REAL-WORLD DATA ON CLINICAL, FUNCTIONAL, AND COGNITIVE CHARACTERISTICS OF NURSING HOME RESIDENTS IN A LARGE ITALIAN NETWORK (ANNI AZZURRI): A MULTICENTER OBSERVATIONAL STUDY

L. Toussan[1], C. Gallo[2], E. Castenetto[3], G. Giacopelli[4], M. Pennesi[5], A. Schiavino[6], M. Cordoglio[3], S. Cisini[4], F. Spigarelli[7]

[1]Anni Azzurri-kos care, Roma; [2]Anni Azzurri-kos care, Chiavari; [3]Anni Azzurri-kos care, Volpiano; [4]Anni Azzurri-kos care, Milano; [5]Anni Azzurri-kos care, Montecosaro; [6]Anni Azzurri-kos care, Carmagnola; [7]kos care, Milano.

Introduction. Population ageing is associated with increasing clinical complexity, multimorbidity, and cognitive impairment in nursing home residents. Real-world data are essential to better characterize this population and optimize care models.

Objectives. To describe the clinical, functional, cognitive, and care profile of residents in a large Italian nursing home network (Anni Azzurri) using real-world data from electronic health records, to outline care complexity.

Materials and Methods. Observational study conducted in 59 nursing homes across Italy. All residents present on the index date (Nov 1, 2025) were included. Data collected: demographics (age, sex, length of stay), functional status (Barthel Index, dependency levels), cognitive status (dementia diagnosis, MMSE), comorbidities, and drug therapy.

Results. A total of 6,431 residents were included (68% female), mostly oldest-old (>85 years: n=3,545), with mean stay of 1 year 10 months. Functional dependency was high: total 50%, severe 19%, moderate 15%, mild 11%, minimal 7%. Cognitive impairment was prevalent: MMSE not assessable 20%, severe 12%, moderate 32%, mild 10%, preserved 25%. Clinical complexity was high (mean 6 diagnoses/resident), with dementia in 56%. Common conditions included cardiovascular diseases (hypertension, atrial fibrillation), neurological disorders, and geriatric syndromes (urinary and fecal incontinence). Polypharmacy was frequent (mean 6 drugs/resident), including 1.6 neuropsychiatric drugs. Most prescribed classes were psycholeptics (11.9%), antithrombotics, and gastrointestinal drugs; most used agents included pantoprazole (30.9%), cholecalciferol (30.8%), furosemide (28.3%), and quetiapine (24.9%).

Conclusions. These findings highlight high care complexity in nursing homes, requiring multidisciplinary care models. Real-world data are essential to monitor prescribing appropriateness (e.g., deprescribing) and support personalized care