISTRATION OPENS</strong></td>
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<tr>
<td>09.45-13.00</td>
<td><strong>COMMUNITY GERIATRICS</strong></td>
<td><strong>Auditorium 2</strong></td>
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<tr>
<td>09.45</td>
<td>Welcome and update</td>
<td>Eileen Burns, Consultant Physician, Leeds Teaching Hospital NHS Trust</td>
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<tr>
<td>10.00</td>
<td>Acute medicine at the interface of primary and secondary care</td>
<td>Daniel Lasserson, Senior Clinical Researcher, Nuffield Department of Primary Care Health Sciences, University of Oxford</td>
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<tr>
<td>10.30</td>
<td>The Acute Geriatric Intervention Service (AGIS)</td>
<td>Viveca Kirthisingha, Consultant Community Geriatrician, Cambridge Community Services and Annami Palmer, Lead Therapist, Brookfields Hospital</td>
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<tr>
<td>11.00-11.30</td>
<td><strong>TEA AND COFFEE</strong></td>
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<td>11.30-13.00</td>
<td><strong>CPD</strong></td>
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<td>11.30</td>
<td>Discharge to assess</td>
<td>Ruth Brown, Operations Director for Community and Geriatric, Stroke Medicine, Sheffield Teaching Hospitals NHS Foundation Trust</td>
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<tr>
<td>12.00</td>
<td>Post discharge virtual wards</td>
<td>Maj Pushpangaden, Clinical Lead, Elderly Care Bradford Teaching Hospitals</td>
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<tr>
<td>12.30</td>
<td>Discussion</td>
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<tr>
<td>13.00-14.00</td>
<td><strong>LUNCH</strong></td>
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<td>14.00-15.30</td>
<td><strong>CPD</strong></td>
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<tr>
<td>14.00</td>
<td>Osteoporosis and fracture liaison services</td>
<td>Roger Francis, Emeritus Professor of Geriatric Medicine, Institute for Ageing and Health, Newcastle University</td>
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<tr>
<td>14.30</td>
<td>Hip fracture - audit in action</td>
<td>Antony Johansen, Consultant, University Hospital of Wales and Cardiff Royal Infirmary, Cardiff</td>
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<tr>
<td>15.00</td>
<td>Physiotherapy following hip fracture - clinical and evidence based perspectives</td>
<td>Victoria Goodwin, Senior Research Fellow, University of Exeter Medical School and Louise Briggs, Allied Health Professional Therapy Consultant, St George’s Healthcare NHS Trust, London</td>
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<tr>
<td>15.30-15.45</td>
<td><strong>TEA AND COFFEE</strong></td>
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<td>15.45-16.45</td>
<td><strong>CPD</strong></td>
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<tr>
<td>15.45</td>
<td>The Orthogeriatric Unit</td>
<td>Nivi Singh, consultant orthogeriatrician, St Helier Hospital</td>
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<tr>
<td>16.15</td>
<td>Orthopaedics</td>
<td>Robert Handley, John Radcliffe Hospital</td>
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<tr>
<td>16.45</td>
<td>Discussion</td>
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<tr>
<td>17.00-18.00</td>
<td><strong>Sponsored Symposium - Amgen</strong></td>
<td>Treating Osteoporosis in an ageing population</td>
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<td><strong>Auditorium 2</strong></td>
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<tr>
<td>18.00</td>
<td><strong>DRINKS RECEPTION</strong></td>
<td>Brighton Skyline Restaurant</td>
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# Thursday, 16th October - Morning Sessions

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<th>Time</th>
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<th>Session C</th>
<th>Session D</th>
<th>Session E</th>
<th>Workshop 1</th>
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<tbody>
<tr>
<td>08.00-09.00</td>
<td>REGISTRATION</td>
<td>Sponsored Symposium - Astellas Pharma</td>
<td>Right first time in the elderly incontinent patient</td>
<td>President's Address and Autumn Preview by Professor Paul Knight</td>
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<td>08.00-09.15</td>
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<td>09.15-10.45</td>
<td>Session B</td>
<td>Session C</td>
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<td>Workshop 1</td>
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<tr>
<td>09.15</td>
<td>Which older people to admit to ITU and their outcomes</td>
<td>Which older people to admit to ITU and their outcomes</td>
<td>09.20 Abstract Book 1: Association between Allopurinol use and hip fracture in older patients discharged from rehabilitation</td>
<td>Which older people to admit to ITU and their outcomes</td>
<td>Which older people to admit to ITU and their outcomes</td>
<td>Workshop 1</td>
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<td></td>
<td>Andrew Bentley, University Hospital of South Manchester</td>
<td>Andrew Bentley, University Hospital of South Manchester</td>
<td>U Basu, Medical Research Institute, University of Dundee</td>
<td>Andrew Bentley, University Hospital of South Manchester</td>
<td>Andrew Bentley, University Hospital of South Manchester</td>
<td>Workshop 1</td>
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<tr>
<td>09.45</td>
<td>Delirium on ITU</td>
<td>Delirium on ITU</td>
<td>09.35 Abstract Book 2: Grip strength across the life course, normative data from twelve British studies</td>
<td>Delirium on ITU</td>
<td>Delirium on ITU</td>
<td>Workshop 1</td>
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<td>Valerie Page, Consultant Intensive Care, Watford General Hospital</td>
<td>Valerie Page, Consultant Intensive Care, Watford General Hospital</td>
<td>R Dodds, MRC Lifecourse Epidemiology Unit, University of Southampton</td>
<td>Valerie Page, Consultant Intensive Care, Watford General Hospital</td>
<td>Valerie Page, Consultant Intensive Care, Watford General Hospital</td>
<td>Workshop 1</td>
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<tr>
<td>10.15</td>
<td>Post ITU rehabilitation and follow up</td>
<td>Post ITU rehabilitation and follow up</td>
<td>10.30 Abstract Book 3: Does the TUGT predict future falls among British community-dwelling older people?</td>
<td>Post ITU rehabilitation and follow up</td>
<td>Post ITU rehabilitation and follow up</td>
<td>Workshop 1</td>
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<td>Carl Waldman, Consultant in ICU and Anaesthetics, Vice-Dean Faculty of Intensive Care Medicine Royal Berkshire NHS Trust</td>
<td>Carl Waldman, Consultant in ICU and Anaesthetics, Vice-Dean Faculty of Intensive Care Medicine Royal Berkshire NHS Trust</td>
<td>G Kojima, Dept of Primary Care &amp; Population Health, UCL</td>
<td>Carl Waldman, Consultant in ICU and Anaesthetics, Vice-Dean Faculty of Intensive Care Medicine Royal Berkshire NHS Trust</td>
<td>Carl Waldman, Consultant in ICU and Anaesthetics, Vice-Dean Faculty of Intensive Care Medicine Royal Berkshire NHS Trust</td>
<td>Workshop 1</td>
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<tr>
<td>12.00-13.00</td>
<td>COFFEE, POSTERS AND EXHIBITION</td>
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<td>12.00</td>
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<td>Session E</td>
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<td>RESEARCH CLINIC</td>
<td>ANTICOAGULATION</td>
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<tr>
<td>12.00</td>
<td>NIHR research network on Ageing</td>
<td>Overdiagnosis of hospital acquired pneumonia in older people – rates and reasons from a prospective survey</td>
<td>12.20 Expert opinion on the management of pain in hospitalised older patients with cognitive impairment: a mixed methods analysis of a national survey</td>
<td>How to negotiate the pathways into research</td>
<td>How to negotiate the pathways into research</td>
<td>Workshop 1</td>
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<td>Stuart Parker, William Leech Professor of Geriatric Medicine Institute for Ageing and Health Newcastle University</td>
<td>A M Clinton, RJG Price, LA Burton, KE Barr, SM McAuley, JB Allen, G Philips, CA Marwick, MET McMurdo, MD Wilham</td>
<td>E Reynish, Professor of Dementia studies, University of Stirling</td>
<td>Thomas Jackson, Geriatrician and Clinical Research fellow University of Birmingham</td>
<td>Thomas Jackson, Geriatrician and Clinical Research fellow University of Birmingham</td>
<td>Workshop 1</td>
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<tr>
<td>12.15</td>
<td>Abstract Book 5: Falls and dyspnea-related disability are predictors of mortality in patients with COPD and major depression</td>
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<td>12.40</td>
<td>How to negotiate the pathways into research</td>
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<td>Thomas Jackson, Geriatrician and Clinical Research fellow University of Birmingham</td>
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<td>Workshop 1</td>
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<td>William Lester, Consultant Haematologist, University Hospitals Birmingham</td>
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<td>William Lester, Consultant Haematologist, University Hospitals Birmingham</td>
<td>William Lester, Consultant Haematologist, University Hospitals Birmingham</td>
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## Thursday, 16th October - Afternoon Sessions

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<td>13.00-14.00</td>
<td>RESPIRATORY MEDICINE</td>
<td>NEW SERVICE DEVELOPMENT</td>
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<td>14.00-15.00</td>
<td>Auditon 2</td>
<td>Syndicate Room 2</td>
<td>Meeting Room 1a</td>
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<tr>
<td>14.00</td>
<td>Pleural diseases</td>
<td>14.00</td>
<td>Mental capacity</td>
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<td>James Goldring, Consultant Respiratory Physician &amp; Honorary Senior Lecturer, Royal Free London</td>
<td>14.00</td>
<td>Premila Fade, Consultant in Geriatric Medicine, Poole Hospital and Dawne Garrett, Professional Lead - Care of Older People, Royal College of Nursing</td>
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<td>14.30 COPD</td>
<td>14.20</td>
<td>The serenity to manage, the courage to lead and the wisdom to know the difference</td>
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<td></td>
<td>Christopher Dyer, Geriatrician, Royal United Hospital</td>
<td>14.40</td>
<td>Out of the frying pan and into the fire. Management and leadership skills and the transition from StR to Consultant</td>
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<td>14.00</td>
<td>Adam Gordon, Queens Medical Centre, Nottingham &amp; Honorary Secretary, British Geriatrics Society</td>
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<td>14.30</td>
<td>Sarah Stoneley, Consultant Geriatrician, University Hospitals Leicester</td>
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<tr>
<td>15.00-15.30</td>
<td>COFFEE, POSTERS AND EXHIBITION</td>
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<td>15.30-16.50</td>
<td>NEUROLOGY</td>
<td>DEBATE</td>
<td>PALLIATIVE CARE</td>
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<td>Auditorium 2</td>
<td>Syndicate Room 2</td>
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<td>15.30</td>
<td>PD rehabilitation</td>
<td>15.30</td>
<td>Palliative care</td>
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<td>Carl Clarke, Professor of Clinical Neurology, University of Birmingham</td>
<td>15.30</td>
<td>Anna Lock and Diana Webb, Palliative Medicine Consultants, Sandwell and West Birmingham Hospitals</td>
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<td>16.15</td>
<td>Paraneoplastic neurological syndromes</td>
<td>15.30</td>
<td>&quot;This house believes that earlier diagnosis of dementia is good for patients and their families&quot;</td>
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<td>Harnish Patel, University of Southampton</td>
<td>15.30</td>
<td>“This house believes that earlier diagnosis of dementia is good for patients and their families”</td>
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<td>16.50-17.50</td>
<td>Guest lecture - Redesigning Care</td>
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<td>Nigel Edwards, Chief Executive, Nuffield Trust</td>
<td>15.30</td>
<td>For: Jill GC Rasmussen, RCGP Clinical Champion Dementia</td>
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<td></td>
<td>Auditorium 2</td>
<td></td>
<td>Against: Martin Brunet, GP, Surrey</td>
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<td>18.00-19.00</td>
<td>Sponsored Symposium – Britannia Pharmaceuticals</td>
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<td>Can Parkinson's patients stomach their drugs?</td>
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<td>20.00-LATE</td>
<td>CONFERENCE DINNER</td>
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<td>Live Post-Dinner Entertainment</td>
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**Friday, 17th October**

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<th>Time</th>
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<tr>
<td>09.00-10.00</td>
<td>CVS VENOUS DISORDERS</td>
<td>PERI-OPERATIVE CARE OF OLDER PEOPLE UNDERGOING SURGERY</td>
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<td>Auditorium 2</td>
<td>Syndicate Room 2 <strong>CPD</strong></td>
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<tr>
<td>09.00</td>
<td>Introduction</td>
<td>9.00 Older surgical patients - where are we now?</td>
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<td>Judith Partridge - PhD Clinical Fellow, Guys and St Thomas' NHS Foundation Trust</td>
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<td>09.05</td>
<td>Achieving better outcomes for complex venous ulcers</td>
<td>9.15 Establishing a perioperative service</td>
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<td>Alison Hopkins, Chief Executive, Accelerate CIC</td>
<td>David Shipway, Consultant Physician &amp; Geriatrician, Surgical Liaison &amp; Comprehensive Onco-Geriatric Surgery Service, St Mary’s Hospital</td>
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<tr>
<td>09.30</td>
<td>Management of venous thromboembolism-the state of then art</td>
<td>9.30 The future of perioperative medicine - an anaesthetist's perspective</td>
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<td>Raj Patel, Kings College Hospital NHS Foundation Trust</td>
<td>David Walker, Consultant, University London College Hospital</td>
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<tr>
<td>10.00-10.30</td>
<td>UTI</td>
<td>COMMUNICATION/DRUG ERRORS</td>
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<td>Auditorium 2</td>
<td>Syndicate Room 2 <strong>CPD</strong></td>
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<td>10.30</td>
<td>&quot;Probably a UTI&quot;: Pitfalls in the diagnosis of urinary tract infection in older people</td>
<td>10.30 Prescribing errors in older hospitalised people</td>
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<td>Sean Ninan, ST6 Geriatric Medicine, Hull Royal Infirmary</td>
<td>Robin Ferner, Director West Midlands Centre for Adverse Drug Reactions &amp; Honorary Professor of Clinical Pharmacology, University of Birmingham</td>
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<td>11.00</td>
<td>Considering the right treatment and prevention of UTIs</td>
<td>11.00 Considering the right treatment and prevention of UTIs</td>
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<td>Keith Harkins, Consultant Geriatrician, University Hospital South Manchester</td>
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11.30  
Trevor Howell Guest Lecture  
Living longer – and better?  
Kaare Christensen, University of Southern Denmark  
Auditorium 2

12.30  
British Geriatrics Society AGM followed by the BGS Trainees’ Meeting  
Auditorium 2

13.00-14.00  
LUNCH

13.15-14.00  
Sponsored Symposium – Nutricia  
Syndicate Room 2  
A new nutritional approach in early Alzheimer’s disease  
David Wilkinson, Consultant in Old Age Psychiatry

14.00-15.30  
Session N  
ABUSE AND NEGLECT OF OLDER PEOPLE  
Auditorium 2 **CPD**

14.00  
Where does neglect end and abuse start?  
Jackie Morris, Retired Geriatrician

14.30  
The difference it makes: Putting Human Rights at the heart of health and care for older people  
Stephen Bowen, Director of the British Institute of Human Rights

15.00  
Discussion

15.30  
CLOSE OF MEETING
POSTERS

See Abstract Book (in delegate bags)

CLINICAL EFFECTIVENESS

6. ACCEPTABILITY OF USE OF VOLUNTEERS FOR FUNDAMENTAL CARE OF OLDER INPATIENTS
A M Baczynska, H Blogg, M Haskins, A Aihie Sayer, H C Roberts

7. OLDER PEOPLE ASSESSMENT AND LIAISON SERVICE (OPAL) IMPACT IN PATIENTS ADMITTED TO MEDICAL ASSESSMENT UNIT (MAU) AT ASHFORD and ST. PETER’S NHS TRUST
A Smith, K Yeong, R Lisk

8. UNDERSTANDING FRAILTY AND ITS ASSESSMENT BY LOCAL DOCTORS – A SURVEY
A K Miriyala, A Joughin, S H Naqvi

9. QUALITY OF PRESCRIPTIONS IN ACUTE GERIATRIC / STROKE WARDS WAS IMPROVED BY REGULAR DRUG CHART REVIEWS IN ADDITION TO SERIAL AUDIT FEEDBACK FOR PRESCRIBERS
A B Pearson, E Ferguson, E Deardon, W L Morley

10. ROUTINE SCREENING TOOLS FOR COGNITIVE IMPAIRMENT AND DEPRESSION IN OLDER PATIENTS AT A PARKINSON’S DISEASE (PD) CLINIC
A B Pearson, N R Colledge

11. RIGHT CATHETER, RIGHT PATIENT, RIGHT TIME: A QUALITY AND IMPROVEMENT PROJECT TO REDUCE URINARY CATHETER INDWELL TIME ON AN ELDERLY WARD, INCLUDING USING INTERMITTENT CATHETERISATION
A Folwell, R Soumati, T Elders, F Thomson

12. JOINT GP AND GERIATRICIAN CARE HOME RESIDENT REVIEWS: AN INTEGRATED MODEL
A Folwell, D Heseltine, C Henderson, K Athorn

13. WHAT DO PATIENTS WEAR ON THEIR FEET? A SERVICE EVALUATION OF FOOTWEAR IN ELDERLY PATIENTS (STEP)
C D Vass, C Edwards, A Smith, O Sahota, A Drummond

14. AN EVALUATION OF DELIRIUM MANAGEMENT IN THE ERA OF THE DaD TEAM
C Liang, M Sweeting, M Kinirons

15. A SIMPLE SCORE TO IDENTIFY FRAIL OLDER PATIENTS
C Newark, C Borland, S Bashford

16. STRATEGIES TO INCREASE FRAILTY SCREENING IN OLDER SURGICAL INPATIENTS
C Osborne, A Charles, A Hare, P Thiruchelvam, D J H Shipway

17. IMPROVING ADVANCE CARE PLANNING IN NURSING HOME RESIDENTS ADMITTED TO HOSPITAL
D M Ronan, A Folwell, S Irwin

18. SURVEY ON THE ATTITUDES OF HOSPITAL DOCTORS TOWARDS THE TERMS ‘ACOPIA’ AND ‘SOCIAL ADMISSION’ IN CLINICAL PRACTICE
D Curran, I Chattopadhyay

19. AUDIT ON DRUG ERRORS IN A CARE OF THE ELDERLY WARD
M Afzal, M Malhotra

20. INVOLVING SERVICE USERS IN THE DEVELOPMENT OF EDUCATIONAL MATERIAL FOR PEOPLE WITH PARKINSON’S
E L Stack, S Haywood, H C Roberts

21. SYNCOPE – CAN THE USE OF A RISK-STRATIFICATION SCORE REDUCE ADMISSIONS AND IMPROVE CARE QUALITY?
E Pickavance, S Liu, S Kennedy, L McKay, S Varma, M Ryan, D Bourne
22. CARERS’ SATISFACTION WITH INPATIENT HOSPITAL CARE: FINDINGS OF A DEMENTIA CARERS’ SURVEY  
E Sewter, R W Jones, I Hart, C Dyer

23. THE IMPACT OF A SPECIALIST INTERDISCIPLINARY TEAM AND ASSESSMENT LOUNGE ON THE QUALITY OF CARE OF OLDER PEOPLE PRESENTING TO THE EMERGENCY DEPARTMENT  
E Clift, N Ellis, H C Roberts, A Aihie Sayer

24. REDUCING GERIATRIC RE-ADMISSIONS AND LENGTH OF STAY THROUGH TRIAGE RAPID ELDERLY ASSESSMENT TEAM (TREAT) AND POST ACUTE CARE ENABLEMENT (PACE). A RETROSPECTIVE BEFORE AND AFTER COHORT STUDY  
G Warlow, T S Satkunasingham, S Ilfie

25. THE INTRODUCTION OF GENERAL PRACTITIONERS (GP), CARE HOME SUPPORT TEAM (CHST) AND ANTICIPATORY MANAGEMENT PLANS (AMP) IN AN ATTEMPT TO REDUCE HOSPITAL ATTENDANCES AND ADMISSIONS FROM CARE HOMES  
H Edwards, G Battrum, S Watts, G MacKenzie, K Le Ball

26. DO CONSULTANT LED PHARMACIST MEDICATION REVIEWS LEAD TO IMPROVED PRESCRIBING?  
H A McKee, M G Scott, J Cuthbertson, R Miller

27. MANAGING HOSPITALISED PATIENTS WITH PARKINSON’S DISEASE: ARE WE GETTING IT RIGHT?  
J Simms, S Winder-Rhodes, S Gay

28. SCREENING FOR DEMENTIA; AN AUDIT OF IMPROVING COMPLIANCE WITH THE DEMENTIA CQUIN  
J K A Mills, J S Minhas, S L Robotham

29. PATIENTS ADMITTED TO CARE OF THE ELDERLY WARDs FREQUENTLY REQUIRE UNAVOIDABLE READMISSION AND HAVE HIGH MORTALITY  
K Warburton, B Adler, J McCallion

30. AUDIT FOR EVALUATION OF THE SURGICAL LIAISON SERVICE IN A DISTRICT HOSPITAL  
K A Mak, A J Alegbeleye

31. IMPROVING DELIRIUM CARE IN THE MEDICAL ASSESSMENT UNIT  
R Manners, K Colquhoun, C Harrow, L Wilson

32. COMPARISON OF A&E ATTENDANCES AND ADMISSIONS FOR A NURSING HOME BEFORE AND AFTER THE INTRODUCTION OF ENHANCED PRIMARY CARE MEDICAL SERVICES  
A Arora, L Greensall, D Moody, E O Byrne

33. FACTORS PREDICTIVE OF NURSING HOME ADMISSION DIRECTLY FROM HOSPITAL: A SYSTEMATIC REVIEW  
C Armstrong, L Hamilton, S D Shenkin

34. THE IMPACT OF HEAD INJURIES IN THE ELDERLY: A RETROSPECTIVE SURVEY OF ELDERLY PATIENTS ADMITTED TO SOUTHAMPTON GENERAL HOSPITAL  
J Drayson, M Baxter

35. USING A STICKER TO IMPROVE THE DOCUMENTATION AND APPROPRIATENESS OF URETHRAL CATHETER INSERTION  
M Greig, E Woods, S Saha, C Lacey

36. DOES THE PEACE TOOL ENABLE DEATH AT HOME FOR FRAIL ELDERLY PATIENTS AT THE END OF THEIR LIVES?  
M Nakajima, D Benson, E Mucci

37. THE IMPACT OF AN ORTHOPAEDIC SUPPORTIVE DISCHARGE (OSD) TEAM IN OUR HIP FRACTURE SERVICE  
R Lisk, M Krasuki, H Watters, J Fieldhouse, C Parsons, K Eidens, K Yeong

38. DEMENTIA CQUIN COMPLIANCE IN THE ACUTE MEDICAL UNIT: COMPLETED AUDIT CYCLE IN A LONDON TEACHING HOSPITAL  
R Keynejad, A Hawksley, J Harrison, A Skinner, E Asgari

39. EVALUATION OF AN IN-REACH SINGLE COMPREHENSIVE GERIATRIC ENCOUNTER IN FRAIL OLDER PEOPLE ADMITTED TO AN ACUTE ADMISSIONS UNIT  
R Dutta, U Ghani, K Westacott, K Gopinathan
40. OLDER PATIENTS’ EXPERIENCE WITH TEACHING MEDICAL STUDENTS: IS THERE A SCOPE FOR IMPROVEMENT?  
A Maynard, S Thompson

41. IMPROVING UPTAKE OF THE BUTTERFLY SCHEME ON AN ELDERLY MEDICINE WARD  
N Bryce, N Sharma, S Adams, S Ninan

42. INTERVENTIONS TO PREVENT NON-CRITICAL CARE HOSPITAL ACQUIRED PNEUMONIA – A SYSTEMATIC REVIEW  
S M McAuley, R J G Price, G Philips, C A Marwick, M E T McMurdo, M D Witham

43. POLYPHARMACY AND PROTON PUMP INHIBITOR PRESCRIBING IN OLDER PATIENTS  
S Tobin, S Power, R O’Caoimh, M O’Connor

44. AUDIT OF DELAYED DISCHARGES FROM A COMMUNITY HOSPITAL  
S Escalona, S Ponnambath, S Elheis, D Jarrett

45. AUDIT OF MULTI-FACTORIAL ASSESSMENT OF OLDER PERSONS ADMITTED TO THE OLDER PERSON’S UNIT AT ST THOMAS’ HOSPITAL AT HIGH RISK OF FALLS  
T Win, J Innerarity, A Chubb, V Manou-Stathopoulou, R Schiff

46. A SURVEY OF LEVELS OF KNOWLEDGE OF LOCAL MEDICAL DOCTORS IN THE WEST MIDLANDS ON DELIRIUM DIAGNOSIS AND MANAGEMENT  
T F Quigley, C L Jackson, S H Naqvi, N Page

47. CONSENT TO TREATMENT MENTAL CAPACITY ACT 2005- MENTAL CAPACITY ACT 2 DOCUMENTATION AUDIT  
V Ralph, R Page, F Baird, M Avari, M Brenner

48. PROACTIVE MANAGEMENT OF PATIENTS WITH LONG TERM CONDITIONS USING A WEEKLY MULTIDISCIPLINARY CASE COORDINATION MODEL AT GENERAL PRACTICES – THE WOKINGHAM EXPERIENCE  
Y Sote, D Jones, K Byng

49. END OF LIFE CARE IN PARKINSON’S DISEASE - ARE WE GETTING IT RIGHT?  
Z Muir, L White, K Hood, A L Cunnington

DIABETES

50. PREDICTORS OF GLOMERULAR FILTRATION RATE DECLINE IN OLDER PEOPLE WITH TYPE 2 DIABETES  
S Zafar, E Tan, H Abdelhafiz

EPIDEMIOLOGY

51. THE RELATIONSHIP BETWEEN RENAL FUNCTION, PHYSICAL FUNCTION AND SURVIVAL IN OLDER PATIENTS DISCHARGED FROM INPATIENT REHABILITATION  
E M Doyle, J M Sloan, J Goodbrand, M E T McMurdo, P T Donnan, M McGilchrist, H Frost, M D Witham

52. THE RELATIONSHIP BETWEEN SUBJECTIVE AND OBJECTIVE MEASUREMENTS OF PHYSICAL ACTIVITY IN COMMUNITY DWELLING OLDER PEOPLE  
S M Perera, T Vadiveloo, P T Donnan, F F Sniehotta, I K Crombie, Z Feng, M E T McMurdo, M D Witham

FALLS FRACTURES AND TRAUMA

53. ARE ACCELEROMETERS A USEFUL WAY TO MEASURE ACTIVITY IN CARE HOME RESIDENTS?  

54. ROLE OF FROP-COM SCREENING TOOL IN TARGETED FALL PREVENTION IN THE COMMUNITY  
G Loo, S M Lee, W Long, J Z Lock, S Y Soh, S Seetharaman, R A Merchant

55. THE DEBATE OVER MECHANICAL THROMBOPROPHYLAXIS AFTER HIP FRACTURE: TIME TO CHOOSE SIDES  
M B Protty, S Aithal, B Hickey, R Pettit, A Johansen
56. VITAMIN D, PARATHYROID HORMONE AND LENGTH OF STAY IN HIP FRACTURE PATIENTS
M Popescu, M Zertalis, D East, A Butler-Manuel, R Woledge, S Bruce

57. CAN CARE HOME RESIDENTS ACHIEVE THE RECOMMENDED DOSE AND INTENSITY OF FALLS
PREVENTION EXERCISE? – ANALYSIS FROM THE PREVENTION OF FALLS IN COGNITIVELY IMPAIRED
OLDER ADULTS LIVING IN RESIDENTIAL CARE (PROF-COG) STUDY
C Condon, S H D Jackson, J Whitney

HEALTH SERVICES RESEARCH

58. FAILSAFE VERSUS ISAR (IDENTIFICATION OF SENIORS AT RISK) – WHICH IS BETTER AT
SCREENING FOR ADVERSE OUTCOMES IN PATIENTS PRESENTING TO THE MEDICAL ASSESSMENT
UNIT?
K Bagguley, R Abeyratne, J Harvey, A Jokhio, Z Wyrko, A Hopper, T Downes, A L Gordon

LAW AND ETHICS

59. A SURVEY OF OLDER PEOPLE’S ATTITUDES TOWARDS ADVANCE CARE PLANNING
I Musa, J Seymour, T Wada, M Narayanasamy, S Conroy

NEUROLOGY AND NEUROSCIENCES

60. COST AND RESOURCE USE IN NON-INSTITUTIONALISED ALZHEIMER’S PATIENTS – RESULTS FROM
AN OBSERVATIONAL STUDY IN THE UK OVER 18 MONTHS
A Lenox-Smith, C Reed, J Lebrec, M Belger, A Smyth, R W Jones

OTHER MEDICAL CONDITIONS

61. GERIATRICIAN CONSULTATIONS ON APPROPRIATE PRESCRIBING FOR FRAIL OLDER PEOPLE IN
RESIDENTIAL AGED CARE FACILITIES
A Poudel, L C Gray, C Mitchell, L M Nissen, R E Hubbard

62. A PILOT STUDY TO EVALUATE THE CLINICAL FRAILTY SCALE FOR PREDICTING POSTOPERATIVE
MORBIDITY IN ELDERLY EMERGENCY SURGICAL PATIENTS
D J Turner, D McGuckin, S Mufti, C Bond, S R Moonesinghe

63. THE CORRELATION BETWEEN PATIENTS, PATIENT’S RELATIVES AND HEALTHCARE PROFESSIONALS
INTERPRETATION OF QUALITY OF LIFE - A PROSPECTIVE STUDY
L C Jones, W D Strain, J Sword, C Ostrowski

64. NASO-GASTRIC FEEDING IN OLDER HOSPITALISED PATIENTS WITH SEVERE DYSPHAGIA DUE TO
CONCURRENT ILLNESS – DOES IT CHANGE OUTCOMES?
T McGowan, R Ullegaddi, M Trawinska

PARKINSON’S DISEASE

65. WHY DO PEOPLE WITH PARKINSON’S MAINTAIN OR STOP LEISURE ACTIVITIES?
E L Stack, T Hayward, H C Roberts

RESPIRATORY

66. INCIDENCE AND RISK FACTORS FOR THE DEVELOPMENT OF HOSPITAL ACQUIRED PNEUMONIA IN
OLDER HOSPITALISED PATIENTS
L A Burton, R J G Price, K E Barr, S M McAuley, J B Allen, A Clinton, G Phillips, C A Marwick, M E T McMurdo,
M D Witham
Keynote Lectures

**Kaare Christensen** is Professor of Epidemiology at the Institute of Public Health, University of Southern Denmark, and Senior Research Scientist at the Terry Sanford Institute, Duke University, North Carolina, USA. Prof Christensen is also the Director of the Danish Twin Registry and the Danish Aging Research Centre and he has conducted a long series of studies among twins and the oldest-old in order to shed light on the importance of genes and environment in aging and longevity. He is engaged in interdisciplinary aging research combining methods from epidemiology, genetics and demography.

**Presentation summary:**
A rapidly increasing proportion of people in high-income countries are surviving into the highest ages. Concern is widespread that the basis for this development is the survival of frail and disabled elderly people. There is no doubt that we are doing well in making the oldest-old survive better than previously, but the key question is whether we are also doing good for the oldest-old.

**Nigel Edwards** is Chief Executive at the Nuffield Trust. Prior to becoming Chief Executive in 2014, Nigel was an expert advisor with KPMG’s Global Centre of Excellence for Health and Life Sciences and a Senior Fellow at The King’s Fund.

Nigel was Policy Director of the NHS Confederation for 11 years and has a wealth of experience in health and social care. He joined the organisation from his former role as Director of the London Health Economics Consortium at the London School of Hygiene and Tropical Medicine, where he remains an honorary visiting professor.

Nigel has a strong interest in new models of service delivery and a practical focus on what is happening at the front line as well as a wealth of experience in wider health care policy in the UK and internationally.

Nigel is a well-known media commentator, often in the spotlight debating key policy issues.

Nigel is currently working with the WHO Regional Office for Europe and the European Observatory on Health Systems and Policies on developments in health care provision in Europe.

**Dan Lasserson**

Dan is the Lead of the Out of Hospital Care Clinical Network in Oxford’s AHSN. He combines research and clinical roles in Oxford University’s Nuffield Department of Primary Care Health Sciences with a strong focus on how contemporary care systems should respond to the challenge of acute illness in older patients who live with frailty. Working with a team of colleagues from acute medicine/elderly care and community nursing and therapists, the ‘Emergency Multidisciplinary Unit’ was set up to provide a credible alternative to acute admission to hospital and provide an integrated care model across health and social care, bringing the elements of rapidly responsive multidisciplinary assessment and treatment into a locally provided unit instead of a main hospital site. The Emergency Multidisciplinary Unit won the 2013 Guardian Healthcare Innovation Award for Service Delivery.

Dan is a Theme Lead in Prevention and Population Care in the NIHR Oxford Biomedical Research Centre, leads a project to evaluate service innovations in the NIHR Oxford CLAHRC and is a member of the King’s Fund Integrated Care National Learning network. He is the Chair of the NIHR Stroke Research Network Primary Care Clinical Studies Group, provides primary care representation for the UK Stroke Forum Scientific and Programme Committees and primary care input into NHS England’s Acute Kidney Injury Programme in the Detection Workstream.

**Presentation summary:**
The presentation will cover the components of ‘Interface Care’ that are provided on the Emergency Multidisciplinary Unit and how integrated acute ambulatory care is delivered with data on processes and outcomes.
Viveca Kirthisingha
The Acute Geriatric Intervention service (AGIS) was established at the commissioners request to build on the success of the Cambridge Falls Partnership Vehicle (FPV) to help manage the acute and urgent needs of the elderly and frail elderly. It was a collaborative venture between the East of England Ambulance Service (EEAST) and Cambridgeshire Community Services (CCS). The FPV had previously received a National Innovation Award for the services it provided and it was felt that this experience could be built upon. It was natural for the already established interdisciplinary team to progress towards providing a more comprehensive approach to healthcare provision for a wider demographic of elderly patients.

Presentation summary:
AGIS responds to older patients who are in or at risk of imminent crisis and who are likely to be admitted acutely. The main objective of the service is to ensure patients are treated in the appropriate setting safely, utilising services in the community when it is appropriate to do so.

The team looks to start the CGA process at the point of need and is holistic and patient centred. This can include the patient’s physical health, functional ability, cognitive function, nutritional status, mobility and falls, and an environmental assessment. The service has the ability to provide many interventions at the time of contact, such as functional equipment and walking aids, wound care and provision of some medications, as well as making appropriate onward referrals. The Acute Geriatric Early Intervention Service has adopted an evidence based best practice approach outlined in the publication Quality Care for Older People with Urgent and Emergency Care recognised guidelines.

Annami Palmer

Presentation summary:
AGIS, The Acute Geriatric Intervention Service is a collaborative venture between the East of England Ambulance Service (EEAST) and CCS. It responds to older patients who are at imminent crisis and who are likely to be admitted acutely. The main objective of this service is to ensure patients are treated in the appropriate setting safely, utilising services in the community when it is appropriate to do so.

Ruth Brown
Ruth Brown has worked both locally in Sheffield and nationally in the NHS for over 25 years. She has led on service delivery, improvement and policy development and is currently an Operations Director at Sheffield Teaching Hospital with responsibility for Geriatric, Stroke Medicine and Community Services. Ruth has a pivotal senior leadership role in the integration of acute and community services following the merger in 2011. Last year she authored a study into the Perceived Barriers of Delivery Integrated Care in Sheffield.

Presentation summary
The integration of adult Community services with Sheffield Teaching Hospital FT in 2011 has led to many areas of improved processes and pathways of care for patients. Specifically, we have transformed the discharge pathway in geriatric care to implement an approach called ‘Discharge to Assess’.

This moves away from the traditional model of MDT assessment in hospital, to MDT assessment in the patient's own home. We tested the approach on one ward, using service improvement techniques and through regular health and social care engagement. Results so far have shown an increase in the average number of discharges increasing from 9.6 to 12.5 per week and the average length of stay reduce from 24.7 days to 17.5 days pre and post 'Discharge to Assess' implementation.

This presentation will cover lessons learnt in our journey and describe how the roll out to the rest of the geriatric wards is progressing. It will also consider how the merger of the Geriatric, Stroke Medicine Directorate with the Community Services Directorate in October 2014 provides further opportunity to transform geriatric care in Sheffield.

Roger Francis
Roger Francis is Emeritus Professor of Geriatric Medicine at Newcastle University, where he continues his research into vitamin D and osteoporosis. He has been a Trustee of the National Osteoporosis Society for the past seven years and is a member of the Scientific Advisory Committee on Nutrition Working Group on Vitamin D, who are revising the dietary reference values for vitamin D. He was Editor-in-Chief of Age and Ageing until February 2014 and was awarded the BGS Dhole-Eddleston Prize in April, in recognition of his outstanding contribution to the literature on the medical care of older people.

Presentation summary:
People with a past history of a fragility fracture are at increased risk of further fracture. The occurrence of a fracture after minor trauma provides an ideal opportunity for secondary prevention. A Fracture Liaison Service is an effective way of delivering this, by offering falls prevention measures and osteoporosis assessment and treatment.

Antony Johansen
Antony Johansen established an acute orthogeriatric service when he returned home to Cardiff in 1994, after training and working in Cambridge, Oxford, Southampton and London. He progressively took over leadership of all the orthopaedic wards’ MDTs, establishing ‘shared care’ for trauma inpatients of all ages, including for 10,000 patients with hip fracture over the past 20 years. His research has addressed fracture epidemiology, osteoporosis, vitamin D, and the care of patients with hip fracture. He set up the Cardiff hip fracture audit in 1995, coauthored the BOA Blue Book, and the NICE Guideline and was appointed as clinical lead geriatrician for the NHFD in 2013.

Presentation summary:
This presentation will cover lessons learnt in our journey and describe how the roll out to the rest of the geriatric wards is progressing. It will also consider how the merger of the Geriatric, Stroke Medicine Directorate with the Community Services Directorate in October 2014 provides further opportunity to transform geriatric care in Sheffield.
After general Orthopaedic and Trauma training in Robert Handley. He qualified from the Royal London Hospital. He is a physiotherapist who works across acute and community bed-based rehabilitation services. He has a particular interest in frailty and rehabilitation of older people with dementia. He is the Vice-Chair of AGILE.

Louise Briggs
Louise is a physiotherapist who works across acute and community bed-based rehabilitation services. She has a particular interest in frailty and rehabilitation of older people with dementia. She is the Vice-Chair of AGILE.

Presentation summary:
- An overview of the current evidence-base for physiotherapy following hip fracture from both the acute and community perspectives.
- Examples of person centred physiotherapy practice.

Nivi Singh
Qualified from the Royal London Hospital. She completed her specialist registrar training in general and geriatric medicine on the South West Thames training rotation. She also chairs the South West Thames Orthogeriatric Network and is on the NHFD advisory group at the RCP.

Presentation summary:
- Challenges involved in setting up the hip fracture service at St Helier Hospital. How as a team, we managed to overcome some of these hurdles. Maintaining and further developing the service - an even bigger challenge!

Robert Handley
After general Orthopaedic and Trauma training in England Dr Handley was an Orthopaedic Trauma Fellow at Harborview Medical Center, a level 1 facility in Seattle, USA. In 1994 he returned to England to Oxford as a Consultant. He currently practices in a Consultant delivered orthopaedic trauma service. His clinical work is predominantly related to the management musculoskeletal of injury. This involves dealing with both the acute and the chronic phases. He deals with general trauma but also have an interest in the management of complex foot injuries and articular fractures. Dr Handley also has experience in the use of external fixation including Ilizarov fixators in the acute setting. The elective component of his work is related to the consequences of trauma.

Valerie Page
Valerie Page trained in Manchester and is a Consultant in Anaesthesia and Critical Care at Watford General Hospital. She is the UK clinical leader in ICU delirium. She leads the ICU Delirium Study Group in Watford and is Chief Investigator on two interventional delirium RCTs. She runs the provider and patient website, www.icudelirium.co.uk and is author of a number of reviews, editorials and clinical handbook “Delirium in Critical Illness”. Dr Page is a committee member of the European Delirium Association, editor of the newsletter Annals of Delirium and an Honorary Senior Clinical Lecturer at Imperial College and University of Hertfordshire.

Presentation summary:
- Incidence and risk factors for delirium in critically ill patients.
- Assessment of delirium in critically ill patients – limitations.
- Long-term cognitive impairment following critical illness.
- Evidence for antipsychotic use in ICU patients.

Carl Waldmann
Carl Waldmann has been a Consultant in ICM and Anaesthesia at the Royal Berkshire Hospital in Reading since joining as Director of ICU in 1986. Apart from his interests in the management of Head Injured patients in a DGH, the procurement and implementation of a Clinical Information System in ICU, his main passion has been the setting up and running of an ICU Follow-up clinic in Reading, where he sees around 100 new patients annually.

He was a member of ICS Council until May 2006, where his main duties were as Hon. Treasurer and Chair of the Meetings Committee. From May 2007 to May 2009 he was President of the ICS. He was the Editor of Care of the Critically Ill and until 2004 the Editor of JICS. In 2011 he became Co-Editor of JICS with Neil Soni. Carl was also Chair of the section of Technology assessment and Health Informatics (TAHI) of the European Society of Intensive Care Medicine until 2008 and in 2012 became the UK representative on the ESICM council.

He is a member of the PACT editorial board and recently was editor of the Oxford Desk Reference textbook and also co-editor on the Law and Ethics in Intensive Care textbook. In 2010, Carl was invited to be a founding member of the FICM Board for which he was Chair of the Professional Standards Committee. In October 2013, Carl was elected Vice-Dean of the Faculty of Intensive Care Medicine.

Presentation Summary:
Follow up after critical care has been practised for the last 20 years. Unlike other specialties, rehabilitation has not been routinely part of the patient pathway after critical care. Research has now increased into this area and the presentation hopes to give an outline of the
services that are now available to patients who have survived a period of intensive care.

**Kevin Davis**
Is Foundation Professor of Medicine, Brighton and Sussex Medical School (BSMS) since 2002, and was Director of Research, BSMS from 2008 until 2014. He is an Honorary Consultant Physician and Rheumatologist, at Brighton and Sussex University Hospitals Trust (BSUHT) as well as Associate Medical Director, Head of Research and Development, BSUH. He is Associate International Director (Europe), of the Royal College of Physicians (2008-ongoing) and from 2014, the ongoing Kent, Surrey and Sussex CRN Division 5 Clinical Lead.

He was formerly Senior Lecturer and Reader in Rheumatology, Imperial College School of Medicine, and Clinical Director of Medicine, Hammersmith Hospital.

At BSMS he leads the undergraduate clinical teaching programme in Medicine, and helped to set up the new school from its start-up in 2002. His research interests are in auto-immune disease and rheumatology, both in immunopathogenesis, and in clinical aspects. Clinically he practises Rheumatology (specialising in SLE), and is actively involved in several clinical trials in inflammatory rheumatic diseases, particularly lupus.

He was a Trustee of Arthritis Research UK for 8 years. ARUK is the UK’s leading medical charity funding research into rheumatological disorders of all types.

**Presentation summary:**
Learning outcomes are Epidemiology of vasculitis in older people, Diagnostic challenges and Management issues. Following the session we would anticipate that delegate will have a greater understanding of the importance of the early detection of vasculitis syndromes in elderly patients, and the best investigative and management strategy to adopt.

**William Lester**
Special Interests include thrombosis and haemostasis, obstetric and general haematology. He lectures at the National Centre for Anticoagulant Training, University of Birmingham and has previously received a thrombus innovation award.

**Presentation Summary:**
The presentation will focus on some of the major innovations in anticoagulation management for both prevention and treatment of thromboembolism, providing both practical guidance and discussing new concepts.

**Kate Wardle**
Kate Wardle has been a Consultant Geriatrician at Salford for one year. She wrote her MSc Dissertation on the role of film in teaching Geriatric Medicine and last year used film in the teaching programme for the Geriatric Medicine trainees.

**Presentation summary:**
We see the humanities as making an important and under-recognised contributing to our understanding of what it means to be a geriatrician. What are our underlying values? How can we cope with the emotional demands of our work? How can we continue to see our patients as human beings in spite of a dehumanising system?

**James Goldring**
trained in London at Royal Brompton and London Chest Hospitals. He is the Trust Lead for pleural diseases, endobronchial ultrasound and undergraduate respiratory education.

**Presentation summary:**
This presentation will summarise the latest National guidance on pleural disease and also discuss future directions.

**Christopher Dyer**
Chris qualified at Birmingham University in 1989 and undertook my MD thesis on “The Impact of Asthma in Old Age” in 1999. He has been a Consultant Geriatrician in Bath since 1999, and manages the inpatient and outpatient care of older medical patients, including older patients with lung diseases.

**Presentation summary:**
COPD in older adults: Dr Dyer will explain the changing physiology in the older adult and how this impacts on this condition as well as providing an update on the latest guidance on COPD for Geriatricians.

**Adam Gordon**
Adam Gordon is Consultant and Honorary Associate Professor in Medicine of Older People at Nottingham University Hospitals NHS Trust. He is also Honorary Secretary of the British Geriatrics Society. He works as a Community Geriatrician where he provides clinical support to community-based multidisciplinary teams and general practitioners. His research interest is around novel healthcare interventions in care homes and how the NHS structures its' healthcare response for care home residents. He was a co-author of the British Geriatrics Society’s Commissioning Recommendations for High Quality Healthcare for Care Home Residents.

**Premila Fade**
Premila qualified in London and spent her training years in the Wessex region. She has an MA in Medical Ethics and Law from King’s College, London and has been a consultant geriatrician at Poole Hospital since 2003. She was Chairman of the BGS Ethics SIG between 2009-11 and is a trustee of the UK Clinical Ethics Network.

**Dawne Garrett**
Dawne has committed her nursing career to working with older people through a variety of clinical, academic and entrepreneurial roles. Her experience has spanned acute care, community nursing and integrated services. Developing through some of the traditional nurse leadership roles Dawne also undertook a variety of early advanced practice and lecturer practitioner posts. She became a Consultant Nurse in Intermediate Care over a decade ago which cemented her desire to challenge the stereotypes associated with nursing older people. Recently commencing a PhD researching older people’s experiences of sexual intimacy she has maintained a clinical role as a Community Matron. Her joy is celebrating the excellent practice delivered by nursing
Presentation summary:
Has the Mental Capacity Act failed? A discussion of the House of Lord’s report and it’s recommendations.

Carl Clarke
He has performed a wide variety of research work in Parkinson’s disease over the last 25 years. This includes work on the MPTP primate model of the condition, examination of several potential diagnostic tests, systematic reviews of clinical trials in Parkinson’s disease, and work on the affect of Parkinson’s disease on quality of life and health economics.

He is currently involved in several large pragmatic clinical trials examining medical, surgical and rehabilitation interventions in the condition (PD MED, PD SURG, PD REHAB, PD COMM and PD GEN).

He was also the clinical advisor to the Technical Team preparing the NICE Parkinson’s disease guidelines.

Presentation summary:
Professor Clarke will describe the design and results of the PD REHAB trial which has evaluated the effectiveness of physiotherapy and occupational therapy in patients with early Parkinson’s disease.

Harnish Patel
Harnish is a Consultant Physician in Medicine for Older People, University Hospital Southampton. His clinical interests include falls and syncope. His research interests include epigenetics and sarcopenia in older people, and is currently a principal investigator in the NIHR Nutrition Biomedical Research Centre Southampton.

Presentation summary:
Paraneoplastic neurological syndromes (PNS) are characterised by progressive atypical neurological syndromes without an obvious aetiology and may occur more than two years prior to cancer diagnosis. Both cell mediated and humoral mechanisms are involved in their pathogenesis.

This presentation reviews the classification, pathophysiology, clinical features and management of PNS.

Diana Webb
Diana has been a Consultant in Palliative Medicine since 1996, having entered the specialty via General Practice. She has worked across hospice, hospital and primary care settings, and is currently part of an integrated NHS palliative care team based in both hospital and community, and has dedicated sessions with the local CCG to support the development of a new model for end of life care services. She has a particular interest in working with colleagues, with the conviction that “Palliative care is everyone’s business”, and she is an accredited facilitator in advanced communication skills training.

Raj Patel
Dr Patel is a Consultant Haematologist specialising in Haemostasis and Thrombosis. He trained in Haematology at King’s, where he developed an interest in thrombotic liver disease. He works within the King’s Thrombosis Centre and is responsible for Clinical Thrombosis Services and Medical Education. Interests include novel anticoagulants and clinical trials.

Presentation summary:
Overview of the diagnosis, treatment and outpatient follow-up for patients presenting with acute DVT and PE. Covers non-VKA (‘NOAC’) therapy, cancer screening, post-thrombotic syndrome, pulmonary hypertension, anticoagulation duration and recurrence risk.

Sean Ninan
Sean Ninan studied at Leeds university and has trained since in the Yorkshire Deanery. His interests include medical education, quality improvement, falls and syncope and shouting loudly and proudly about geriatric medicine as a specialty as well as the care of older people more generally. He has had a number of publications, including a recent piece on “Investigation of suspected urinary tract infection in older people” for the BMJ.

Presentation summary:
Urinary tract infection is commonly over-diagnosed in older people, in part because of an over-reliance of tests such as urine dipstick and urine culture to make the diagnosis. In this presentation, I look at various tests employed to diagnose UTI in older people and consider whether asymptomatic bacteriuria should be treated in older people.

Keith Harkins
Born in Liverpool, trained in Yorkshire (mainly) and has been a consultant in University Hospital of South Manchester since 2001. Currently working partly in community and partly on an acute geriatric ward. Also part time clinical adviser to the Health Service Ombudsman. Long standing interest and clinical lead for continence in UHSM.

Robin Ferner
Qualified in Chemistry before studying Medicine at UCH, and training in London and Newcastle; Consultant Physician and Clinical Pharmacologist at a busy Birmingham inner-city hospital, for over 20 years; long-term interest in the problem of adverse drug reactions and medication errors.

Presentation summary:
A general introduction to the intractable problem of medication errors, with a discussion of the specific problems of error in older patients.

Jackie Morris
Dr Jackie Morris has been a Consultant Geriatrician since 1979 working at St Mary’s, Royal Free and University College Hospitals London. She has been Honorary Secretary and then Chair of the BGS Policy Committee when she set up the BGS Dignity Campaign, “Behind Closed Doors” in 2006/7. Her interest in elder abuse was sparked when she was involved in the first conference on Elder abuse organised by the BGS in 1987. She has a particular interest in Care homes, end of life care and Community geriatric medicine.
**Presentation summary:**
The talk will describe the relationship between neglect and abuse and will provide definitions of the different sub groups of abuse.

The importance of understanding the law and in particular the importance of the Mental capacity act and lasting power of attorney will be emphasised. Training, support, compassion, dignity, respect and empathy are all ways of preventing either institutional or individual abuse. Case histories will be used to illustrate the talk.

**Stephan Bowen**
Stephen is Director of the British Institute of Human Rights and Visiting Professor of Human Rights at Queen Mary, University of London. Stephen has 25 years' experience as an international human rights practitioner, having held a number of senior appointments with UK and international organisations and the United Nations. These include: Campaigns Director at Amnesty International UK; Chief Human Rights Officer for the UN Mission to Bosnia and Herzegovina; Chief Counsel to the OSCE Election Appeals Sub-Commission in Bosnia and Herzegovina; Programme Director at the International Human Rights Law Group; and Legal Adviser to the Palestinian Centre for Human Rights.

**Presentation summary:**
Putting human rights at the heart of health and care is something to embrace. It helps remind us that care is as important as treatment, and that older people have rights to be treated with compassion and dignity, and to make choices about their lives. BIHR's work with practitioners and older people shows how taking a human rights approach helps improve quality and accountability, improving outcomes for people, and helping transform organisational culture.
EXHIBITORS

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This annual 2 day weekend meeting is organised by geriatric medicine trainees for geriatric medicine trainees to identify and address key training and learning points within the speciality.

Built around the current curriculum needs and experiences of junior doctors training for a career in geriatric Medicine, it features a mix of plenary presentations and workshops, a mock SCE exam, and practice consultant interviews.

Who should attend?
The meeting will be of benefit to all registrars training in geriatric medicine but it may also benefit other specialist trainees who will come into regular contract with older people and are interested in the specialty. In particular, those doctors undergoing training in generalist specialties, including GP trainees and Core Medical Trainees, would be welcome.

7 - 8 February 2015
Nottingham

Organised by
Trainees for Trainees of the British Geriatrics Society

Visit www.bgs.org.uk

A new nutritional approach in early Alzheimer’s disease

The Brighton Centre
Friday, 17th October 2014, 13:15 - 14:00
Room: Syndicate 2

- Chair
  Professor Craig Ritchie,
  Professor of Psychiatry of Ageing,
  University of Edinburgh

- Speaker
  Dr David Wilkinson,
  Consultant in Old Age Psychiatry

For more information please visit
exhibition stand 17
www.souvenaid.com

Information at the sponsored session is of a scientific nature and is intended for healthcare professionals only
Can Parkinson’s patients stomach their drugs?

British Geriatrics Society Autumn Meeting

Sponsored Symposium, Britannia Pharmaceuticals Ltd

Brighton Centre
Syndicate room 2
King’s Road, Brighton, East Sussex BN1 2GR

Thursday Oct 16th 2014
18.00 to 19.00

Date of preparation: September 2014   Item code: APO2-0914-0506
Can Parkinson’s patients stomach their drugs?

Speakers
Dr Douglas G MacMahon FRCP (London and Edinburgh), Consultant Physician, Trustee, Parkinson’s UK
Dr Sarah Marrinan, Institute for Ageing and Health, Newcastle University, Newcastle upon Tyne
Dr Peter Fletcher, Consultant Physician, Department of Old Age Medicine, Gloucestershire Hospitals NHS Foundation Trust

Objectives
• To better understand the gastrointestinal problems associated with Parkinson’s disease
• To review the therapeutic consequences of delayed gastric emptying and constipation in people with PD
• To review methods of overcoming impaired GI motility to restore motor and non-motor control

CPD points have been applied for.

Brighton Centre
Syndicate room 2
King’s Road, Brighton, East Sussex BN1 2GR

Date of preparation: September 2014   Item code: APO2-8914-8566
“Treating Osteoporosis in an ageing population”

Brighton Centre, Brighton
Wednesday 15th October, 17.00 – 18.00

A satellite symposium sponsored by Amgen

17.00 – 17.05: Welcome

Chaired by Dr Mike Stone
Consultant Physician and Director of Bone Research,
University Hospital Llandough & Cardiff University, UK

17.05 – 17.30: Epidemiology/burden of osteoporosis in the elderly

Dr M Kassim Javaid
Norman Coliison Lecturer in Metabolic Bone Disease Oxford NHR Musculoskeletal
BRU, NDORMS, University of Oxford Honorary Consultant Rheumatologist, Nuffield
Orthopaedic Centre

17.30 – 17.55: Treatment options and what evidence is there

Dr Mark Baxter
Consultant Physician [Department of Medicine for Older People] andOrthogeriatrician, University Hospital Southampton.

Amgen has organised this symposium including sourcing, briefing and paying an honorarium to the speakers. An Amgen product will be discussed.
PROLIA® (denosumab) Brief Prescribing Information

Please refer to the Summary of Product Characteristics before prescribing Prolia. **Pharmaceutical Form:** Pre-filled syringe with automatic needle guard containing 60 mg of denosumab in 1 ml solution for injection for single use only. Contains sorbitol (E420). **Indication:** Treatment of osteoporosis in postmenopausal women at increased risk of fractures. Treatment of bone loss associated with hormone ablation in men with prostate cancer at increased risk of fractures. **Dosage and Administration:** 60 mg Prolia administered as a subcutaneous injection once every 6 months. Patients must be supplemented with calcium and vitamin D. No dosage adjustment is required in patients with renal impairment. Insufficient data to recommend use of Prolia in children under 18 years of age. **Contraindications:** Hypocalcaemia or hypersensitivity to the active substance or to any of the product excipients. **Special Warnings and Precautions:** **Hypocalcaemia:** Hypocalcaemia must be corrected by adequate intake of calcium and vitamin D before initiation of therapy. Monitoring of calcium levels is recommended for patients predisposed to hypocalcaemia. In the post-marketing setting, severe symptomatic hypocalcaemia has been reported. **Skin infections:** Patients receiving Prolia may develop skin infections (predominantly cellulitis) requiring hospitalisation and if symptoms develop then they should contact a health care professional immediately. **Osteonecrosis of the jaw (ONJ):** ONJ has been reported with denosumab or bisphosphonates. ONJ has been reported rarely with Prolia 60 mg every 6 months. A dental examination should be considered prior to treatment with Prolia in patients with concomitant risk factors (refer to SmPC). While on treatment, these patients should avoid invasive dental procedures if possible. Good oral hygiene practices should be maintained during treatment with Prolia. **Atypical femoral fracture (AFF):** AFF has been reported in patients receiving Prolia. Discontinuation of Prolia therapy in patients suspected to have AFF should be considered pending evaluation of the patient based on an individual benefit risk assessment. Patients should be advised to report new or unusual thigh, hip, or groin pain. **Dry natural rubber:** The needle cover of the pre-filled syringe contains dry natural rubber (a derivative of latex) which may cause allergic reactions. **Concomitant medication:** Patients with rare hereditary problems of fructose intolerance should not use Prolia. **Interactions:** Prolia did not affect the pharmacokinetics of midazolam, which is metabolized by cytochrome P450 3A4 (CYP3A4). There are no clinical data on the co-administration of denosumab and hormone replacement therapy (HRT), however the potential for pharmacodynamic interactions would be considered low. Pharmacokinetics and pharmacodynamics of Prolia were not altered by previous alendronate therapy. **Fertility, pregnancy and lactation:** There are no adequate data on the use of Prolia in pregnant women and it is not recommended for use in these patients. It is unknown whether denosumab is excreted in human milk. A risk/benefit decision should be made in patients who are breast feeding. Animal studies have indicated that the absence of RANKL during pregnancy may interfere with maturation of the mammary gland leading to impaired lactation post-partum. No data are available on the effect of Prolia on human fertility. **Undesirable Effects:** In clinical studies the following undesirable effects were observed: Very common (≥ 1/10) pain in extremity. Common (≥ 1/100 to < 1/10) urinary tract infection, upper respiratory tract infection, sciatica, cataracts, constipation, abdominal discomfort, rash, and eczema. Uncommon (≥ 1/1000 to < 1/100): Diverticulitis, cellulitis, and ear infection. Rare (≥ 1/10,000 to < 1/1,000): Osteonecrosis of the jaw, hypocalcaemia (including severe symptomatic hypocalcaemia) and atypical femoral fractures. In the post-marketing setting, rare events of drug-related hypersensitivity, including rash, urticaria, facial swelling, erythema and anaphylactic reactions have been reported. Please consult the Summary of Product Characteristics for a full description of undesirable effects. **Pharmaceutical Precautions:** Prolia must not be mixed with other medicinal products. Store at 2°C to 8°C (in a refrigerator). Prolia may be exposed to room temperature (up to 25°C) for a maximum single period of up to 30 days in its original container. Once removed from the refrigerator Prolia must be used within this 30 day period. Do not freeze. Keep in outer carton to protect from light. **Legal Category:** POM. **Presentation, Basic Costs and Marketing Authorisation Number:** Prolia 60 mg: Pack of 1 pre-filled syringe with automatic needle guard: £183.00; EU/1/10/618/003. **Marketing Authorisation Holder:** Amgen Europe B.V., Minervum 7061, NL-4817 ZK Breda, The Netherlands. Further information is available from Amgen Limited, 240 Cambridge Science Park, Milton Road, Cambridge, CB4 0WD. Prolia is a registered trademark of Amgen Inc. **Date of PI preparation:** June 2014 (Ref: DMB-GBR-AMG-442-2014-P)