



7th International Conference on

GERIATRICS GERONTOLOGY & PALLIATIVE NURSING

September 4-5, 2017 | Edinburgh, Scotland

Symposium Day 1

Geriatrics 2017

7th International Conference on**GERIATRICS GERONTOLOGY & PALLIATIVE NURSING**

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**Ann Karin Helgesen** *Vigdis Abrahamsen Grøndahl*

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HEALTH CARE QUALITY FROM THE PERSONS WITH DEMENTIA'S PERSPECTIVE: DEVELOPMENT AND TESTING OF A QUESTIONNAIRE

Statement of the Problem: Dementia care is one of the most rapidly growing areas in healthcare; however, relatively little is known about the experiences of care quality of persons with dementia themselves. The Quality from the Patient's Perspective (QPP) questionnaire is based on a model of care quality from the patients' perceptions of care, and has previously been adapted for use in different healthcare settings. The purpose of this study was twofold: (1) to adapt the QPP for use by persons with dementia and (2) to describe perceptions of care quality among persons with dementia in special care units (SCUs) in nursing homes.

Methodology & Theoretical Orientation: A cross-sectional design was used. Structured interviews using a questionnaire were carried out. The study was conducted in SCUs in three nursing homes in Norway and included 61 persons with dementia, with a response rate of 96.8%. An exploratory factor analysis using principal axis factoring with oblique rotation was performed for psychometric evaluation. Internal consistency was assessed by Cronbach's alpha and subgroup comparisons were performed using chi-squares and t tests.

Results: The QPP questionnaire was adapted for dementia care by selecting items from the QPP, modifying items, and constructing new items specifically for dementia care. The QPP questionnaire specifically for dementia care (QPP-DC) consists of 23 items representing seven factors with an eigenvalue ≥ 1.0 . The reliability coefficients were acceptable for most factors. The quality ratings of persons with dementia showed considerable variation across the different items.

Conclusions & Significance: QPP-DC provides a meaningful tool for quality improvements of care in special care units by detecting areas of importance for the persons with dementia. Nevertheless, research is needed to further validate and test the QPP-DC in other contexts.

Biography

Ann Karin Helgesen works as a teacher and researcher at the Østfold University College in Norway. She has 16 years' experience as a registered geriatric nurse, most of them in elderly care in general and dementia care in special. Her Ph.D. degree explored patient/user participation in everyday life in special units for persons with dementia.

Vigdis Abrahamsen Grøndahl works at Østfold University College in Norway. She has experience from medical wards and intensive care units. She has worked as a nursing teacher for 25 years, including 6 years as head of bachelor in nursing, 1 year as protector and the last 9 years as both teacher and researcher. Her PhD degree concerned health care quality from the patients' perspective, and her special interest in research concerns person centered care both in community health care and hospital, elderly care and healthcare quality from the patients' perspective.

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MALE RESIDENTS' EXPERIENCES OF AN ACTIVITY PROGRAM FOR MEN ONLY IN A NURSING HOME

Statement of the Problem: Research to date indicates that most nursing homes offer various kinds of activities for their residents, but that these are seldom tailored to each individual person. In respect of activities, it is reasonable to assume that male residents are at particular risk of not receiving person-centred care as they inhabit a largely 'female domain', where the majority of personnel and often also of residents are female. Few studies to date have focused on activities for men in nursing homes. The purpose of this study was to explore male residents' experiences of an activity program in a nursing home.

Methodology & Theoretical Orientation: The study had an explorative Grounded Theory (GT) design. Data were collected by means of interviews with nine residents. All of the men were offered an activity at least once a week as part of a project over the preceding year. According to the basic principles of grounded theory sampling, data collection and analysis are carried out simultaneously using constant comparison.

Findings: The core category showed that there was 'a change in the men's everyday lives' after the special activity program – for men only – was offered. Their own influence on the content of the conversations and on the activity itself was described as limited. This was not important for them, as the most essential issues were 'being together' and 'getting away'. Conditions relating to the men themselves, the place where the activities were held and the nursing personnel had an impact on how important the activity program was for them.

Conclusions & Significance: A more person-centred approach in future activity programs will enhance the residents' integrity and well-being, and allow them a degree of self-determination even while resident in a nursing home.

Biography

Eli Anne Skaug works at the Østfold University College in Norway. She has experience as an intensive care nurse from intensive care units, medical and rehabilitation wards. She has worked as nursing teacher for about 30 years and as head of the bachelor nursing education at Østfold University College for eight years. She is a co-editor and author of a textbook in basic nursing.

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Liv Berit Fagerli

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THE IMPACT OF PERSON-CENTERED CARE ON OLDER PEOPLE'S PERCEPTIONS OF CARE QUALITY IN NURSING HOMES: AN INTERVENTION STUDY

Statement of the Problem: The quality of care offered to older people in nursing homes varies. Nursing home administrators often claim that they provide person-centered care, but research indicates that institutional goals take precedence. Person-centered care may influence the older people's quality of life. The purpose of this study was to explore the impact of person-centered care on older people's perceptions of care quality.

Methodology & Theoretical Orientation: In our study, person-centered care was operationalized into one intervention: one-to-one contact (resident – carer). The intervention was systematically conducted for 12 months in one nursing home (41 residents). One of the carers should spend 30 minutes twice a week alone with one resident. This form of companionship comprised activities such as talking, watching TV and going for a walk. Face-to-face interviews using the Quality from Patient's Perspective (QPP) questionnaire were conducted both prior to intervention and immediately after the 12-month period. The questionnaire comprises of four dimensions: caregivers' medical-technical competence and identity-oriented approach, and care organisation's socio-cultural approach and physical-technical conditions. Descriptive and comparative statistics were used to test for differences between care quality perceptions before and after intervention ($p < .05$).

Results: The older people rated all four quality dimensions significantly higher after the 12-month period. At the item level significantly higher scores were given to 'The healthcare personnel showed commitment', 'The healthcare personnel were respectful towards me', 'I received the best possible medical care' and 'There was a pleasant atmosphere on the ward'.

Conclusion & Significance: Older people's perceptions of care quality increase when person-centered care is operationalized and takes precedence over ward routines. The results indicate that it is possible to design a care system where the older people are at the center of the health care offered.

Biography

Liv Berit Fagerli has worked as a teacher and researcher at Østfold University College in Norway since 1993. Her experiences and interests, concerns community health and person centered care, both in teaching and research. From 2013-2016 she has done research together with other researchers at the University College, on older people's perceptions of care quality in nursing homes with special attention to person centered care. She has contributed in an intervention study that indicates that it is possible to design a care system where the older people are at the center of the health care offered.

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OLDER PEOPLE'S INVOLVEMENT IN ACTIVITIES RELATED TO MEALS IN NURSING HOMES

Statement of the Problem: Eating and drinking are fundamental human needs, and consequently essential parts of nursing and nursing care. Therefore and as part of nursing care encouraging older people in nursing homes to engage in different mealtime activities could be one way to increase participation in activities of daily living and more optimal nutrition status among older people. The purpose of this study is to explore how residents in nursing homes perceive their participation in activities related to food and meals, and possible factors influencing their involvement.

Methodology & Theoretical Orientation: A cross-sectional survey design was used. A total of 204 residents (88 percent) in one Norwegian county agreed to participate and completed a face-to-face interview questionnaire about food and meal experiences. Descriptive and comparative statistics was used.

Results: Close to 30 percent of the residents were vulnerable to malnourishment. None of the residents were involved in menu planning, and more than 90 percent did not participate in food preparation or setting/clearing tables. Ten percent were able to choose where they could eat and five percent when they could eat. Older persons living in nursing homes with more than 80 residents and those younger than 65 years of age, participated the most, while older people with poor appetites were able to choose more often where they wanted to eat, compared to those with a healthy appetite.

Conclusion & Significance: The residents in this study appeared to be vulnerable to malnourishment. The results indicated that they only to a limited extent were involved in activities concerning food and meals at the nursing homes. Management and nurses should focus on residents eating and drinking which are essentials of nursing care. The residents should be asked, if they would like to participate in different mealtime activities. Further, a person-centred care approach that facilitates activities concerning food and meals should be promoted.

Biography

Vigdis Abrahamsen Grøndahl works at Østfold University College in Norway. She has experience from medical wards and intensive care units. She has worked as a nursing teacher for 25 years, including 6 years as head of bachelor in nursing, 1 year as protector and the last 9 years as both teacher and researcher. Her PhD degree concerned health care quality from the patients' perspective, and her special interest in research concerns person centered care both in community health care and hospital, elderly care and healthcare quality from the patients' perspective.

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Ann Karin Helgesen

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USER PARTICIPATION IN EVERYDAY DECISION-MAKING IN SPECIAL CARE UNITS FOR PERSONS WITH DEMENTIA

Statement of the Problem: Studies about how user participation appears in the context of special care units for persons with dementia are lacking. The purpose of this study was to explore user participation in everyday decision making for persons with dementia living in special care units in nursing homes.

Methodology & Theoretical Orientation: The study has an explorative design. Grounded theory was chosen as method. Data collection was carried out by means of open observations and additional conversations with residents and personnel. Simultaneously, data analysis was performed with open, axial and selective coding.

Findings: The findings showed that user participation concerned 'A matter of presence' as the core category. The other categories described as 'presence of personnel' and 'presence of residents', were strongly connected to the core category as well as to each other. Presence of personnel comprised three levels; being there in body, which required physical presence; being there in mind, which required presence with all senses based on knowledge and competence; and being there in morality which was understood as being fully present, as it was based on humanistic values and included the two other levels. Presence of residents comprised 'ability and wish' and 'adaptation'. Organizational conditions concerning leadership, amount of personnel and routines as well as housing conditions concerning architecture and shared accommodation could stimulate or hinder user participation.

Conclusions & Significance: The study highlighted the great impact of the personnel's presence in body, mind and morality on the participation capacity of the residents. The great importance of the nurse leaders was stressed, as they were responsible for organizational issues and served as role models.

Biography

Ann Karin Helgesen works as a teacher and researcher at the Østfold University College in Norway. She has 16 years' experience as a registered geriatric nurse, most of them with elderly care in general and dementia care in special. Her Ph.D. degree explored patient/user participation in everyday life in special units for persons with dementia.

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Scientific Tracks & Abstracts Day 1

Geriatrics 2017

Major Sessions:

Monday, September 4, 2017 | Day 1

Elderly Care | Gerontological Nursing | Geriatric Medicine | Geriatric Case Studies | Geriatric Dementia | Geriatric Mental Health | Geriatrics Palliative Care

Session Chair

Lee Hyer

Georgia Neurosurgical Institute | USA

Session Co-chair

Stephen Jacobs

University of Auckland | New Zealand

Session Introduction

Title: Transmural cooperation between general practitioners and nursing staff in residential care facilities

Bart Van Rompaey | University of Antwerp | Belgium

Title: Integration of end of life care of military members and veterans into a baccalaureate nursing concepts course

Libba Reed McMillan | Auburn University | USA

Title: Self-administration of medication in hospital: A mixed-method study on the perspectives of patients and health care providers

Tinne Dilles | University of Antwerp | Belgium

Title: Improving quality of life for people with dementia: The Person-Centred Environment and Care Assessment Tool

Chanel Burke | University of Technology Sydney | Australia

Title: Gerontologist skills and client satisfaction in long-term residential care for older persons

Fernando Pereira | Institute Polytechnic of Braganca | Portugal

Title: Drinking motives of community dwelling older adults and its associated factors

Yannic van Gils | University of Antwerp | Belgium

Title: Profiles of ICF disability in Alzheimer and vascular dementia

Alba Malara | National Association of Third Age Residences (ANASTE) | Italy

Title: Opting out of own homes for residential care homes: Decision-making experiences of family members of older adults with moderate dementia

Lisa PL Low | Caritas Institute of Higher Education | Hong Kong

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TRANSMURAL COOPERATION BETWEEN GENERAL PRACTITIONERS AND NURSING STAFF IN RESIDENTIAL CARE FACILITIES

Bart Van Rompaey^a, Jolien De Cock^a, Johan Wens^a and Tinne Dilles^a^aUniversity of Antwerp, Belgium

Statement of the Problem: In Belgium patients are free to choose their general practitioner. Moreover, this free choice remains after the transition to a residential care facility. Consequently, staffs have to corroborate with several physicians each having their procedures and habits. Since residential care facilities. Almost two third of 172 studied facilities indicate to deal with 11 to 30 general practitioners. The latter indicated the visit and care for older people in these facilities was not a priority, indicating a need for easy and accessible communication with the staff. The aim of this study was to obtain insight in the cooperation between nurses and general practitioners in residential care facilities.

Methodology & Theoretical Orientation: Since few researches were available on the topic and we focused on the perceptions of the respondent, a phenomenological design with a descriptive approach was developed. Using a semi-structured interview six head nurses and eight general practitioners in a non-metropolitan region in Flanders, Belgium, were included. The interviews were recorded and transcribed. Relevant data were coded leads to themes answering to the research questions.

Findings: Respondents indicated the collaboration being agreeable, but indicated bottle necks. The poor availability of the general practitioners, where nurses preferred standardized visits, influenced the continuity of care and caused gaps in the information process. Physicians and nurses pointed at the need to be fully informed at all times.

Conclusion & Significance: Both parties have an equal assignment and responsibility in the care for older people in a residential care facility. To improve quality of care in this specific situation, the implementation of a tailored patient file system is highly recommended.

Biography

Bart Van Rompaey is a nurse scientist with a PhD in Medical Sciences. He is the chair of the master in nursing and midwifery at the University of Antwerp. With a workload balancing between education, management and research, he has been teaching at different levels of the nursing and midwifery education. Currently he is responsible for several courses on the principles and practices of research. The major achievements in his research ought to be situated in the field of frail older people, e.g. delirium and medication management. He is also the vice-president of the NuPhaC research group (Nurse and Pharmaceutical Care).

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INTEGRATION OF END OF LIFE CARE OF MILITARY MEMBERS AND VETERANS INTO A BACCALAUREATE NURSING CONCEPTS COURSE

Libba Reed McMillan*

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Statement of the Problem: Military members and Veterans have a unique end-of-life issue which impact and often complicates grief and bereavement. It is imperative that nursing faculty train and develop nursing students to meet the needs facing our nation as current conflicts draw down, our nation's Heroes return to their hometown, and ultimately faces end-of-life issues. The specific war (Vietnam, WWII, Korea, Gulf War, OEF/OIF) and perceived acknowledgement by the healthcare professional can impact the Veteran and/or caregiver's sense of pride and shame; impacting their sense of grief/ bereavement. The grief experience may be impacted if death is experienced as a result of injury or loss associated with Veteran military service. Health care providers and nursing students need to have a fundamental understanding about nursing care of these military members/ Veterans and family members/ caregivers, to effectively recognize emotional, physical and spiritual conditions and develop nursing interventions that positively impact end-of-life outcomes. The purpose is to describe the infusion of unique Veteran-specific end-of-life concepts in addition to existing grief, loss and bereavement content in a baccalaureate nursing program. The need to incorporate a specific Veteran focus stems from a high percentage of Veterans living in the surrounding area(s) of our State land-grant university.

Methodology & Theoretical Orientation: A mixed method research design, comprised of pre- and post -test survey results, assessing student perspective of the holistic impact of end-of-life care (emotional, social, and spiritual injuries) sustained by Veterans will be used. A video by Deborah Grassman entitled "Wounded Warriors: Their Last Battle" will be also be utilized to solicit qualitative perspectives and spearhead dialogue from the student perspectives.

Findings: Qualitative and quantitative findings will be shared with the 91 students participating in the concepts course.

Conclusion & Significance: End-of-life care as applied to nursing education will be discussed.

Biography

Libba Reed McMillan has been at Auburn University since 2008, and currently is an Associate Professor. She has over 33 years of diverse nursing experience. Her research interests include program evaluation, and military/veteran health: wounded warrior competency development, and community and family transition. She has served as Co-Primary Investigator for PROJECT SERVE (Student Education Related to Veteran Experiences) developing an elective for AU School of Nursing students. This experience is located at Walter Reed National Military Medical Centre (Bethesda, MD) teaching students nursing care of wounded warriors transitioning from acute to chronic healthcare systems. Dr. McMillan is a frequent podium and poster presenter at national and international conferences on topics related to Veteran health, critical thinking and patient safety.

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SELF-ADMINISTRATION OF MEDICATION IN HOSPITAL: A MIXED-METHOD STUDY ON THE PERSPECTIVES OF PATIENTS AND HEALTH CARE PROVIDERS

Tinne Dilles^a and Toke Vanwesemael^a^aUniversity of Antwerp, Belgium

Background & Aim: Self-administration of medications relates to the process where hospitalized patients prepare and consume medications themselves rather than a health professional taking over this role. Literatures suggest possible advantages such as increased patient satisfaction, adherence to pharmacotherapy, and self-care competences. The aim of this study was to explore health care providers' and patients' perspectives concerning self-administration of medication whilst in hospital, and to describe which adaptations are required for implementation.

Design & Methods: Mixed-method study; qualitative study in one regional and two university hospitals using semi-structured interviews with nurses, physicians, hospital pharmacists and patients, and a cross-sectional observational study on all hospitalized patients of 14 randomly selected wards in 3 Belgian hospitals.

Findings: Self-administration of medication was perceived as beneficial for patients, nurses and inter-professional collaboration. Nevertheless, also disadvantages for patients, nurses and physicians were mentioned. A clear overview of barriers to overcome in order to increase the prevalence and the quality of self-administration resulted from the interviews. Important conditions to be fulfilled before allowing patients to self-administer medication were related to the patient, the type of medication and the organizational structure. Most of the 124 patients who completed the questionnaire had a positive opinion on the implementation of self-administration, 84% was willing to self-administer their medication whilst in hospital. Patients believed that it would result in feeling more autonomous (75%) and it would increase medication knowledge (73%). The majority was convinced it would not jeopardize the safety of other patients (75%).

Conclusion: The study extends our knowledge of the perspectives of all health care providers and patients in the process of self-administration of medication. General perceptions on self-administration were very positive and the conditions for implementation can facilitate adaptations to take the step between evidence and practice.

Biography

Tinne Dilles is nurse researcher and lecturer at the University of Antwerp and the Thomas More University College. In 2011, her PhD project entitled 'Pharmacotherapeutic Care in Nursing Homes: Nurses' contribution to drug monitoring' was successfully presented. Her research focuses on nursing and pharmaceutical care, especially in older persons. In different national and international courses Tinne specialized in research methodology and statistics. She teaches research methodology, statistics and pharmacotherapy for nurses and midwives at bachelors' and masters' level. She is a member of Sigma Theta Tau International Honor Society in Nursing, het National Verbond voor Katholieke Vlaamse Verpleegkundigen en Vroedvrouwen (NVKVV) and the Belgian Society for Pharmacoepidemiology. She is president of NuPhaC (Nurse and Pharmaceutical Care) and vice-president of the division of Nursing and Midwifery of the Faculty of Medicine and Health Care Sciences of the University of Antwerp.

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IMPROVING QUALITY OF LIFE FOR PEOPLE WITH DEMENTIA-THE PERSON-CENTRED ENVIRONMENT AND CARE ASSESSMENT TOOL (PCECAT)

Chanel Burke^a^aUniversity of Technology Sydney, Australia

Background and Purpose: A person-centred care approach to service delivery can improve the quality of life of people living in residential aged care homes. Such an approach also meets many of the requirements of the Australian Aged Care Residential Standards. The Person-Centred Environment and Care Assessment Tool (PCECAT) was developed as an evaluation measure for residential aged care services, linking Kitwood's person-centred principles and the requirements of the Australian Standards. The PCECAT assesses specific areas for improvement, according to person-centred principles and the Australian Standards. Opportunities for improvement are identified, strategies developed and their effects for residents may be evaluated.

Methodology: A mixed method approach was used to develop and validate the PCECAT in five sequential stages. The domains and items of the PCECAT were theoretically derived and confirmed for content and face validity by an expert Delphi panel. The Delphi-confirmed versions were piloted resulting in amendment to content and layout. Testing and re-testing of the amended PCECAT occurred, inter-rater reliability was established, and factor analysis and other validity tests confirmed the final version of the PCECAT.

Outcomes and Significance: The PCECAT has been used by various aged care organisations across Australia and New Zealand to assist in the development of strategies to improve the quality of life for people living with dementia in residential aged care homes. One such organisation, a large provider of residential aged care services, utilised the PCECAT to identify gaps in organisational culture, care, activities and environment necessary to support person-centred care. The subsequent introduction of quality improvement strategies has resulted in a demonstrated improvement in the provision of person-centred care within that organisation over a three year period.

Conclusion: The PCECAT is a means for assisting residential services to identify, address and improve service delivery and resident outcomes accordingly to Australian Residential Care Accreditation Standards and the person-centred model, and benchmark services against international best practice.

Biography

Chanel Burke has over 40 years' experience working with children, families and in the aged care industry as a practitioner, manager and researcher. Chanel's PhD thesis was the development of the Person-Centre Environment and Care Assessment Tool (PCECAT) and Guidelines based on Tom Kitwood's person-centred principles and the Australian Residential Care Accreditation Standards. The PCECAT aims to assist aged care organisations to improve the quality of life for people living with dementia. Chanel regularly provides consultancies in aged care organisations to assist in the development of person-centred cultures, environments and practices, and the establishment of continuous improvement strategies. She provides education to staff to enhance their knowledge and skills in applying person-centred principles into their practice. As a certified aged care quality assessor, Chanel has undertaken multiple audits of aged care homes for the Aged Care Standards and Accreditation Agency. Chanel is also a registered nurse and holds a Master of Studies in Psychology and a Master in Management.

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GERONTOLOGIST SKILLS AND CLIENT SATISFACTION IN LONG-TERM RESIDENTIAL CARE FOR OLDER PERSONS

Fernando Pereira^a, Helena Pimentel^a, Ana Falcão^b, Cristina Teixeira^c and Vítor Rodrigues^b^aInstitute Polytechnic of Bragança, Portugal^bUniversity of Trás-os-Montes and Alto Douro, Portugal^cEpi-Unit Porto, Portugal

In contemporary Western societies the population aging poses new challenges both to the policies and to the support systems for the older persons.

In Portugal, where the phenomena have a major impact, it has emerged a new professional profile, the gerontologist. From the beginning the gerontologist (Licenciate's Diploma in Gerontology) has emerged as a new professional exclusively devoted to providing care for the older persons and shares the labor market with other professionals who are usually leaders in LTRCs for the older persons, namely: managers, psychologists, nurses, sociologists, social educators and other social workers.

Recent studies (Pereira & Antão, 2014; Pereira & Caria, 2014) show a clear evidence of technical, organizational and communicative skills, which can be considered specific to this professional group (gerontologists) and which are distinctive from those shown by other professional caregivers. The focus goes to the sensibility of the gerontologists to detect in advance symptoms of a pathological aging, and to a personal contact with the older person and their families. It is still very valuable their ability to organize and develop innovative services and activities. The internalization of the concept of interdisciplinary and the ability to integrate and streamline interdisciplinary technical teams is also mentioned as a feature of this professional group. These profile skills have been considered by employers the main reasons to hire gerontologists rather than other professionals (Pereira, Mata & Pimentel, 2012).

In this study 160 older persons living in Portuguese LRTC are questioned about their satisfaction in regard to the effectiveness of organization. The older persons from LTRCs managed by a gerontologist are more likely to be "more satisfied" with provided care. This association was not explained by residents' characteristics or by the older person's circumstances as residents. These findings highlight the appropriateness of gerontologist skills in managing LTRCs.

Biography

Fernando Pereira completed his Ph.D. in Social Sciences from the University of Trs-os-Montes and Alto Douro, 2004. He acts as Researcher collaborator of the Center for Research and Educational Intervention Faculty of Psychology and Educational Sciences of the University of Porto, since 2008. Researcher collaborator Research Center Mountain CIMO, the College of Agriculture of Bragança since 2008. He was an effective investigator of this center since 2003. Coordinator of Nucleus of Research and Intervention of the Elderly / IPB, from 2009-2015. Founding Member and Investigator Group ASPTI Research (Social Analysis Technical Working Intellectual) since 2002. ASPTI is an informal group that involves researchers from several national higher education institutions is engaged among other activities of organizing seminars scientific research projects, monitoring of academic research evidence. Principal Investigator of the project "BeHome BeHappy" - EIP-AHA (European Innovation Partnership and Healthy Active-Ageing), European Commission, 2013-2015. In the scope of this pedagogical and scientific activity he published several books, chapters of books, articles on the subject of the elderly and aging, highlighting the book "Theory and Practice of Gerontology: A Guide for Caregivers of the Elderly", PsicoSoma 2012 and 2017 (second edition).

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DRINKING MOTIVES OF COMMUNITY DWELLING OLDER ADULTS AND ITS ASSOCIATED FACTORS

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Statement of the Problem: Although a decrease in alcohol consumption by older adults has been demonstrated, the number of older adults using alcohol is growing. Due to the ageing processes, older adults are more vulnerable to the adverse consequences of alcohol use. There is little knowledge about the reasons why older adults are using alcohol despite the fact that drinking motives are an important factor in predicting alcohol use and alcohol problems. Recent studies in older populations reported the association between drinking for social reasons and binge drinking. Drinking to cope has been linked to alcohol related problems. The purpose of this study is to describe the drinking motives of older adults and its associations with alcohol use and alcohol related problems.

Methodology & Theoretical Orientation: In a retrospective cross sectional research the alcohol use and drinking motives of community dwelling older adults were studied. The study sample consisted of 1093 adult's aged 65 years and older using alcohol at the time of the interview. The participants were questioned about their alcohol use with the extended version of the AUDIT. The Drinking Motives Questionnaire and the geriatric version of the Michigan Alcohol Screening Test were used for the registration of the drinking motives and the alcohol related problems respectively.

Findings: The most frequent cited drinking motive for men and women are the social motives, followed by the enhancement and the coping motives. The most relevant associations are moderate to strong positive associations between the enhancement motive and the quantity of alcohol, between the coping and enhancement motives and binge drinking and between coping and enhancement motives and self-reported alcohol related problems.

Conclusion & Significance: Drinking motives can be associated with alcohol use and alcohol related problems in older adults. Awareness among health care givers about this topic is necessary.

Biography

Yannic van Gils is a clinical psychologist and a psychotherapist with years of experience in education and clinical fields. The focus of her PhD research is to describe the biopsychosocial factors that discriminate older adults at risk for alcohol related problems. Prevention and interventions are efficient strategies for older adults, but still under recognized.

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PROFILES OF ICF DISABILITY IN ALZHEIMER AND VASCULAR DEMENTIA

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The International Classification of Functioning, Disability and Health (ICF) is a suitable tool to standardize the status of health and disability. A previous study, carried out on 546 subjects included in the database ANASTE (National Association of Nursing Home for Third Age) Calabria, showed that 78.43% of the patients suffered from cognitive impairment whereas 52% had a severe degree of dementia. 65% of them were suffering from Alzheimer's disease (AD), whereas 23% from vascular dementia (VD).

Aim: Aim of this study was to analyse the prevalence of functional impairments, activity limitations and participation restrictions of patients affected by AD and VD.

Design: Observational descriptive study.

Setting: Nursing Homes ANASTE Calabria.

Participants: 10 patients with probable AD (ADPr) and 10 patients affected by probable VD (VDPr). All patients were underwent multidimensional geriatric assessment. The profiles of disability ICF, were expressed in terms of Capacity and Performance, and coded according to mild, medium, severe and complete disability. Environmental factors were skilled in facilitator or no facilitator.

Results: The patients with ADPr displayed a severe impairment of functional status, and advanced clinical stage requiring the higher care burden compared with VDPr patients. The ICF assessment showed that the global and specific Mental Functions, Communication and Interpersonal Relationships were more reduced in patients with ADPr respect those with VDPr. The identification of an ICF checklist of various forms of dementia might provide a more detailed description of the profiles of disability and improving therapeutic, rehabilitative interventions and psico-social care.

Biography

Alba Malara specialized in Geriatrics and Gerontology. Since 2004 she had worked as Medical Director in a Residential Centre and Extensive Rehabilitation Continuous Cycle as well as in several other nursing homes in Calabria. Since 2007 she has worked as Scientific Coordinator of the "Scientific Committee of National Association of Third Age Residences (ANASTE)". Since 2011 she has been a scientific consultant for the European Confederation Home Care Organization (ECHO), Brussels, Belgium. Since January 2015 she is Chairwoman of Italian Society Geriatrics and Gerontology (SIGG) Calabria. Dr. Malara has set up a research methodology based on daily utilization of multidimensional geriatric assessment tests used in clinical practice in a network of nursing homes in Italy. In particular Dr. Malara's research is primarily focused on geriatric multidimensional assessment, dementia, behavioural problems, pain and pharmacological and non-pharmacological strategies, care of end of life, care quality and patients' quality of life.

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OPTING OUT OF OWN HOMES FOR RESIDENTIAL CARE HOMES: DECISION-MAKING EXPERIENCES OF FAMILY MEMBERS OF OLDER ADULTS WITH MODERATE DEMENTIA

Lisa PL Low^a and Fan Kim Pong^a^aCaritas Institute of Higher Education, Hong Kong

Statement of the Problem: Residential care home services play an important role in supporting Chinese older adults with dementia and their family members. However, it is still the intention of the Hong Kong Government to promote ageing in place so that older people can remain in their own homes and supported by community care services for as long as possible. Indeed, there is a dearth of knowledge about the decision-making experiences of family members particularly at what point they reconsider their own roles and responsibilities of caring for their community-dwelling older relatives with moderate dementia and consider residential care homes instead.

Methodology: As part of a main grounded theory study that explores decision-making experiences of family members caring for older people with dementia, this paper presents the data of around 50 family caregivers who described their decision-making experiences of caring for their older relatives with moderate dementia at home and in residential care homes. Purposive sampling was used to recruit the immediate family caregivers who provided physical and psychosocial care. They were matched against their older relatives who were diagnosed with dementia, had an MMSE score of 11 to 20, or an AMT score of < 7. Interviews lasted 40-45 minute, and data were content-analyzed.

Results: In-depth experiences of family caregivers who underwent a range of memorable circumstances and incidents of caring for their older relatives with moderate dementia at home that catalyzed the affirmative decision to move them into four residential care homes in Hong Kong will be described. Once the older persons became residents, family members were asked about the decision-making experiences they were now engaged in so that a comparison could be made about their changing roles and responsibilities before entry and after entry into residential care homes.

Conclusion: Findings can provide an understanding of the preliminary processes that family members went through as they begun taking care of the older family member with dementia at home. For various changing circumstances and incidents that have been described, the process of how family members then considered opting out of caring in their own homes for residential care homes can be delineated. The need to further support family caregivers of older relatives with dementia is highlighted.

Biography

Lisa PL Low works as an Associate Professor. Her research interests are gerontology and long-term care, with emphasis on the organization of gerontological care and practices, discharge planning for older patients and family members. Her Ph.D. thesis adopts a constructivist grounded theory approach to explore decision-making in residential care homes from the perspectives of older residents, family members and care providers. This work has now been extended to explore family decision-making of older people with mild-moderate dementia and for clients with intellectual disability using predominately qualitative research approaches. As part of her post-doctoral development her intentions are to continue to develop qualitative research approaches and methodologies in her academic and research career.

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ASSESSMENT OF RISK OF FALLS IN THE ELDERLY AND ASSOCIATED FACTORS WITH FALLS

Beyhan Cengiz Ozyurt^a and Bilgin B^b^aEge University, Turkey^bCelal Bayar University, Turkey

Statement of the Problem: Falls are the most common cause of domestic accidents among the elderly. One of every three elderly age 65 and over who lives in the community falls once in every year. Main approach of falls management is to find out and to treat the underlying reason. The study aims to determine the history of falling in the last year and the factors associated with falls in patients aged 65 or older.

Methodology & Theoretical Orientation: The population of this cross-sectional study was 3163 elderly individuals who were living at the region of two randomly selected primary medical services (one at rural area, other at urban area) in April 2015. The sample size was calculated using the software of Epi info 7.0; thereby, 480 elderly individuals were enrolled. Each individual was randomly selected from his/her registration at the Manisa Public Health Department. All data were collected by face-to-face interview and a standardized questionnaire form that involved sociodemographic characteristics, health and social status, Katz index was used. The rate of participation was 88.9% (n=427). All data were evaluated using descriptive analysis and chi square test. Logistic regression was used for multivariate analysis.

Findings: The mean age of the study group was 72.9±6.7. The majority of individuals (86.4%) had a chronic disease for which continuous drug administration was required, 49.6% was women, 35.1% was graduated from elementary school and 23.4% was living alone. More than 79.4% of elderly could have done, daily living activities easily, less than 5% were depend in one or more basic activities of their daily life. When patients' fall experiences were questioned, it was determined that 30.4% of them had fallen in the last one year. Average number of falling of the study sample was 1.73±1.06. It was found that 43.1% of older people who reported falling history fell outside home, 36.3% fell by stumbling and 28.3% fell due to dizziness and 20.0% received medical treatment for falling at a hospital. Multivariate analysis demonstrated that the risk of falls are significantly higher in individuals who were living alone, being 75 years of age and over, having worse perceived health status, social isolation, insufficient income, lack of accessibility in health care, need of support during daily activities and had 2 and over chronic disease for which continuous drug administration was required.

Conclusion & Significance: These findings reveal that fall prevalence and risk factors that increase risk for falls are high in the individuals aged 65 or older. In order to prevent falls in the elderly, it is vital to perform assessments about risk factors for falls in elderly; and take preventive measures.

Biography

Beyhan Cengiz Özyurt is currently a PhD student in Health of the Elderly Program at Ege University under the department of Internal Medicine and concurrently working in Celal Bayar University under the department of Public Health. She has published more than 15 papers in reputed journals.

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WHAT IS AN AUTONOMY SUPPORTIVE ENVIRONMENT IN GERIATRIC CARE SERVICES FOR HEALTHCARE PROFESSIONALS?

Guillaume Souesme^a and **Claude Ferrand^a**^aFrancois Rabelais University, France

Statement of the Problem: Based on Self-Determination Theory (SDT; Deci & Ryan, 1985), autonomy support appears to be a key factor for patients in geriatric care services (GCS) for the satisfaction of the three basic psychological needs of autonomy, competence, and relatedness (Souesme et al., 2016). However, none studies have been conducted with healthcare professionals about “what elements might compose an autonomy-supportive environment?” That is why; it looked interesting to clarify the behaviors underlying an autonomy-supportive motivational style in GCS.

Methodology & Theoretical Orientation: Four focus groups were used with a semi-structured guide (Patton, 2002) to explore the point of view of healthcare professionals about an autonomy-supportive environment. Twenty-six (n=26) professionals representing all professions working on GCS were recruited. Content qualitative analyses were performed using a software analysis (NVivo 10-QSR International).

Findings: Unlike Reeve (1998), our results based on queries for text analysis highlighted three categories defining the notion of autonomy support in health context. Those categories point out well the importance of the social link between medical staff and patient through the “promotion of progress”, the importance of “establish a relationship of trust”, and the necessity to “encourage them to express themselves”.

Conclusion & Significance: Our results demonstrate that the welcome are crucial to make the stay in GCS positive. Developing a partnership between patients and healthcare professionals could be a successful way to improve the stay in GCS, bring positive psychological and physical outcomes for elderly patients like a better adherence to treatment (Williams et al., 1998), and reduce re-hospitalization. We need now to further define the patient’s point of view of an autonomy-supportive environment in order to compare it with healthcare professional’s definition, underlying common and diverging points. This will allow us to make recommendations and propose a training session for professionals to adopt an autonomy-supportive motivational style.

Biography

Guillaume Souesme is in the second year of a doctoral program in psychology at François-Rabelais University in Tours (FRANCE). It is attached to the EA 2114 – Research Team of Psychology of Ages of Life, under the direction of Professor Claude Ferrand. His subject of study concerns the “satisfaction of basic needs of autonomy, competence, and relatedness, motivation, well-being and ageing on the “Région Centre-Val de Loire”. The field of study of this research focuses on French geriatric care services, also called SSR present in the hospitals structure or being autonomous, public and / or private. Finally, he uses the theory of Self-Determination Theory (SDT) as a theoretical basis.

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HEAT AND SPICE IN LATER YEARS OF LIFE

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Background: Society tends to hold the idea that older people simply do not participate in or enjoy sex as much as younger people. Sexual function and activity in old age have been inadequately studied the world over. It is important to know that aging processes are not confined to persons beyond the age of 60 years; many changes in the elderly have their antecedents in the middle age. One study even showed that a significant amount of the elderly has pronounced their sex lives over at around age 50 to 60. Although sex might not be as taboo as it used to be, the idea of sex as one gets older is still clouded with myths and uncertainty.

Aims: This study determines the patterns of sexual activity and function in individuals over 60 years of age. It also discusses the barriers such as chronic illness, cultural barriers and myths that may interfere with sexual function.

Materials and Methods: A study of subjects above the age of 60 years from a senior citizens group in the outpatient department of Geriatric Medicine (OPD) of MGM a teaching hospital in Mumbai, by interviewing 200 individuals who attended the OPDs, after taking their informed consent. Socio-demographic and other information on their sexual function and activities were obtained. Data was analyzed using statistical package for social sciences v15.

Results: 72% individuals above 60 were sexually active, while only 57% above 70 were active. Others had become completely abstinent at some time in their lives. Statistical analysis revealed significant gender, health and educational status based differences in the sample.

Conclusion: Many factors support the myth that older people are asexual: limited access to information from their youth to the present day, the physiological changes connected to aging itself, religious precepts and family oppression. However, further studies and actions directed at this population are important to promote the health of the elderly. Our study showed significant presence of sexual desire, activity and function even after the age of 60 years; a decline by the age of 70 and above was a finding that reflected more in women. Chronic illness did affect sexual function and desire.

Biography

Varsha Reddy (International Healthcare Management), a Post graduate student of M.D Geriatric Medicine has been associated with Geriatric healthcare delivery across United Kingdom and India. She has managerial experience in NHS in Heartlands Hospital Birmingham, George Elliot Hospital Nuneaton and Whippscross Hospital London, where she contributed voluntary services in holistic healing promoting wellness. While pursuing MD Geriatric Medicine in M.G.M Institute of Health Sciences, Navi Mumbai ; she pioneered the "Helping Hands" program which focuses on senior citizen self support groups which deliver peer assistance within the community providing philanthropic services. She has initiated efforts in Tele-medicine, Polypharmacy and contingency management approaches for Geriatric care with special interest in sexuality in elderly, communication skills with elderly and Geriatric cosmetology. She is the recipient of the Ministry of Health Award for Volunteer work in Earthquake Relief, in addition to the many accolades for sports and educational achievement.

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Scientific Tracks & Abstracts Day 2

Geriatrics 2017

Major Sessions:

Tuesday, September 5, 2017 | Day 2

Geriatric Diseases | Elderly Care | Geriatric Treatment | Geriatric Mental Health | Geriatric Care Management | Geriatrics

Session Chair
Marlene M Rosenkoetter
Augusta University | USA

Session Co-chair
Katsuji Kobayashi
Kanazawa University | Japan

Session Introduction

Title: Accurate prognostic awareness facilitates, whereas better quality of life and more anxiety symptoms hinder end-of-life discussions

Siew Tzuh Tang | Chang Gung University | Taiwan

Title: Association of psychiatric pictures with cognitive and motor symptoms of lewy body disease- An analysis of 60 MIBG-verified cases

Katsuji Kobayashi | Kanazawa University | Japan

Title: Psychological and relational improvement of students attending to the university for older adults: An experience in the University of the Basque Country

Naiara Ozamiz | University of the Basque Country | Spain

Title: Developing Gerontological Nursing (GerNurs) competencies: An e-Delphi study

Tracey Osmond | Scalabrini Village | Australia

Title: Compassion fatigue and compassion satisfaction among informal caregivers of older adults, in Arab Israeli

Rabia Khalaila | Zefat Academic College | Israel

Title: Palliative care in a nursing home: Is it possible? Integrating palliative care in a nursing home

On Dulberg | Meir Medical Center | Israel

Title: Therapeutic challenges in occult malignancy presenting as stroke

Suhaniya Samarasinghe | Chelsea and Westminster Hospital | UK

Title: Palliative care in the community hospital - A model and case series of patient-centred, community-based care to meet an ageing population's needs

Joanna WY Chan | St. Luke's Hospital | Singapore

Title: Ageing carers and their ageing family member with mild-moderate intellectual disability in Hong Kong: What needs and care do they have?

Lisa PL Low | Caritas Institute of Higher Education | Hong Kong

Title: Health status and associated factors among the community-dwelling elderly in China

Pei Liu | Southeast University | China

Title: Nursing home quality of life: A theoretical model integrating the views of residents, staff and family members

Marina Gharibian Adra | American University of Beirut | Lebanon

Title: Public awareness and attitude towards palliative care in Nigeria

AbdulRaheem Ibraheem Shola | University of Ilorin | Nigeria

Title: Chronic obstructive bronchitis and depression in elderly outpatients

Tiziana Candiani | Hospital Cuggiono ASST WEST MI | Italy

Title: The relationship between lexical retrieval in discourse and cognitive functions in dementia - In comparison with the elderly population

Takako Yoshimura | Kyoto Gakuen University | Japan

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ACCURATE PROGNOSTIC AWARENESS FACILITATES, WHEREAS BETTER QUALITY OF LIFE AND MORE ANXIETY SYMPTOMS HINDER END-OF-LIFE DISCUSSIONS

Siew Tzuh Tang*

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Context: Despite growing evidence of the benefits of EOL-care discussions to initiate such discussions early in the advanced cancer trajectory, terminally ill cancer patients either don't engage in EOL-care discussions or do so only when death is imminent. Most existing studies on patient-reported EOL-care discussions are cross-sectional without exploring the evolution of EOL-care discussions as death approached. Cross-sectional studies also cannot disentangle the impacts of EOL-care discussions on patients' prognostic awareness, psychological well-being, and quality of life (QOL) or whether these factors facilitate/hinder EOL-care discussions. Therefore, the purpose of this study was to explore the evolution of patient-physician EOL-care discussions over cancer patients' last 6 months and to identify factors precipitating or hindering such discussions by arranging time-variant modifiable variables and EOL-care discussions in a distinct time sequence.

Methodology: We examined the evolution and associations of accurate prognostic awareness, functional dependence, physical and psychological symptom distress, and QOL with patient-physician EOL-care discussions among 256 terminally ill cancer patients in their last 6 months of hierarchical generalized linear modeling with logistic regression.

Findings: The prevalence of physician-patient EOL-care discussions increased as death approached (9.2%, 11.8%, and 18.3% for 91-180, 31-90, and 1-30 days before death, respectively) but only reached significance in the last month. A higher likelihood of subsequent physician-patient EOL-care discussions were precipitated by a previous wave of patient-reported accurate prognostic awareness, but hindered by a previous wave of better patient QOL and more anxiety symptoms. Levels of physical symptom distress, functional dependence, and depressive symptoms were not associated with the likelihood of EOL-care discussions.

Conclusion/Significance: Physician-patient EOL-care discussions for terminally ill cancer patients remain exceptional even when death approaches. Physicians can promote EOL-care discussions with cancer patients by cultivating their accurate prognostic awareness early in their disease trajectory when they are physically and psychologically competent, with better QOL.

Biography

Siew Tzuh Tang has her expertise in understanding prognosis awareness and preferences of EOL care of terminally ill cancer patients and their family caregivers and longitudinal impact of changes of prognosis awareness and preferences of EOL care on patients' psychological well-being and quality of life, changes in physician-patient EOL discussion during terminally ill cancer patients' dying process and its impact on subsequent aggressive or hospice care received before death, family caregivers' caregiving burden, EOL-care decision conflicts and their impact, and how bereaved family caregivers use internal and external resources to overcome challenges during their loved one's dying process and in bereavement.

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ASSOCIATION OF PSYCHIATRIC PICTURES WITH COGNITIVE AND MOTOR SYMPTOMS OF LEWY BODY DISEASE-AN ANALYSIS OF 60 MIBG-VERIFIED CASES

Katsuji Kobayashi^a, Masahiro Hayashi^a and Noriko Akiyama^a^aKanazawa University, Japan

Background: Lewy body disease (LBD) is a collective term of Parkinson's disease (PD), PD with dementia (PDD), incidental LBD (iLBD), Lewy body dysphagia, pure psychiatric presentation (PPP) and dementia with LBD (DLB). Diagnosis of LBD has suffered from symptomatic heterogeneity because LBD has diverse clinical symptoms that are grouped into four; cognitive disturbance, psychiatric features, motor and non-motor symptoms. PPP may be the fourth subtype in which non-neurological psychiatric symptoms and cognitive disturbance lasted for many years. This study investigates how psychiatric pictures are associated with the other symptom groups in myocardial meta-iodobenzylguanidine (MIBG)-verified subjects with LBD.

Methods: Sixty patients (28 women and 32 men) were classified into three psychiatric pictures; depression-anxiety (Group D: 27 patients), isolated visual hallucinations (Group V: 16 patients) and psychosis (Group P: 17 patients). Fifty six cases were examined by single photon emission tomography (SPECT) study of the brains in which hypoperfusion were found in 37 cases and 19 cases showed no abnormality. After that, we determined final diagnoses; PD, PDD, DLB and PPP with the DSM-IV, the unified Parkinson's disease rating scale (UPDRS), and Mini-mental state examination (MMSE).

Results: 40% of the Group D patients remained depressive without Parkinsonism and 50% had or developed PD. Most Group P patients developed PDD or DLB. Statistics provided four clusters with combinations of the clinical symptoms and SPECT study. PD-depression and PPP-depression with/without frontal hypoperfusion, PDD-psychosis with temporal hypoperfusion, and DLB-visual hallucination with occipital hypoperfusion. Thus, Group V had DLB and Group D had PD and PPP. Group P had PDD. Motor symptoms were closely associated with cognitive disturbance.

Conclusions: PPP is a prodromal depression of PD and also preparative of iLBD. The psychotic feature and visual hallucinations, when complicated by motor symptoms, predicts following dementia. Isolated depression with non-motor symptoms is a risk for PD.

Biography

Katsuji Kobayashi is the President of the Awazu Neuropsychiatric Hospital, Komatsu, Ishikawa-ken, Japan, 2007-present, Docent of Kanazawa University Graduate School of Medicine, Kanazawa, Ishikawa-ken, Japan. From 2007 to present he is Associate professor of Kanazawa University, 2002-2007. He gained a Special Award from the Japanese Society of Geriatric Psychiatry in 2005. Fellowship of the Centre national de la recherche scientifique (CNRS) in Laboratoire de Neuropathologie Laboratoire Raymond Escourolle (1992-1994)

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PSYCHOLOGICAL AND RELATIONAL IMPROVEMENT OF STUDENTS ATTENDING TO THE UNIVERSITY FOR OLDER ADULTS: AN EXPERIENCE IN THE UNIVERSITY OF THE BASQUE COUNTRY

Naiara Ozamiz^a and **Miren Agurtzane Ortiz^a**^aUniversity of the Basque Country, Spain

Objective: The aim of the study was to measure the emotional condition and the interpersonal forms of relation in a group of mature students (Aged 55+).

Method: 45 students attending the University of Older Adults in the Basque Country in Bilbao, completed assessments such as the Brief Symptom Inventory (BSI), as well as the Relationships with Others scale (ERA). Socio-demographic data were also collected. Data was analyzed using T tests and multivariate analyses.

Results: Data suggests attending the University for older adults may improve mental health and relationships with others for people.

Conclusion: As life expectancy increases, population ageing is a major global trend and there is a need for societies to become more prepared to improve the quality of life in later decades. We believe it is important to continue creating resources for old people since many people reaching retirement age remain healthy and vital. As such, without psychological health in later life there will be significant problems in all domains of older people's lives.

Clinical Implications: Since resources such as university for older adults improve the mental health of the elderly is important to continue creating resources for them.

Biography

Naiara Ozamiz is a professor of medical psychology at the Faculty of Medicine and at the University for over 55 years of the University of the Basque Country. She has worked as a psychotherapist in different day units with patients with personality disorders and psychosis. She has mainly specialized in group psychotherapy, although she has also performed individual and family psychotherapies. In 2013 made her thesis on the personality disorders in the DSM-5. She has published several articles on attitudes towards treatments, personality disorders, psychiatric emergencies and the elderly.

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DEVELOPING GERONTOLOGICAL NURSING (GERNURS) COMPETENCIES: AN E-DELPHI STUDY

Victoria Traynor^a, Nicole Britten^a, Tracey Osmond^b and Lynn Chenoweth^c^aUniversity of Wollongong, Australia^bScalabrini Village, Australia^cUniversity of New South Wales, Australia

Background: The only widely used gerontological nursing competencies were published in the United States. A Nursing in Aged Care Collaborative (NACC) undertook a study to address this gap and developed Gerontological Nursing (GerNur) Competencies for use across Australia.

Aim: This paper presents the findings from an e-Delphi study to develop GerNur Competencies.

Methods: Survey Monkey was used to circulate a draft set of gerontological nursing competencies and seek agreement on priority areas, wording and levels of practice. Using snowball sampling, 409 participants were recruited to the first round: 57% clinicians, 30% managers and 13% academics from 10 countries. At round 5, 139 participants remained.

Findings: With 60% agreement set as the minimum acceptable level, 11 core competencies with 36 domains of practice and two levels of practice were generated:

1. Living Well for Older People across Communities and Groups
2. Maximising Health Outcomes
3. Communicating Effectively
4. Facilitating Transitions in Care
5. Facilitating Choices
6. Partnering with Family Carers
7. Promoting Psychological Well-being and Mental Health
8. Providing Evidence-Based Dementia Care
9. Providing Optimal Pain Management
10. Providing Palliative Care
11. Enabling Access to Technology

Conclusion: This is the first set of gerontological nursing competencies for use in Australia developed from an inductive consultation activity with a range of stakeholders. The GerNur Competencies will be piloted across the NACC organisations. The GerNurs Competencies and accompanying guidelines will be available on a freely accessible website for use by individuals for their professional development and organisations to support their implementation of strategic plans.

Biography

Tracey Osmond is currently the Director, Clinical Governance and Quality, Scalabrini Village, Prior to her current role, Tracey has held a number of positions within the Aged Care sector over the last five years. Tracey has been a Registered Nurse for over 30 years with broad experience in clinical practice, education, management, and senior executive roles across the Health and Aged Care sectors in Australia. Most recently Tracey has held a number of roles in the Aged care sector as outlined above. Prior to these roles she was the CEO of The College of Nursing (2007-2012) where she was instrumental in the successful merger of TCON and RCNA to create the Australian College of Nursing. Tracey's educational and aged care roles have coalesced to recognise the need for a structured capability framework for registered nurses practising in contemporary aged care environments. This recognition led to the creation of the Nursing in Aged Care Collaborative with like-minded colleagues working in large faith-based, not-for-profit Aged Care organisations which led to the commissioning and co-funding of the Aged Care Nursing Competency Development Project – an e-Delphi study.

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COMPASSION FATIGUE AND COMPASSION SATISFACTION AMONG INFORMAL CAREGIVERS OF OLDER ADULTS, IN ARAB ISRAELI

Rabia Khalaila*

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There is extensive professional literature on compassion fatigue among professional caregivers, yet very few studies of the phenomenon among informal family caregivers of an elderly relative. The aims were to examine the association between caregiving burden and compassion fatigue (burnout, secondary traumatization), and compassion satisfaction among informal caregivers; and to examine models of mediation (social support and coping style) and moderating effect (emotional empathy) in these associations. Cross-sectional study studied 300 informal caregivers of an elderly parent from the Arab community in Israel. Data gathering was accomplished through face-to-face interviews in Arabic using structured questionnaires. Linear regression analyses were applied to the hypotheses using bootstrapping models. The results showed about 20%-45% of the caregivers suffer from various symptoms of compassion fatigue. A positive correlation was found between caregiving burden and burnout and secondary traumatization. These associations were found to be partially mediated by disengagement coping and perceived social support. A negative correlation was found between the burden and compassion satisfaction of the care. This association was found to be partially mediated by disengagement coping. Findings showed that emotional empathy moderates the association between caregiving burden and burnout. The study suggests that compassion fatigue exists among informal caregivers in the Arab community in Israel. The current study shows that compassion fatigue may be reduced by lessening the burden of care, reinforcing social support, and reducing the use of disengagement coping. Decreased emotional empathy by the caregiver is likely to be protection against the harmful effects of caregiving burden on burnout.

Biography

Rabia Khalaila worked for 10 years at Hadassah Hospital as a staff nurse, and he was promoted in the last 5 years to be a head nurse in the intensive care unit. In 2009 he moved to work in the Zefat Academic College. Rabia is the head of the Department of Nursing in Zefat College. His research interests include nursing, social gerontology and nursing education. He published 24 written works mostly in peer review journals and another four papers are in preparation or under review process.

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PALLIATIVE CARE IN A NURSING HOME – IS IT POSSIBLE? INTEGRATING PALLIATIVE CARE IN A NURSING HOME

On Dulberg*

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In Israel, as in other western countries, life expectancy increases. As a result, the number of people suffering from chronic illnesses and conditions causing physical and emotional suffering growing up. Also, there is a steady rise in the number of people requiring assistance with basic Activities of Daily Living (ADL) and the number of people living in long term institutions and nursing home. Although nursing homes can be ideal facilities for supportive care, most of them do not operate upon the principles of palliative care and yet, most end-stage patients are referred to die in hospitals. In Israel, Palliative care is based on the laws of the State of Israel: Governmental Health care Insurance (1995) and the Dying Patient Law (2005). These laws enable a person with an incurable disease, for whom doctors have determined a life expectancy of less than six months, to request the avoidance of treatment that could extend their lives and suffering. Hospitals, health care providers and nursing homes committed to provide palliative care services. Despite such advanced laws, most patients are not actually provided the palliative treatment required.

Objective: Integrating principles of the palliative approach in a nursing home.

Secondary Objective: Reducing end-of-life referrals to emergency rooms and hospitals.

Methods: Integrating the palliative approach in nursing home, including: encouraging to fulfil Preliminary instructions and powers of attorney, training doctors, nurses and multidisciplinary team how to provide palliative care, Balancing symptoms and how to deal with end-of-life situations.

Results: Significant decline in emergency room and hospital referrals: 35% decline in hospital referrals within 4 years. Dramatic decline in hospital death rates and increase in the number of patients dying in the nursing Home.

Conclusion: Despite the many challenges of providing palliative care in nursing homes, the process can be implemented in order to reduce suffering, increase patient, staff and family awareness, and significantly reduce unnecessary emergency room and hospital referrals.

Biography

On Dulberg, Internal and Geriatric Medicine Specialist, Medical Director of the "Vera House" nursing home at the Vera Solomons Center and Senior Physician in the Geriatric Medicine Array at the Meir University Medical Center, Kfar Saba, Israel. Responsible for implementing the principles of palliative medicine in hospitals and has been recently working to integrate such principles within the adult population in the community and institutions.

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THERAPEUTIC CHALLENGES IN OCCULT MALIGNANCY PRESENTING AS STROKE

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Ischaemic stroke is a rare first presentation of occult malignancy. Malignancy related hypercoagulability can manifest as acute arterial infarction, non-bacterial thrombotic endocarditis and/or thrombophlebitis. We report three cases of acute ischaemic stroke all presenting within a four-month period. The first patient presented with multiple acute cerebral infarcts. Following an episode of acute hypoxia, the patient had CT pulmonary angiography - this confirmed the presence of multiple bilateral pulmonary emboli. Further imaging showed evidence of metastatic ovarian cancer and renal infarction. The second patient presented with dense left-sided weakness and MRI confirmed right middle cerebral artery (MCA) infarct. CT scan performed for deranged blood tests confirmed bilateral pulmonary emboli, likely hepatic metastases, renal and splenic infarcts and gastrointestinal outflow tract obstruction. Both patients showed progression of their hypercoagulability state despite therapeutic low molecular weight heparin (LMWH) monotherapy. LMWH is the current preferred choice of anticoagulation for venous thromboembolism (VTE) in oncology patients. The third patient presented with an acute stroke on a background of non-rheumatic atrial fibrillation - which is an independent risk factor for stroke. She was on a direct Factor Xa inhibitor on presentation. The patient had a CT scan for an abdominal mass - this showed metastatic pancreatic malignancy. Currently, no studies have specifically addressed the treatment of malignancy related VTE using direct inhibitors.

Conclusion: Possible occult malignancy should be considered in patients with on-going hypercoagulability state despite appropriate anticoagulation. Currently, there is limited data for this patient subgroup and further studies examining anticoagulant choice is needed.

Biography

Suhaniya Samarasinghe received her medical degree from the University of Southampton. She started her postgraduate medical training in the Northern Deanery becoming a member of the Royal College of Physicians, London in 2015. Dr. Samarasinghe began her higher specialist training in Geriatrics and General Internal Medicine as part of the North West London rotation where she worked for two years. It was during this time that she developed an interest in acute and hyper acute stroke.

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PALLIATIVE CARE IN THE COMMUNITY HOSPITAL - A MODEL AND CASE SERIES OF PATIENT-CENTRED, COMMUNITY-BASED CARE TO MEET AN AGEING POPULATION'S NEEDS

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Introduction: A rapidly ageing population and rising chronic disease burden in Singapore translates to a higher demand for aged care services, including End-of-Life services. Community hospitals have been recognized as an under-recognized resource with potential to provide the mainstay of support to patients nearing the end of life and their families. St. Luke's Hospital is a 240-bed community hospital in Singapore. Most of our patients are elderly aged above 65 with multiple medical issues, with a significant number having life-limiting illnesses. It is also the first community hospital in Western Singapore to have a dedicated Palliative Care Team (PCT).

Aim: We aim to show, via a case series of four patients, examples of how our PCT delivers care to our patients in the setting of a community hospital.

Methods: Our team comprises various medical professionals and allied healthcare providers who work together to provide palliative care services in various settings.

Results: Our Case Series demonstrates that palliative care in the community is varied and meaningful, from managing symptoms such as pain, to dealing with sepsis in end-of-life. At times, psychosocial elements are important as well. They also show that the community hospital's population of mostly geriatric patients and location within the community, with ample resources from our allied health partners, allow us to deliver holistic, patient-centred care in line with patient and family's goals of care.

Future Directions: We hope to extend our services to include an after-office-hours telephone and home-consult service, partner other healthcare providers such as hospitals and nursing homes to expand our capacity, and to train Geriatric and Family Medicine residents to be confident of providing End-of-Life care.

Conclusion: The nation's future healthcare plans have recognized the importance of primary healthcare and has committed to building more primary care facilities in the community. This means that citizens will be able to enjoy the comfort of receiving care in familiar surroundings with a supportive community. The Palliative Care Team in St. Luke's Hospital hopes to demonstrate with our model and case series that a palliative care service anchored in the community hospital setting in Singapore can meet the changing population healthcare demands by delivering, in the context of the patient's bio psychosocial-spiritual context, care that prioritizes quality of life and respects the dignity in dying.

Biography

Joanna Chan is a Family Medicine-trained Registrar in the Palliative Care Team of St. Luke's Hospital in Singapore. She has an interest in research pertaining to Family Medicine and has many publications in the local Family Medicine Journal in Singapore.

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AGEING CARERS AND THEIR AGEING FAMILY MEMBER WITH MILD-MODERATE INTELLECTUAL DISABILITY IN HONG KONG: WHAT NEEDS AND CARE DO THEY HAVE?

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Statement of the Problem: Understanding the difficulties of the ageing carers in providing care to their ageing family member with an intellectual disability (ID) can help to facilitate the development of appropriate services and interventions to strengthen both parties' capacity to continue with the duties and obligations associated with filial piety in the Chinese society. However, little is known about the caring needs and types of care provided by ageing family carers when caring for their community-dwelling ageing ID family members in Hong Kong.

Methodology: This paper presents the qualitative data of 16 ageing family carers who were matched against family members with mild or moderate ID and using a sheltered workshop. Audio-taped interviews lasted 45-60 minute and data were content-analyzed.

Results: Mothers were found to be the major carers, and were either housewife or have retired from work. Since birth, they have provided long-term special care to their family member with ID, and witnessed wavering changes in self-care abilities over the years. Indeed, the ID members still had different caring needs that continued to linger into adulthood. The data highlighted a heightened realization of family carers to refocus on the way they have always provided care, and to give considerations to instil strategies that would help the ID members to build greater independence to manage their daily life in later life, especially when both parties are already ageing or are soon-to-be old.

Conclusion: Findings can provide an understanding of the caring needs and types of care that ageing family carers provide to their ageing ID adult who are currently using a sheltered workshop. Further support for the ageing family carers to continue with their caring roles is also highlighted. More data are needed to explore the importance and urgency attached to the different needs and the level of independence or protectiveness family carers prescribe to providing care to their family members with ID.

Biography

Lisa PL Low works as an Associate Professor. Her research interests are gerontology and long-term care, with emphasis on the organization of gerontological care and practices, discharge planning for older patients and family members. Her Ph.D. thesis adopts a constructivist grounded theory approach to explore decision-making in residential care homes from the perspectives of older residents, family members and care providers. This work has now been extended to explore family decision-making of older people with mild-moderate dementia and for clients with intellectual disability using predominately qualitative research approaches. As part of her post-doctoral development her intentions are to continue to develop qualitative research approaches and methodologies in her academic and research career.

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HEALTH STATUS AND ASSOCIATED FACTORS AMONG THE COMMUNITY-DWELLING ELDERLY IN CHINA

Jianqian Chao* and Pei Liu*

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Statement of the Problem: The objective of this study was to evaluate the health status and associated factors of the elderly Chinese population.

Methodology & Theoretical Orientation: A cross-sectional survey was administered to 849 elderly people aged 60 years and over living in a certain district of Nanjing, China. A health rating scale based on the characteristics of the elderly in China was used. The difference of self-rated health between different groups was tested using an ANOVA, and the associated factors were tested using an ordinal logistic regression.

Findings: The results showed that the general health of the elderly Chinese people studied was not good. The scores of body function, self-care ability, and physical health decreased gradually with age. The scores of men were higher than those of women in terms of emotional personality. The factors associated with the health status of the elderly were education, living mode and marital status. The health status of the elderly Chinese and the associated factors highlighted in this study demonstrated that emotional and social support were more important than financial support for promoting the mental health of the elderly.

Conclusion & Significance: These findings will provide a basis for the development of programmes promoting the health management and healthy ageing of the elderly in China.

Biography

Pei Liu is a Professor and his research interests are focused on the health status and associated factors among the elderly in China. He is also interested in the health management model and health care improvement among Chinese elderly.

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NURSING HOME QUALITY OF LIFE: A THEORETICAL MODEL INTEGRATING THE VIEWS OF RESIDENTS, STAFF AND FAMILY MEMBERS

Marina Gharibian Adra*

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Aim: To explore the perceptions, perspectives and meaning of quality of life for a theoretical sample of older residents, care staff and family caregivers in nursing homes in Lebanon.

Background: To date, little is known about the quality of life and its meanings from middle-Eastern perspective and context. There is also limited knowledge about the care experience of older people living in nursing homes in the Lebanon.

Method: A classic grounded theory study was conducted between 2010-2011 in two nursing homes situated in Beirut. Semi-structured interviews were undertaken with a theoretical sample of 20 residents, 8 family caregivers and 11 nursing home staff. Data were analysed using the constant comparative method.

Findings: Constant comparative analysis of data led to the emergence of the core category of “relating” and the linking scheme of “maintaining interrelationships” which comprised of three distinct, but interrelated, basic social processes: ‘maintaining self’, ‘maintaining identity’ and ‘maintaining continuity’. The dynamics that exists within and between each of these grounded theory processes provides an indicator about the meaning of quality of life for older residents living in such an environment.

Conclusion: This study has made an important contribution to the literature particularly in recognising the role of “relating” and “maintaining interrelationships” in enhancing quality of life in nursing homes in the Lebanon. The contribution of the substantive grounded theory emerging from this study is not solely restricted to helping interpret the everyday experience of quality of life, but also includes implications for policy and practice.

Biography

Marina Gharibian is a Clinical Assistant Professor at Hariri School of Nursing, American University of Beirut (AUB). She holds a BS degree in Nursing, a Master's degree in Physiology from AUB, and a PhD from the University of Manchester, United Kingdom. She is a member of the “Center for Studies on Aging” in Lebanon and her area of expertise is quality of life of older people, specifically older people residing in nursing homes. She is the first nurse in the Lebanon to conduct a qualitative study involving contribution and active participation of older residents. She has more than 25 years of experience in teaching nursing care of adults and older adults, pathophysiology, and critical care nursing. She incorporated gerontology within the nursing curriculum at AUB in view of the growing proportion of the aging population which impels the provision of health care services and various levels of nursing care.

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PUBLIC AWARENESS AND ATTITUDE TOWARDS PALLIATIVE CARE IN NIGERIA

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Background: Palliative care is a global public health issue. Studies have reported public inadequate or lack of knowledge and negative perceptions towards palliative care. Given the aging population and associated increase in the number of patients requiring palliative care it is vital to explore the public's understanding of this concept.

Objective: The aim of this study was to establish the current levels of awareness and attitudes towards palliative care among the general public in Nigeria.

Methods: A community-based cross-sectional study among 6,358 individuals aged over 20 years was conducted between April to September 2016. Information was collected using a structured questionnaire consisting of 15 items. EPI-INFO and SPSS software statistical packages were applied for data entry and analysis. Chi-square and logistic regression were computed to assess statistical association and the level of significance. A p-value of equal or less than 0.05 was considered statistically significant.

Results: A total of 564 responses were obtained (response rate 8.9%). Female gender 388 (68.9%) and previous experience 358 (63.5%) influenced awareness in a positive direction. Respondents 401 (70.1%) who worked in healthcare themselves or who had a close relative or friend who had used a palliative care service were more aware of palliative care and the availability of different palliative care services. Suggested strategies to enhance awareness and community involvement in palliative care include formulation of appropriate policies and education of policy makers.

Conclusions: Nigeria public awareness and attitude of the concept of palliative care remains insufficient for widespread effective and appropriate palliative care to be accepted as the norm. In particular, those without previous family-related experiences lack awareness. An increased public awareness of palliative care is needed, in order to improve knowledge of and access to services when required.

Biography

Abdul Raheem IS, is a Nigerian medical doctor with postgraduate training in Public Health. He is a fellow of both Royal Institute of Public Health (London) and National Postgraduate Medical College, Faculty of Public Health (Nigeria). He holds Master degrees in Public Health, Epidemiology & Biostatistics and Public Administration. He specializes in Disease Surveillance, Geriatrics and Epidemiology. His areas of interests are Disease surveillance, Geriatric Epidemiology, Geriatric poly-pharmacy, Geriatric palliative care, End of life care, Care of the Elderly, Health planning and administration. He has more than sixty publications to his credit in both local, National and International Journals. Dr Abdulraheem has served as a Consultant to WHO, UNICEF, NPI, GAVI & FMOH (Nigeria) on Disease Surveillance, Polio Eradication Programme and National Epidemiological review of Communicable Diseases. Currently, AbdulRaheem Ibraheem Shola a Consultant to World Health Organization on Disease Surveillance and Polio Eradication Programme as well as Associate Professor in the Department of Epidemiology & Community Health, College of Medicine, University of Ilorin, Nigeria.

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CHRONIC OBSTRUCTIVE BRONCHITIS AND DEPRESSION IN ELDERLY OUTPATIENTS

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As it is known in recent years the problem of depression in the elderly is growing, on the one hand the increase in the elderly population and on the other the appearance and / or persistence of chronic conditions often disabling that interfere with mood such as COPD (ill, preventable and treatable characterized by a chronic obstruction to the air flow in the intrathoracic airways. The presence of an FEV1 / FVC ratio of less than 0.70, demonstrated by spirometry performed after administration of a bronchodilator, is a necessary criterion to confirm the clinical diagnosis of the disease). The aim of this study was to verify a possible correlation between low mood and COPD in ambulatory elderly subjects.

Methods: From October 2016 to April 2017 we submitted the Geriatric Depression Scale - J. Yesavage (one of the most popular scales for evaluation of depressive symptoms in the elderly, the instrument consists of 30 items which excludes the detection of somatic symptoms and psychotic symptoms, the answers are reciprocating (yes / no), the score ranges from 0 to 30 with a threshold level to 11 place, beyond which are clinically relevant depressive symptoms) to 118 elderly (67M-51F) subjects with age average of 76 related to the clinic of Pneumology simultaneously undergo spirometry.

Results: Our data in line with other studies show no correlation between depression severity and severity of obstructive, other parameters considered such as sex, BMI and FVC showed no correlations.

Biography

Tiziana Candiani was born in Magnago in 1963. She is Head of the Complex Structure of Internal Medicine of Cuggiono Hospital. She is also Head of the Department's Simple Department of Geriatrics at the "Giuseppe Fornaroli" Hospital in Magenta. She graduated from the University of Milan and subsequently gained specialization in Geriatrics. She has a second specialty in Medical Idrology. She has lent his activity, such as a geriatrician, to the Desio Hospital, and to the Geriatric Assessment Unit of Merate. Since 1998 she has been working at the Ospedaliera Azienda di Legnano. She continues her education by obtaining two diplomas: the Diploma of Training for Medical Managers at Bocconi University in Milan in 2008; The Diploma of Healthcare Director at Eupolis Lombardia - School of Health Care in 2014. From 2008 to 2012 she was a member of the Board of Directors of the Special and Consortium Company for the Services for the Municipalities. She is a contract professor with the University of Milan.

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THE RELATIONSHIP BETWEEN LEXICAL RETRIEVAL IN DISCOURSE AND COGNITIVE FUNCTIONS IN DEMENTIA -IN COMPARISON WITH THE ELDERLY POPULATION

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Objective & Background: The word production or lexical retrieval in discourse would be deteriorated with age, even though cognitions such as confrontation picture naming, memory functions were intact (Yoshimura et al., 2016). Moreover, deficits in lexical retrieval in written discourse were reported to be an early indicator of Alzheimer's disease better than other cognitive tests such as confrontation picture naming (Pekkala et al., 2013). Purpose our aim is to explore the relationship between the abilities of lexical retrieval in oral discourse and the cognitive dysfunctions in dementia in comparison with the results in elderly. We sought to examine what aspects of cognitive deficits in dementia would cause deteriorated lexical retrieval in discourse, and to know the commonalities and differences between dementia and elderly.

Methods: We studied nineteen demented patients (age: 69-91). Two discourses tasks, Cookie Theft Picture (CTP) from Boston Diagnostic Aphasia Examination (Goodglass & Kaplan, 1983) and False Accusation Picture from Visual Perception Test for Agnosia (Brain Function Test Committee, 1997) were conducted. Additionally, other neuropsychological tests such as, Word Fluency Test (Saito et al., 1992), Rey's auditory verbal learning test (Rey, 1964) and Frontal Assessment Battery (Dubois et al., 2000) were administered. The results of the elderly were referred to a study of Yoshimura et al. (2016).

Results: The number of content words of each discourse task were analyzed; for dementia 12.7 ± 9.7 , for elderly 14.8 ± 5.6 (numbers indicate average and standard deviation). The severer the dementia became, the fewer the nouns in discourse were ($p < .01$). The relationship between lexical retrieval and cognitive functions were different from that of the elderly.

Conclusion and Significance: We discuss the characteristics of oral discourse in dementia in comparison with elderly. Also, we suggest a discourse task as an efficient tool to evaluate an early stage of dementia in clinical settings.

Biography

Takako Yoshimura is currently focusing her study on cognitive functions and communication in dementia. This study aims to develop effective interventions to the dementia patients who have every day-life difficulties with efficient communication tools, or augmentative and alternative communication (AAC). She began working as a speech-language pathologist, chiefly as a neuropsychologist, to evaluate patients' cognitive neuropsychological status such as aphasia, agnosia, apraxia, memory disorders, and involving rehabilitation for patients with stroke, tumor, dementia etc. Since then, she has been working in hospitals and clinics in addition to teaching job at colleges and universities. Her AAC study of dementia is outstanding in that she tries to develop methods to approach surrounding people with patients, such as families, from a perspective of cognitive neuropsychological findings.

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