



8<sup>th</sup> International Conference on

## **Geriatrics Gerontology & Palliative Nursing**

July 30-31, 2018 | Barcelona, Spain

# Keynote Forum

## Day 1

Geriatrics 2018

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## Nina Gorshunova

*Kursk State Medical University, Russia*

### Criteria of physical and cognitive frailty of older persons as determinants of their high need for palliative care

The progression of involutive changes in older people is accompanied by the development of polyfunctional deficiency leading to the appearance of physical and cognitive frailty, limitations of life activity (reduced self-service abilities, independent movement). To determine the older people needs in medico-social care, a comprehensive geriatric evaluation of 417 people older than 80 years was performed, with the expression of osteopenia and sarcopenia, decreased muscle strength and walking pace, attention and memory. The assessment of physical frailty is performed by the dynamometry, muscle and bone mass by bioimpedance analysis, cognitive functions on the Montreal scale (MoCA), psychological disorders - on the geriatric depression scale. The possibility of self-service is determined using the Barthel and Katz scales, preserving the skills of instrumental daily activity on the Lawton-Brody scale. It has been established that in patients over 80 years the severity of muscle mass, its strength, bone reduction, limitations of self-service and movement depend on the age and degree of functional insufficiency. Markers of cognitive frailty: Reduction of visual, constructive skills and memory with an increase of depression is significant in 45% of patients. It is revealed that about 70% of them need in social assistance, 52% in rehabilitation, 44% in psychological support and 35% in palliative care. Older people with physical pre-frailty to prevent the development of self-care restrictions and self-movement should recommend a diet rich in high-grade proteins, regular isometric exercise under the control of heart rate and blood pressure. Patients with predementia cognitive disorders can be recommended training programs aimed at activating attention, memory and perception. Immobile patients are shown therapeutic exercises, timely prophylaxis of bedsores. Palliative care programs are developed by general practitioners and implemented under their supervision by nurses. The importance of developing clinical recommendations for differentiated provision of palliative care is highly significant.

### Biography

Nina Gorshunova is a Doctor of Medicine, Professor, Head of the Polyclinic Therapy & General Practice Department of Kursk State Medical University, Russia. She is a Head of local scientific center of Global Aging Research Network supported by the International Association of Gerontology and Geriatrics. She is a Member of Governing Board in Scientific Gerontological society of the Russian Academy of Sciences, the member of the International Advisory Board of academic journal *Advances of Gerontology*. The main scientific trends are: Gerontology and geriatrics in general practice, cardiovascular problems of elderly people, age-related disorders of hemostasis; medico-social rehabilitation; organization and methodical problems of the general medical practice, educational technologies for prevention of premature ageing. She is an author of more than 600 scientific publications. In 2012, she was awarded by gold medal of European scientific industrial chamber for original investigations in gerontology.

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## *Purnima Sreenivasan*

*Health Aim Inc, USA*

### **Dementia: A new approach to a difficult condition**

Dementia is a leading topic not just for researchers but also for families and caregivers involved in the care of patients suffering from them. Dementia is not a sign or symptom of “Health Aging”! Dementia is loss of memory as a function of the brain. Dementia is not Alzheimer’s and vice versa. Despite the advances in dementia, the research and the medications available to slow the progress of dementia, the understanding goes far and beyond the common man. To some it is a dreadful thing to happen in later age and to some it is a burden for the rest of the patient’s life and to others it is sense of disconnection to the society or community and family. What have we learned about dementia? What have we unlearned about dementia? What have we not thought or even considered in dementia research? What have we missed in our focus on dementia? Pharmaceuticals, nutraceuticals, nutrition, physical activity, mental activity and more have been considered. We still cannot figure why some suffer from dementia and some do not. In my own career of more than 15 years caring for persons and their caregivers in the world of dementia, I have learned a few salient points. One size does not fit all and nor should it? Don’t you agree? If so, come join me in unmasking dementia as a Health care futurist, dementia and aging life care specialist/consultant and healthtechentrepreneur!.

### **Biography**

Purnima Sreenivasan is passionate about aging and aging services and has served as CEO of Health Aim Inc, which she founded in 2004 serving the seniors in the San Francisco Bay Area, CA, and USA. Currently she is also the founder of a health tech startup miHygge. She has helped seniors, health professionals, facilities with resources, mentoring, consulting and also serving as medical director for home health, hospice, skilled nursing facility (nursing home) and as a member of the Board of Directors of Meals on Wheels in the past. She now provides Aging Life care Services, Public Health consultations, a career in writing and public speaking locally and globally! Health Aim Inc believes in education, empowerment, enrichment, encouragement, inspiring and making a genuine difference in people’s lives, a legacy for the future.

[purnimars@yahoo.com](mailto:purnimars@yahoo.com)**Notes:**



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## Day 2

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## Attila Lawrence

*University of Nevada, USA*

### Designed environment for healthy aging

A growing number of aging adults want to remain in multi-generational communities rather than relocating to retirement communities, or having to resort to an institutional setting. To productively function in an environment where all generations interact and live well together, however, one's ability to manage diminishing cognitive and physical conditions precipitated by the aging process is a major factor that bears on everyone's quality of life. Because the designed environment frequently plays a significant role in the occurrence of neurodegenerative disorders that involve biological changes, it is self-evident that design strategies intended to support the management of these symptoms daily must be integral to multicomponent intervention strategies and account for their biological and behavioral impact. To operationalize the concept of healthy aging, meaning that it would provide a safe and comfortable environment for those experiencing functional changes related to aging, this presentation summarizes evidence for the development of translational neuroscience-informed design strategies that have the potential to support the management of neuropsychiatric symptoms, a common feature of all neurodegenerative dementias in the elderly.

### Biography

Attila Lawrence is a Professor at School of Architecture from University of Nevada, Las Vegas. He has extensive expertise in the design/build industry as designer and/or constructor of record of more than thirty major residential projects for elderly clients in California. His recent work and invited lecture presentations addressed interventional design strategies to optimize multi-generational environments; mental health correlates of environmental spatial qualities; design interventions to support neurodegenerative disease management; and the strategic management of total project delivery systems. He is collaborated with University Medical Center of Southern Nevada, Cleveland Clinic Lou Ruvo Center for Brain Health and Center for Biobehavioral Interdisciplinary Science.

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## Joaquim Parra Marujo

*Transpersonal Psychology and Gerontology Research Unit, Portugal*

### Cognitive, sensory stimulation and relaxation, meditation and hypnosis through a smart skirting board

**Aim & Objectives:** With this work we aim to: validate the importance of smart skirting board (SSB) to create a holistic therapeutic space; stimulate cognitively older people with Alzheimer's and reconnect older people to spirituality through relaxation, meditation and hypnosis.

**Methods:** This research was conducted at the residence of São Pedro in Malveira, Portugal and included forty-five elderly people with ages between 75 and 95 years old. The diagnosis of probable Alzheimer dementia was established following the neurological criteria. For this study we used a room equipped with the SSB® (an invention of J Marujo and V Fernandes) as a holistic therapeutic tool that had integrated a Snoezelen system; a laser system; music; video; objects with different smells, textures and colors and different aromas (orange, lemon, strawberry, vanilla, chocolate, etc.). The sessions with 50 minutes per week, carried out between May 2016 and August 2017, were divided into two categories: One to do cognitive stimulation and another to reconnect older people to spirituality. The results of cognitive stimulation's sessions were registered in a battery of neuropsychological tests to assess cognitive function. The sessions to reconnect older people to spirituality through meditation and relaxation techniques have been proven with a gerontotranscendence's questionnaire.

**Results:** In this holistic therapeutic space created with SSB we stimulated the primary senses such as vision, hearing, touch, taste, smell, providing feelings of enjoyment, promoting cognitive development and meeting with spirituality (Tao). We verified that all participants with Alzheimer's dementia had significant improvements and those who wanted to participate in sessions to reconnecting with spirituality, also had reconnected to religiosity.

**Conclusions:** The SSB allows you to create a therapeutic space that stirs up feelings of joy, pleasure, well-being and happiness. At the same time can also be used as a tool for a learning experience, cognitive stimulation in the treatment of pain, anxiety, depression, stress, relaxation and recreation. A critical analysis of this study shows the importance of neuropsychological rehabilitation programs through a holistic therapeutic space created by the SSB in stimulating cognitive abilities. Through relaxation techniques, meditation and hypnosis is possible reconnect older people to spirituality providing them welfare and happiness.

### Biography

Joaquim Parra Marujo is a Gerontologist, Coordinate Professor of Gerontology and Transpersonal Psychology in Research Unit of Transpersonal Psychology and Gerontology. He is also a Visiting Professor of Transpersonal Psychology in Instituto Superior de Psicologia Aplicada. He has PhD in Social and Cultural Anthropology, Master in Clinical Mental Health, Master in Sociology, Economics and Politics of the Lusophone Space. He is also a member of the following societies like Spanish Society of Geriatrics and Gerontology, Portuguese Society of Geography, Portuguese Society of Anthropology and Ethnology, Portuguese Association of Psycho-gerontology, Network of Latin American Anthropologists and International Association of Counselors and Therapists. He has more than 40 articles published in journals and books in the speciality of gerontology, psychology and design and he gave more than 150 submissions and interviews at conferences, seminars, TV, radio fields of gerontology, geriatrics, transpersonal psychology and design.

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