Methods: A randomized, double-blind placebo controlled trial was conducted on 150 healthy Chinese elderly (65–70 years) who were supplemented during 3 months with 13.7 g/day of a milk-based preparation of wolfberry (Lacto-Wolfberry) or a placebo. Subjects underwent ophthalmic and TCM examinations before and after supplementation and were vaccinated against influenza virus at 30 days to assess their immune status.
Results: Compared to placebo, subjects who consumed Lacto-Wolfberry had higher IgG-specific antibody response to vaccine at days 60 and 90 ($p = 0.001$), higher seroconversion (27.7% vs 8.8%; OR = 3.4 [1.21; 9.61]; $p = 0.021$) and protection rates (60.0% vs. 41.2%; OR = 1.88 [0.90; 3.91]; $p = 0.092$). Subjects supplemented with Lacto-Wolfberry demonstrated less macula hypopigmentation ($p < 0.01$) and soft dursen ($p = 0.02$) than placebo group. Syndrome of Yin deficiency (i.e. dry mouth and throat, vexation and insomnia, pulse condition) was improved in Lacto-Wolfberry group ($p < 0.01$). In parallel, an increase in plasma anti-oxidant capacity was exhibited in Lacto-Wolfberry vs. placebo group ($p < 0.01$).
Conclusions: Long-term dietary supplementation with Lacto-Wolfberry contributes to reinforce immune defense in elderly and may be beneficial for lowering the risk of age-related macular degeneration. These anti-ageing benefits might be related to wolfberry's anti-oxidants property.

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Prevalence of sarcopenia in hospitalized elderly patients in Turkey: a cross-sectional study

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Introduction: Sarcopenia is known to be significantly associated with functional impairment and disability in elderly. We aimed to investigate the prevalence of sarcopenia and its related conditions in hospitalized elderly patients via bioelectrical impedance analysis (BIA) method.
Methods: Between October 2013-January 2014 patients older than 65 years hospitalized in medical wards were included. Nutrition status,hand grip strength, walking speed and free fat mass index (FFMI) were evaluated by MNA test, hand dynamometer, 'get up and go test' and BIA (Bodystat Quadscan 4000) method respectively. The relationship between variables and sarcopenia were examined with Spearman's correlation test.
Results: In this study composed of 84 patients (48 female, 57.1%), mean age, comorbid diseases, number of medication and hospitalization period days were detected as 75.7±7.3, 3.29±1.9, 7.1±3.6, 23.6±15.3, respectively. Risk of malnutrition, malnutrition and sarcopenia prevalence were found 53.6%, 19%, 7.1% respectively. The correlation analysis of sarcopenia were associated with; longer duration of hospitalization ($r = 0.363$, $p = 0.001$), lower body mass index, low-waist, mid-upper arm and calf circumference ($r = -0.444$, $p < 0.0001$, $r = -0.369$, $p = 0.001$, $r = -0.266$, $p = 0.015$, $r = -0.373$, $p < 0.0001$ respectively), smoking ($r = 0.214$, $p = 0.05$), malnutrition ($r = 0.301$, $p = 0.006$), chronic lung disease ($r = 0.244$, $p = 0.025$), presence of malignancy ($r = 0.265$, $p = 0.015$). Low hand grip strength were associated with lower walking speed and FFM ($r = 0.364$, $p = 0.001$; $r = 0.418$, $p < 0.0001$ respectively).
Conclusion: Sarcopenia that can be overlooked is an important geriatric syndrome in elderly. Particularly, if a patient has longer duration of hospitalization, low BMI, malnutrition, chronic lung disease and malignancy sarcopenia should be suspected and screened with methods such as anthropometric measurements and BIA.

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Prevalence of fecal incontinence in the elderly outpatient clinic

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Introduction: Fecal incontinence (FI) significantly impairs the quality of life in elderly. we aimed to evaluate the prevalence of FI and its associated risk factors in the outpatient clinic.
Methods: This study is a cross-sectional study. Patients aged over 60 years who admitted to our geriatric outpatient clinic between October 2013-January 2014 were enrolled. Demographic characteristics, anthropometric measurements, marital and educational status, FI, urinary incontinence (UI), constipation, comorbid diseases, medications and history of abdominal operations, birth status were questioned. Fecal Incontinence Severity Index (FISI) was used for the evaluation of FI. Data were analyzed with Student's T test, Chi-square tests. Odds Ratio (OR) was used for risk assessment of FI.

Table 1. Demographic characteristics of patients with fecal incontinence (FI) and their evaluation with Fecal Incontinence Severiy Index (FISI)

Demographic characteristic	
Gender (F/M)	13/5
Age, mean±SD	75.1±8.4
Number of comorbid diseases, mean±SD	3.22±0.94
Number of drugs taken, mean±SD	4.11±1.3
Urinary incontinence (n, %)	14 (77.8)
History of abdominal operation (n, %)	10 (55.6)
FI type (n, %)	
Not noticing the incontinence	7 (38.9)
Noticing but could not reach	10 (55.6)
As urge defecation	1 (5.6)
FI period (n, %)	
<1 year	9 (50)
1–5 years	8. (44.4)
6–10 years	1 (5.6)
Concomitant diseases (n)	
Diarrhea	5
Diabetes mellitus	5
Neurologic diseases	4
Others	6
FISI	
Defecation type (n, %)	
Gas	2 (11.2)
Liquid stool	11 (61.1)
Solid stool	4 (22.2)
Mucus	1 (5.6)
Defecation frequency (n, %)	
Once a day	1 (5.6)
Two or more times a day	5 (27.8)
Two or more times a week	3 (16.7)
Once a week	9 (50)

F, female; M, male; n, number; SD, standard deviation.

Results: 183 female (71.8%) and 72 male (28.2%) were enrolled to the study. The mean age was 74.4±8 years. Comorbid diseases and number of medications were detected as 3.09±1.5, 3.63±2 respectively. FI prevalence was 7.1%. UI and constipation were 44.3% and 30.2% respectively. Demographic characteristics of the patients and the evaluation of FI by FISI were shown in Table 1. We observed