X ray or/and CT Scan. ATBt duration without outcome differences (Day 45) was the first end point.
Results: Final analysis includes 107 pneumonia (57 in control group, 50 in PCT group). All characteristics of patients and severity of pneumonia weren't significantly different; In control group, 86% had a CURB 65 of 2 or 3 and 84% had PSI class IV or V; in PCT group 86% had a CURB 65 of 2 or 3 and 78% had PSI was class IV or V; PCT levels were not significantly different in between both group; Antibiotic duration was significantly shorter in PCT group (8. 4 days ±3.1) than in control group (10.7 days ±3.6) ($p<0.001$). with a good outcome in both groups (>85%). Algorithm was followed for only 52% of PCT group.
Conclusion: PCT algorithm is useful to individualize the duration of ATBt for pneumonia in very old without any impact on outcome and leads to decrease ATBt duration. Further studies need to measure the impact of the limitation of antibiotic use at individual and collective level in this special population.

Area: Pre and post operative care

O-106
Baseline characteristics and clinical outcomes of older surgical persons admitted to a tertiary hospital. Proactive care of older people admitted to General surgery-Salford General Surgery (POPS-GS)

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Introduction: We describe the characteristics of older people admitted to general surgical wards reviewed by an elderly care in-reach service.
Methods: Prospective non-randomised study of consecutive patients >74 years of age requiring admission to general surgery.
Results: Between 08/09/2014 and 28/02/2017 we reviewed 719 consecutive patients, age 81.4±4.6, 55.2% females, 577 emergency (Em) and 142 elective (El). 36% underwent surgery (Em 135- 23.3% El 124- 87.3%), 15.4% non-surgical procedure (Em 102- 17.7% El 9- 6.3%) and 48.5% medical management (Em 340- 58.9% El 9- 6.3%). Most common diagnoses: biliary disease in emergency (22.4%) and cancer in elective admissions (70.4%). There were differences in emergency vs elective regarding independence for basic (78.6% vs 98.6%) and instrumental (52.8% vs 88%) ADLs, mobility with no aids/cane (69.2% vs 92.3%), absence of cognitive impairment (81.3% vs 95.8%), ASA I-II (35.7% vs 51.4%), average medications (8.4 vs 6.2) and comorbidities (5.5 vs 4.6). No differences in individual comorbidities except in emergency patients who suffered more ischemic heart disease (30.2 vs 19), stroke (15.9 vs 7.7) and dementia (12 vs 0.7). Median length of stay was 9 days (8 Em, 10 El); in hospital mortality 5.9% 43/719 (2.1% Em, 6.9% El), 30-day mortality from admission 7.3% 53/719 (Em 8.8%, El 1.4) and 30-day readmission rate 8.8% 60/676 (Em 9.9%, 4.3% El).
Conclusions: Older persons admitted to surgery are multimorbid and take multiple medications. Biliary disease and cancer are the commonest diagnoses. 50% are managed non-invasively. Individuals admitted electively are significantly less complex and experience significantly better clinical outcomes.

Area: Infectious diseases and vaccines

O-107
Elderly patients (>75yo) with infective endocarditis: geriatric, therapeutic and prognostic characteristics before, through and 3 months after the infection course. (Elderl-IE)

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Introduction: 1/3 patient with infective endocarditis (IE) is >75 yo in Western countries with specific features and prognosis, but geriatric characteristics are poorly known. Our aim was to describe geriatric assessment through the infective endocarditis (IE) course and its impact on 3-month prognosis.
Methods: Comprehensive geriatric assessment was performed during the first week after diagnosis of IE (D0) and at 3 months follow-up (M3) over one year in 14 French hospitals.
Results: Prior IE, among the 111 pts (83.1±5.1 yrs, 53% men) included, most patiens lived at home (88%) with a low CIRS-G score (14.1±6.9) and subnormal ADLs (5.1±1.7). At diagnosis (D0), functional status decreased (ADLs 3.2±2.1) with a cognitive (MMSE 20.2±7.2) and nutritional (MNA<17 in 40%) impairment. Intracardiac devices were frequent (valvular prosthesis 31%, PM 22%). Digestive bacteria and Staphylococcus aureus were the most prevalent pathogens. Surgery was indicated in 36 patients (32%) but performed only in 18. Operated patients were more fit: CIRS-G 9.2±4.3 vs 15.2±7, $p<0.001$ and MNA 20.9±4.8 vs 17.4±5.9, p=0.03 than others. At M3, 29 patients were dead (27%) and 27 did not attend the visit (24%). The 55 assessed patients recovered and autonomy was almost back at the initial level (ADLs 4.7±1.8), 80% were back at home. Low ADLs (HR 0.7 (0.5–0.9), p=0.002) and MNA score (HR 0.9 (0.8–1.0), p=0.006) at D0 were associated with a poorer prognosis.
Conclusions: Nutritional and functional impairment are frequent at admission in elderly patients with IE. They are associated with a less aggressive management and a poorer prognosis.

O-108
Management of elderly patients with Clostridium difficile infections: Observational data of the French survey CLOdi

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