



7th International Conference on

GERIATRICS GERONTOLOGY & PALLIATIVE NURSING

September 4-5, 2017 | Edinburgh, Scotland

Posters

Geriatrics 2017

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IMPLEMENTATION OF HOME-BASED PRIMARY CARE PROGRAM TO IMPROVE OUTCOMES OF HOMEBOUND PATIENTS IN A RURAL COMMUNITY: A QUALITY IMPROVEMENT PROJECT

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Statement of the Problem: The increasing population of older Americans has resulted in an increased need for home based primary care. This population has a high incidence of multiple chronic health conditions, with an average of eight physical and mental health conditions and take an average of twelve medications. Due to disabilities, ambulatory dysfunction, and limited access to transportation, these patients have difficulty leaving the home. The ambulatory outpatient care setting does not meet the needs of these patients. They turn to the Emergency Department and are more likely to be hospitalized due to a crisis that may have been prevented by a primary care visit. Care becomes fragmented; health declines, which results in loss of independence, and can precipitate admission to long term care facilities.

Methodology & Theoretical Orientation: A nurse practitioner led HBPC practice was created for the rural Tidewater region of Virginia. The NP project leader (NP-PL) created a referral network for multi-disciplinary services. Patients were enrolled who met the criteria of being homebound with complex health care problems and visited them at least twice over the four months of the project. The NP -PL employed a simple survey to evaluate access to care, outcomes and patient satisfaction. The numbers of primary care assessments were analyzed. ED use and hospitalizations were compared to the history of previous utilization.

Findings: 15 enrolled in HBPC. The NP-PL visited the participants an average of 5.7 times over the trimester of the project. Hospitalization and utilization of the Emergency Department rates were lower.

Conclusion & Significance: Participants received an average of 5.7 visits. 60% (9/15) of participants responded to the survey. 100% of participants responded they experienced improved access to care, improved outcomes, reduced use of ED and hospitalizations. 100% of participants were satisfied with the care provided by the NP-PL.

Biography

Christine Collins is a Family Nurse Practitioner with over 33 years' experience. She has extensive experience in Occupational Health with an MSN from the University of Pennsylvania. She went on to find her passion in Home Based Primary Care (HBPC) and completed her DNP at the University of Massachusetts, Boston. Her capstone was a quality/practice improvement project developing a rural HBPC in the Tidewater region of Eastern Virginia. She is actively pursuing expansion of HBPC services to homebound patients.

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THE BENEFIT OF PHYSIOTHERAPY – AEROBIC TRAINING AND STRENGTH TRAINING–AS NON-PHARMACOLOGICAL TREATMENT OF NEUROPSYCHIATRIC SYMPTOMS IN ELDERLY WITH MILD COGNITIVE IMPAIRMENT (MCI) AND ALZHEIMER’S DISEASE (AD)

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Statement of the Problem: Considering the raising of worldwide longevity and the consequent raising of degenerative diseases such as Alzheimer’s disease, a current public health priority, it is important to seek approaches of treatment for improving the quality of life of these elderly which presents impairment of functional capacity, cognition and in behavior aspects. Up to date, the pharmacological treatment has presented limited symptomatic effects and the non-pharmacological interventions have gained more attention as well for the AD as for its previous stage, the Mild Cognitive Impairment (MCI). The purpose of this study is to evaluate the benefit of a specific non-pharmacological treatment, the physiotherapy, through two approaches–aerobic training (walking, cycling) and resistance training (strength training) in alleviating neuropsychiatric symptoms–depression, apathy, agitation–in this population.

Methodology: A systematic review of the literature published between 2015 and 2017 was conducted with searches in three databases: Pubmed, Medline and Cochrane Library.

Findings: The most prevalent conclusion among these studies is that these two approaches of physiotherapy (aerobic and resistance training) for elderly diagnosed with MCI and AD act in a neuroprotective way, being able of postponing both the functional decline and the behavior worsening.

Conclusion & Significance: The physiotherapeutical proposal suggested in this study is safe and effective as an adjunct non-pharmacological treatment for elderly with MCI and AD. However, more carefully elaborated observational studies with broader populations is recommended to definitely stablish the role of these two physiotherapeutical approaches in improving neuropsychiatric symptoms at the referred population.

Biography

Ana Maria Tabet de Oliveira is a physiotherapist, with master’s degree in Gerontology from Pontifícia Universidade Católica de São Paulo (PUC-SP). Acts in homecare and clinic settings of the elderly since 2004 and focuses in the clinic and academic research on ageing issues, specifically about “brain degeneration and the contribution of physiotherapy, specifically demences like Alzheimer’s disease, theme of her master’s research and of her future studies in a PhD.

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THE STANDING ALONE PALLIATIVE CARE CENTER IN MIDDLE EAST “KUWAIT IS COMPETING WITH TIME”

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This project is the first of its kind in the gulf region and in the Middle East, at a cost of construction amounted to about 5 million KDs over an area of 6600 square meters. Since its official opening in May 2011, the center offers its services through multidisciplinary team achieving a high rate of satisfaction among the patients and their families who have received these services.

Facts and Figures: PCC received the first patient on Wednesday 22/12/2010. Successively, influx of patients to the center continued as showed in Figure 1 either as inpatient admissions or as outpatients follow up in our OPD. The most frequent reported symptoms in our patients were pain in 77% followed by fatigue at 54%. Besides the clinical services introduced in the center, there are many educational activities running since opening of the center such as International Palliative Care Conferences, WHO workshops. In addition, many workshops which were held in cooperation with Princess Margaret hospital, Toronto University, Canada and King Faisal Specialized Hospital in KSA. To enhance the research activity, many research methodology workshops were done with already ongoing 6 research projects beside monthly journal clubs. Integration between medical oncology and palliative medicine departments was started successfully in the beginning of October 2016 with the frequent influx of cancer patients from day one diagnosis to control their symptoms in the Kuwait cancer control center.

Future plan

- In spite of all this, we still lack of some essential services in palliative care and we plan to:
 - Start home palliative care program.
 - Start a palliative care fellowship program in Kuwait.
 - Introduce palliative care curriculum in the Faculty of Medicine and Nursing.
 - Open palliative care unit in each general hospital in Kuwait.

Biography

Ameena Alansari studied Palliative Medicine in King Faisal Specialized Hospital in Riyadh and proceeded to work in a fast upscale environment ensuring patient comfort and relieve of suffering. When she came back to Kuwait, there were many challenges waiting for her. She was full of power and passion to start palliative care in Kuwait. Great team supported her, She inspired them and to encourage them to learn, to give, to help and to believe in themselves. She started the first department of Palliative Medicine at Kuwait and organized a new setup in Palliative Care Center. She started doing research in palliative care during her fellowship program and continued her researches in the palliative care center. In the first year after her fellowship, she raised up in opioid consumption and other basic medication used in palliative care in Kuwait. She is also interested in community awareness about palliative care so she was voted to be the head of the palliative medicine Society in Kuwait medical Society she is an expert in Palliative care and willing to teach and share her experience with those interested in palliative care.

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PATIENTS' EXPERIENCE OF PHYSICAL ACTIVITY ON PRESCRIPTION AFTER A HIP FRACTURE**Pia Hendberg^a, Lena Zidén^a and Marie Rusner^a**^aUniversity of Gothenburg, Sweden

Fear of falling, functional limitations and activity restriction is common after a hip fracture. Physical activity on Prescription (PaP) aims at increasing patient's activity and confidence. The aim of this study was to explore the patients' experience of physical activity to focus on PaP and how it affected them in their daily life. Individual open interviews were conducted and analyzed according to content analysis. An overarching theme was formulated: PaP means step from insecurity and fear to increased physical activity and independence if it is completed with individual support. This embraced the content of three categories: Fear prevents physical activity, to overcome fear, and to get support based on your own needs in order to advance. PaP cannot replace physiotherapy but PaP increase self-efficacy and physical activity after hip fracture. It is important to ask the patients about their fear and what kind of individual support they need.

Biography

Physiotherapist Pia Hendberg is interested in the benefits of physical activity and the health of the elderly. Her Master study in Physiotherapy consists of two studies; Physical activity in Prescription leads to increased self-efficacy. Walks as a supplement compared with physiotherapy alone and Patients' experience of Physical activity on Prescription after a hip fracture. The results of these studies indicate that Physical activity on Prescription (PaP) can be a method to increase self-efficacy to be more physically active after a hip fracture if it is combined with individual support.

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THE ATTITUDES OF THE JEWISH PUBLIC IN THE SECULAR AND RELIGIOUS SECTORS REGARDING EUTHANASIA IN THE STATE OF ISRAEL

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Statement of the Problem: Euthanasia is a desire to ease the suffering of the patient suffering from pain due to terminal illness and incurable. On the one hand, opponents of euthanasia argue that the value of the sanctity of life is a supreme value, which is also anchored in the basic law in Israel. Those who hold this position claim that if euthanasia is approved under certain circumstances, this will lead to a devaluation of the sanctity of life, to the extent that the death is allowed even in less obvious cases. On the other hand, advocates of euthanasia argue that the right of a person to die with dignity, the human right to autonomy over his body, and his right not to suffer should be preferred. No studies have examined the relationship between religiosity and the degree of support for euthanasia. Therefore, the purpose of this study is to explore if people with an affinity to religion more opposed to euthanasia.

Methodology & Theoretical Orientation: A socio- demographic questionnaire and a questionnaire that examined the degree of religiosity, opinions and attitudes regarding euthanasia included 33 items and were divided to 228 people from the religious and secular sectors.

Findings: 74.2% of the study participants belonged to the secular sector, 25.8 % to the religious. The greater the degree of religiosity, the smaller the support for euthanasia. In addition, there was a negative correlation between religiosity and all types of euthanasia support ($p < 0.001$).

Conclusion & Significance: The issue of euthanasia is a sensitive and controversial issue, and religion has an impact on it. Medical staff should recognize the different points of view increase cultural sensitivity using variety of tools and methods of treatment in order to contribute to the patient's and his family's satisfaction with the end-of-life.

Biography

Keren Grinberg is a lecture in the Ruppin Academic Center, Department of Nursing, Israel. Her expertise follows in the research domains: Children's health/ Inequality between subgroups consumption of health services / health promotion, Pain syndromes in women and women's health, Palliative care, Quantitative Sensory Testing (QST) of pain. In addition, she has experience in the study of nursing education.

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ASSESSMENT OF THE COMMON PREDICTORS AND THEIR CORRELATION TO SUBJECTIVE WELLBEING AMONG ELDERLY IN THE PHILIPPINES

Jose Arnold Tariga*

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Statement of the Problem: The United Nations (2013) and World Health Organization (2011) predicted an increase of elderly population aging 60 and above and this has prompted researchers to address concerns regarding the elderly's general wellbeing. This study aimed to determine the predictors that affect the subjective wellbeing among elderlies in the Philippines which involved individual, family and social variables.

Methodology: The researcher utilized a descriptive correlational design in order to identify patterns of relationship that existed between the individual, family and social characteristics and the level of subjective wellbeing among the elderly. The study was conducted in the municipality of Sagbayan, Bohol, Philippines. The researcher utilized a self-made interview guide, the Perceived Stress Scale, Spiritual Wellbeing Scale and the Satisfaction with Life Scale (SWLS) to gather the needed information. Multiple regressions using the SPSS software was utilized in data treatment.

Findings: The mean level of subjective wellbeing among elderly falls under the average level of life satisfaction indicating that they are generally satisfied with the different aspects of their lives. The study also revealed that the significant predictive variables of subjective wellbeing include age, health status, perceived stress, community participation, family income, and neighbourhood safety. The most common medical conditions affecting the subjective wellbeing of the respondents are upper respiratory tract infection, hypertension, generalized muscle pains, arthritis, and visual problems or disturbances.

Conclusion & Significance: Subjective wellbeing among the elderly increases with old age, good health status, less perceived stress, active community involvement, good family income, and feeling safe with their neighbourhood. The researcher recommends the conduction of further studies exploring other factors that can influence the subjective wellbeing and the development of programs by the local and national government units to enhance the factors that affect their subjective wellbeing.

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STEM CELL THERAPIES IN PRECLINICAL MODELS OF STROKE: IS THE AGED BRAIN MICROENVIRONMENT REFRACTORY TO CELL THERAPY?**Aurel Popa Wagner^a, Adrian Balseanua and Raluca Sandu^a**^aUniversity Medicine of Rostock, Germany

Attractive therapeutic strategies to enhance post-stroke recovery of aged brains include methods of cellular therapy that can enhance the endogenous restorative mechanisms of the injured brain. The translational failure of experimental therapies in aged subjects might at least partially be related to the aged brain microenvironment. However, in previous work we have shown that G-CSF alone is effective in improving behavioral recovery after stroke in aged rats. Here, we tested the hypothesis that treating post-stroke aged rats with the combination of bone marrow-derived mononuclear cells (BM MNC) or bone marrow-derived mesenchymal cells BM MSC and G-CSF might improve the long term (56 days) functional outcome. To this end, 1×10^6 syngeneic BM MSC and BM MNC per kg bodyweight (BW) in combination with G-CSF (50 μ g/kg, continued for 28 days) were administered via the jugular vein to Sprague-Dawley rats six hours post-stroke. Infarct volume was measured by magnetic resonance imaging 3 and 48 days post-stroke and additionally by immunohistochemistry at day 56. Functional recovery was tested during the entire recovery period. Daily G-CSF treatment led to robust and consistent improvement of neurological function, but did not alter final infarct volumes. The combination of G-CSF and BM MNC, did not further improve post-stroke recovery. The lack of an additional benefit may be due to a hitherto not well investigated interaction between both approaches and, to a minor extent, to the insensitivity of the aged brains to regenerative mechanisms. Also considering recent findings on other tandem approaches involving G-CSF in animal models featuring relevant co-morbidities, we conclude that such combination therapies are not the optimal approach to treat the acutely injured aged brain.

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DETERMINANT FACTORS AND ELDERLY PERSPECTIVES OF USERS' FRIENDLY TRANSPORTATION

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Elderly as vulnerable road users have more deaths by road traffic injuries and road traffic injuries is the second leading cause of death among people 65 years and older. Determination of transport status among elderly could help to identify the existing vacancy that could improve elder's safety and to be used in traffic injury reduction planning in the country. The current study aimed to determine the optimal transport characteristics of elder's perspectives.

Materials and Methods: Perspective of 200 elders 60 years and older about Friendly Transportation characteristics: (availability, acceptability, accessibility, compatibility, affordability) were studied in a descriptive cross-sectional study. All the elderly population attending the cultural centers and parks' at North, South, West, East and Central areas of Tehran, were selected at randomly. Elders were divided into three age groups: young (70-60 years), middle aged (80-70 years), and old (80 years and older). Consent form was taken from samples to participate in the study. Data were collected using a designed questionnaire. Validity and reliability of the instrument were determined using content validity and test-retest reliability (Cronbach's alpha 89%).

Results: The mean age of samples was 73.8 ± 8.5 years. More than 70% of the studied samples had less than 12 years of high schools' education. Forty percent of samples had incomes below a million Tomans (equal to 10,000,000 IRR). And %75, 4 of elders did not have any satisfaction from the availability characteristic of public transport. Acceptability characteristic of friendly transportation was good in %45, 5 of elders' opinion. Also, 60 percent of studied elders reported poor accessibility to public transport. Compatibility characteristic of friendly transportation was good in %76, 4 of elders' opinion. Elder men opinions about affordability characteristic of friendly transportation were good and women opinions were reported weak.

Conclusion: Results confirmed that elderly transportation was inappropriate. To attain friendly transportation, planning, need to address infrastructure alteration and traffic improvements for availability and accessibility characteristics among both men and women and affordability characteristic among women are felt more essential.

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ALLOW NATURAL DEATH: DO WORDS MATTER?

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Background: There have been numerous anecdotal reports from doctors in East Sussex Healthcare Trust (ESHT) about the difficulties in discussing escalation and resuscitation with patients. We feel the wording of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) is negative and detrimental to these discussions. The Gold Standard Framework and the GMC recognise an alternative wording: Allow Natural Death. Our project was looking to change the wording of these forms to Allow Natural Death (Do Not Attempt Cardiopulmonary Resuscitation) in an effort to improve this difficult conversation.

Sampling Methods: An online survey was emailed to all doctors at ESHT over a four week period. We received 132 responses from FY1 to consultant.

Results: There were many reasons why doctors felt patients disagreed with DNACPR decisions. 43% felt the wording of DNACPR forms contributed. Other factors included: poor understanding of CPR prognosis (82%), poor understanding of their prognosis (67%) and family member influence (55%). On a scale of 0 (very negative)-5 (very positive) the wording of DNACPR scored on average 2.55 compared to a score of 3.74 for AND, a 48% improvement. 66% felt that substitution of DNACPR with AND (DNACPR) would help counteract poor patient response to discussion. Perceived barriers to this change included: difficulty changing established protocol (34%), confusing for medical staff (44%) and no obvious change in discussion (27%).

Conclusions: There are numerous contributing factors to patient resistance to resuscitation decisions. The wording of DNACPR forms was felt to be a significant contributing factor. Doctors felt that re-wording of these forms to Allow Natural Death (DNACPR) would help improve discussions. In the coming months there will be several educational events to promote this form in conjunction with good discussion technique. The proposal to change the wording will be submitted to the resuscitation and end of life committees.

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DYNAMICS OF LIFE EXPECTANCY AT OLDER AGES IN RUSSIAN MEGACITIES (THE CASE OF MOSCOW AND SAINT-PETERSBURG)

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Statement of the Problem: Russia's population is rapidly ageing, and the need for thorough analysis of this process increases. Big cities in general, and Moscow and Saint – Petersburg particularly, are at the forefront of demographic changes, their total population being an essential part (about 10%) of Russia's population. One of the driving forces behind population ageing is increase in life expectancy (LE) at older ages. The purpose of this study is to make a comparative analysis of LE at older ages in Moscow and Saint – Petersburg in 1990 – 2014 and to estimate the contribution of older ages (60+) to the LE increase (for male and for female populations).

Data & Methods: The paper is based on data given by Rosstat and HMD. Computations are made in Excel. Decomposition of LE changes to estimate contributions of different age groups is used. Findings: In general, LE at older ages (60, 65, 70, 75 and 80) increase during 1990 – 2014 (relative to the initial year) for Moscow was greater than for Saint – Petersburg, for males - greater than for females. In general, for the whole period, LE values for Moscow exceed those for Saint – Petersburg for all considered ages for males and females, with a very few exceptions. Changes in LE at birth for the last two decades (1996 – 2005 and 2005 -2014) are considered. Essential distinctions in the contribution of older age groups to changes in LE at birth for Moscow and Saint - Petersburg during 1996 – 2005 and during 2005 -2014 (for male and for female populations) have been revealed.

Conclusion: Increasing LE of the elderly makes a significant contribution to the growth of LE. This fact (apart from ethical considerations) is also a strong argument in favor of intensifying efforts to reduce the morbidity and mortality of older people.

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INTEGRATED CARE AT HOME REDUCES UNNECESSARY HOSPITALIZATIONS OF COMMUNITY-DWELLING FRAIL OLDER ADULTS: A PROSPECTIVE CONTROLLED TRIAL

Laura Di Pollina*

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Statement of the problem: Care of frail and dependent older adults is a major challenge for health care systems. The study objective was to test the efficacy of providing integrated care at home to reduce unnecessary hospitalizations, emergency room visits, institutionalization, and mortality in community dwelling population. A prospective controlled trial was conducted, in real-life clinical practice settings, in a suburban region in Geneva, Switzerland, served by two home visiting nursing service centers. Three hundred and one community-dwelling frail and dependent people over 60 years old were allocated to previously randomized nursing teams into Control (N=179) and Intervention (N=122) groups: Controls received usual care by their primary care physician and home visiting nursing services, the Intervention group received an additional home evaluation by a community geriatrics unit with access to a call service and coordinated follow-up. Recruitment began in July 2009, goals were obtained in July 2012, and outcomes assessed until December 2012. Length of follow-up ranged from 5 to 41 months (mean 16.3). Primary outcome measure was the number of hospitalizations. Secondary outcomes were reasons for hospitalizations, the number and reason of emergency room visits, institutionalization, death, and place of death.

Results: The number of hospitalizations did not differ between groups however, the intervention led to lower cumulative incidence for the first hospitalization after the first year of follow-up. Secondary outcomes showed that the intervention group had less frequent unnecessary hospitalizations, lower incidence for the first emergency room visit, and death occurred more frequently at home. No significant differences were found for institutionalization and mortality.

Conclusion: Integrated care that included a home visiting multidisciplinary geriatric team significantly reduced unnecessary hospitalizations, emergency room visits and allowed more patients to die at home. It is an effective tool to improve coordination and access to care for frail and dependent older adults.

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HONORING THYSELF: DISENFRANCHISED GRIEF AND THE PROFESSIONAL CAREGIVER**Michelle Funk-Coltman***

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Much has been written that highlights that fact that the profession of nursing is stressful and taxing both physically and emotionally on nurses. Most recently, the field of end of life (EOL) and palliative care has been acknowledged as a stressful occupation and that burnout, attrition, and a nurse's personal involvement is unique to this particular field of health care (Huggard & Nichols 2001; Lobb et al, 2010; Rollings, 2008). Caring for the nursing staff working within the field of EOL and palliative care has not kept pace with the advances in self-care that is acknowledge for other health care professionals. According to Gerow et al, 2010, the impact of death on a family and its members has been well documented throughout the literature including the grief response and process, yet the grieving process and self-care of registered nurses during and following the death of a patient has not been researched extensively as a result. The purpose of this presentation is to demonstrate identify gaps that exist in EOL and palliative nursing for registered nurses in terms of self-care. Secondly, evidence will be presented in support of models that exist for registered nurses and policy makers to implement self-care within their organizations and into the EOL or palliative care setting. Implications of the lack of consideration of self-care in the profession will be discussed throughout the paper. Additionally, the concept of disenfranchised grief will be deliberated in terms of how this phenomenon has an additional negative affect and its consequences for health care professionals.

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BIO-IMPEDANCE ANALYSIS FOR APPENDICULAR SKELETAL MUSCLE MASS ASSESSMENT IN (PRE-) FRAIL ELDERLY PEOPLE

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Background & Aims: Screening populations for skeletal muscle mass (SMM) is important for early detection of sarcopenia. Our aim was to develop an age specific bio-impedance (BI) prediction equation for the assessment of appendicular skeletal muscle mass (ASMM) in (pre-) frail elderly people aged 65 and older.

Methods: Anthropometric, BI and dual-energy X-ray absorptiometry (DEXA) measurements from 106 (pre-) frail elderly subjects (61 females and 45 males, aged 65-96 years) were used to derive three ASMM prediction equations using multiple regression analysis: one for single frequency BI measurements at 50 kHz (ASMM50kHz), one for measurements at the characteristic frequency (ASMMFc) and one for bioelectrical impedance spectroscopy (ASMMBIS). The same data was used to evaluate an existing prediction equation.

Results: ASMM50kHz had the best fitting model ($r_{2adj}=0.923$, $SEE=1.19$ and a PRESS value=163.4), followed by ASMMFc ($r_{2adj}=0.915$, $SEE=1.25$ and a PRESS value=175.9) and ASMMBIS ($r_{2adj}=0.915$, $SEE=1.26$ and a PRESS value=177.1). Average ASMM measured by DEXA and both ASMM50kHz and ASMMFc were comparable. ASMMBIS tended to underestimate ASMM slightly. An existing prediction equation had a tendency to underestimate ASMM in people with a lower amount of ASMM and overestimate ASMM in people with a higher amount of ASMM.

Conclusions: ASMM50kHz was able to measure average ASMM within our population of (pre) frail elderly in a valid way. However, its predictive power on both individual as population level needs to be confirmed in an independent and larger (pre) frail elderly population and across multiple institutions and ethnic groups. In addition impedance ratio's and phase angle as parameters of muscle mass and cell function integrity require further study.

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FUTURE HOMES: FUSING RESPONSES TO AGEING, SUSTAINABILITY AND DIGITAL INNOVATION IN NEW HOUSING MODELS

Rose Gilroy*

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Statement of the Problem: Housing is one of the most significant issues in our lives: its security, comfort, affordability, location, layout and tenure may profoundly impact on our quality of life throughout our life. The suitability of living accommodation is explicitly listed as part of the legal definition of wellbeing in the UK's Care Act 2014. Improving and adapting mainstream homes, development of specialist housing and provision of housing related support can all contribute to efficiency savings and demand on health and care services. The Building Research Establishment (2016) quantified the annual cost to the NHS of specific aspects of housing disrepair alone as being in excess of £1.4 billion. They suggested that the quality of housing plays a significant role in determining health as smoking and alcohol.

Methodology: Drawing on quadruple helix models of working the author, created a cross sectoral working group that is developing new prototype housing models. We have development finance to commence building in spring 2018. In the current year we are working across a number of engagement streams with health professionals, community members and with industry seeking to fuse innovation and inclusivity.

Findings: The presentation will talk of interim findings of working across sectors to create long life, loose fit, low energy homes that will benefit all of us.

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GOALS OF CARE DISCUSSION SHOULD DRIVE REHABILITATION DECISION FOR TERMINAL CONDITIONS SUCH AS CREUTZFELDT-JAKOB DISEASE: A CASE REPORT

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Case Description: 64 year old male with bipolar disorder presents with two-month decline in cognition and motor function attributed to Depakote levels. Initial presentation included insomnia and difficulty walking, progressing to myoclonic jerking. CSF cell counts and autoimmune panels were normal, CT chest/abdomen/pelvis were negative for malignancy. Brain MRI demonstrated cortical ribboning. Familial Creutzfeldt-Jakob disease was confirmed after CSF resulted positive for RT-QuiC. Patient was transferred to acute rehab prior to discharge and care coordinated with neurology, psychiatry and palliative care. On admission patient was straight cath dependent and incontinent of bowels, need IV hydration and mechanical soft diet with thickened liquids and was dependent for mobility, transfers and activities of daily living. Hospice care was deferred, but family was willing and able to implement his wishes and goals of home discharge, maintenance of self-feeding and bowel and bladder continence following hospice care led goals of care discussion.

Results: Through coordinated physical, occupational, speech therapy and rehabilitation psychology, the patient achieved setup for regular consistency self-feeding with weighted utensils, was able to maintain hydration using a weighted cup and straw and allowed for discontinuation of IV fluids. Foley catheter was discontinued, and he demonstrated initiation for voiding and was continent with a condom catheter overnight. Agitation, insomnia and myoclonus were also addressed. Family was adequately trained in his medical, nursing and rehabilitation care. Eventually, after revisiting his goals of care, the patient was discharged home with hospice services.

Conclusion: Patients with terminal conditions such as this one with fCJD can benefit from acute rehabilitation. Through coordinated care with palliative care and regular discussion focusing on goals of care, clear and attainable goals were identified that necessitated the skilled care of acute rehabilitation and can be accomplished in a time frame that considers disease progression trajectory.

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CAN CONTINUOUS, INTER-GENERATIONAL COOPERATION POSITIVELY IMPACT THE QUALITY OF LIFE OF ELDERLY ALZHEIMER'S SUFFERERS?

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An aim of the present study is to clarify the effect of an inter-generational program for Alzheimer's sufferers through the cooperation with children. This is an interim report of the results of two-year intervention from August 2012 to August 2014. It consists of an intervention and a control group of eight and six sufferers, respectively, who have been diagnosed with Alzheimer's disease. Both groups attend day care services. The program consists of activities held every morning from 10 to 11:30, with Activity Cares. Assessments are made every six months using the following scales: FAST (Functional Assessment Staging), HDS-R (Hasegawa's Dementia Scale, revised), DAD (Disability Assessment for Dementia), and Behave-AD (Behavioral Pathology in Alzheimer's disease), and PGC-ARS (Philadelphia Geriatric Center-Affect Rating Scale) QOL-AD (Quality of Life in Alzheimer's disease). On the Philadelphia Geriatric Center Affect Rating Scale, three items have been proved statistically significant. Pleasure, Interest, and Contentment have increased with inter-generational cooperation. The magnitude of the change was not so remarkable as to influence QOL-AD at home. The positive effects of PGC-ARS Pleasure, Interest, and Contentment in the intervened group were maintained, where they were not in the control group. This implies that the positive affect of the intervened group has been maintained rather than the control group while attending the sessions in the day care service. This may reduce the burden on the staff caring for Alzheimer's sufferers in the day care services.

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EFFECTS OF SPECIFIC CHRONIC DISEASE AND MULTI-MORBIDITY ON FUNCTIONAL DECLINE: A THREE-YEAR STUDY WITH COMMUNITY-DWELLING ELDERLY IN SHANGHAI, CHINA

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Background: The prevalence rate of functional impairment increased with age. The previous studies suggested that chronic diseases are one of the most common causes of functional decline in the elderly. However, there are few studies focusing on the effect of multi-morbidity on the functional impairment. The purpose of this study is to explore the effects of specific chronic diseases and multi-morbidity on the functional decline in the aging people.

Methods: The study selected data from the 3-year (2013-2015) continuing cohort survey conducted among the community residents aged ≥ 60 years. Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) were used to measure the functional status. The prevalence of 11 chronic diseases was evaluated. The relationships between functional decline at follow-up and a single chronic disease or multi-morbidity were assessed via regression analysis.

Results: In 2015, 18.5% of subjects experienced a decline in ADL, and 29.9% experienced a decline in IADL, compared with 2013. Dementia, tumour, rheumatoid arthritis, and stroke were associated with ADL or IADL decline respectively. The number of co-occurrence chronic diseases was positively related with declines in ADL and IADL. Some combinations of two or three chronic diseases increased the risk of functional decline in the elderly.

Conclusion: Single chronic diseases had a different impact on functional decline, and dementia was associated with the greatest risk. Multi-morbidity increases the risk of ADL or IADL decline to varying degrees based on the number of diseases and disease combinations. So we suggested that avoiding the co-occurrence of several chronic diseases could assist with preventing functional decline in the elderly.

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DECISION MAKING PROCESS OF OLDER ADULTS WITH KNEE OSTEOARTHRITIS ABOUT RECEIVING PHYSICIAN-RECOMMENDED TOTAL KNEE ARTHROPLASTY

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Statement of the Problem: Osteoarthritis (OA) is the most common form of arthritis, affecting mostly older adults. Among all OA sites, knees are most commonly affected. For OA patients with joint symptoms that substantially impact their quality of life and are refractory to non-surgical treatment, joint-replacement surgery should be considered. However, older people with severe knee OA commonly refuse total knee arthroplasty (TKA). It is unclear how older OA patients in Taiwan decide the surgery. The purpose of this study was to explore the decision making process regarding joint-replacement surgery among older people with OA.

Methodology & Theoretical Orientation: A qualitative research design was used. Orthopedic outpatients were included in the study if they met the following criteria:

1) diagnosed with knee OA and recommended by their physicians to undergo knee joint-replacement surgery, 2) 60 years old, and 3) able to communicate. Participants were recruited by convenience from two medical centers and one regional hospital in northern Taiwan. Data were collected in individual interviews using a semi-structured guide and analyzed by thematic analysis. Finding: Participants' core concerns (N=79) were related to OA pain and walking ability. If they felt OA pain was bearable and they still could walk, they would try to delay TKA. Despite other factors (e.g., surgery-related concerns, physical condition-related concerns, relatives' or friends' negative TKA experiences) playing a role in decision making, older patients' final decision relied mainly on their OA pain and walking ability.

Conclusion & Significance: These findings highlight the importance of relieving OA pain and enhancing physical function among older people with severe knee OA.