

1836th Conference
Aging 2018



3rd International Conference on

AGING & GERONTOLOGY

July 18-19, 2018 | Atlanta, USA

Poster Presentations

Day 2

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Using low-fidelity, role-play simulation in nursing education to improve undergraduate nursing students' attitudes toward older adults: A pilot study

Jacquelin C Myles
Keiser University, USA

The preparation of nurses to care for the aging population is one of the major challenges for nursing education leaders. Improving student nurses' knowledge and attitudes towards older adults is one way to provide adequate care. The purpose of this quantitative, quasi-experimental, one-group pretest-post-test pilot project, was to analyze the effects of using low-fidelity, role-play simulation in nursing education during a Fundamentals of Nursing laboratory at a private college in South Florida. The Kolb Experiential Learning Theory was the conceptual framework for the project. A convenience sample of 25 first-year, associate degree in nursing students (ADN) registered in the Fundamentals of Nursing course at a private college in South Florida were recruited for the project. A total of 23 nursing students participated in the study. Kogan's Attitudes towards Old People Scale (KAOP) used as pretest and posttests, and a demographic questionnaire was administered. The pretest was conducted before the role-play simulation activity, and the posttest was completed one week post the role-play simulation activity. Descriptive statistics were used to summarize demographic information. Scores from the pretests and posttests were evaluated using the matched-pairs t-test and the Wilcoxon Signed Ranked test to obtain means and standard deviation. Results of the survey show that students' attitudes toward older individuals significantly improved ($P < .002$) after the role-play simulation experience. This project supports the credence that instructive interventions are critical to creating awareness of age-related issues and evidence-based practice in caring for older adults.

Biography

Jacquelin Myles is currently a nursing professor at Keiser University, Ft. Lauderdale, Florida. She received a Bachelor of Science in nursing degree from New York University, Master of Science in nursing degree from University of Phoenix, and Doctor of Nursing Practice degree in Educational Leadership from American Sentinel University. She has worked in clinical areas including long-term care, medical-surgical, and the acute care for the elderly (ACE) unit. She has a keen desire to enhance and improve quality of care for older adults. She teaches and implements best practices to improve best patient outcomes.

j51_19@yahoo.com

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The use of the Nintendo Wii platform as a means of diagnosing balance deficit in active senior citizens

KCB Tacon, VLS Fernandes, RL Menezes, RM Silva, FF Rodrigues, IF Pinheiro, W.F. DOS Santos and M. Taylor
Universidade Federal de Goiás, Brazil

Introduction: The loss of functional independence is a severe consequence of collapses in senior citizens. Virtual reality can be a powerful tool in the evaluation and rehabilitation of senior citizens with balance deficit.

Objective: To use the Nintendo Wii platform therapy as a tool to diagnose balance deficit in active senior citizens participating in the Third Age Open University.

Methods: Transversal descriptive study, approved in the Ethics and Research Committee n. 1.214.862 carried out with senior citizens in the Third Age Open University. The instruments which were used were the Mini-Mental Test, Timed Up and Go (TUG), Functional Reach Test (FRT), grip strength and the Nintendo Wii Platform. Other variables were collected such as sex, average age, BMI, physical exercise, and category, use of medication and reported physical alterations by collapsing and non-collapsing senior citizens. The Nintendo Wii platform does a weight distribution analysis on its surface and demonstrates the dislocation of the Center of Gravity (CG) in upper/lower and left/right quadrants. An inferential analysis was done with the average, standard deviation, minimum, maximum, confidence interval, frequency, and percentage. Comparison of the subgroups “collapsing” and “non-collapsing” senior citizens average values in variable scales, using the T-Student test for interdependent variables.

Results: The sample was composed of 26 senior citizens with preserved cognition (Mini-Mental 26,6) of which 25 (96%) were women, the average age was $69,68 \pm 5,59$, 4% had a BMI of 27,7 (evaluated on the Nintendo Wii platform by weight/height/age) and 8% took more than 2 different medications. The regular physical exercise was identified in 25 (96%) of the sample, among which the most common activities were bodybuilding/weight training 14 (43%) and aquarobics 12 (37%). Of the 25 senior citizens, 12 (37%) exercised 2 or more times during the week with a duration of 60 minutes, 14 (59,3%) reported having fallen in the last 12 months, in which 6 (25%) of them either fractured or had serious injuries – most of which occurred in the lower limbs. It was observed that most collapses, 9 (31,24%), occurred outside of their place of residences, such as streets and sidewalks. During the balance tests, the average of the group was within normality for the Functional Reach test ($27,7 \pm 11,5$) and the Timed Up and Go ($11,7 \pm 2,6$); however, most senior citizens presented a CG dislocation towards the lower right quadrant 24 (75%).

Conclusion: The following study shows the use of the Nintendo Wii platform as an effective technological tool in identifying balance deficit.

Biography

Kelly Cristina Borges Tacon is a post doctoral student in the Universidade Federal de Goiás, Brazil. She has published many papers in various journals. She has keen interest in the field of aging and gerontology.

kellytaconn@hotmail.com

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An integrative literature review of bereavement support interventions for newly widowed women experiencing uncomplicated grief

Jeanne M Pacheco, Margherite Mateis and Deanne Yameen
Regis College, USA

According to the U.S. Census Bureau (2012), older adults, a large portion of whom are widowed, comprise the fastest growing segment of the U.S. population today. Although most recover from grief and its associated symptoms, a substantial minority of spousally bereaved older adults struggle with adaptation to loss and experience complicated grief (Monk, et al., 2008; Worden, 2009). For these individuals, bereavement support interventions can have a preventive effect, reducing problems such as decreased functional independence, resulting from the death of their spouse (Onrust, Smit, Willemse, Bout, & Cuijpers (2008). However, despite the availability of multiple bereavement support interventions, consensus is lacking regarding the need for such interventions, as well as their efficacy (Genevro, Marshall, & The Center for the Advancement of Health, 2004). The purpose of this study was to summarize and evaluate bereavement support interventions utilized with newly widowed older women experiencing uncomplicated grief. The researcher conducted an integrative literature review, summarizing and evaluating 11 publications examining the effect of bereavement support interventions for newly widowed older women experiencing uncomplicated grief. Each stage of the review was guided by Whittenmore and Knafl's (2005) framework for conducting research reviews. This framework is derived from Cooper's earlier (1998) framework. Included study designs, interventions, outcomes, and populations varied widely. Although all studies demonstrated improvements in grief-related outcomes, only one (Yoo & Kang, 2006) demonstrated statistical significance of all major variables between interventions and control groups, while a second (Kang & Yoo, 2007) yielded mixed results, demonstrating statistical significance of only one of the two major variables between intervention and control groups. A statistically significant intervention impact on three of five major variables, measured over time, was reported in a third study (Stewart, et al., 2001). Findings demonstrated that while newly widowed older women experiencing uncomplicated grief may benefit from bereavement support interventions, lack of consensus regarding type of effective interventions and outcome measures continues. Researcher recommendations for future research included:

- 1) Evaluation of bereavement support outcomes over time
- 2) Replication studies comparing bereavement support outcomes in participants who seek out support versus those recruited to receive support
- 3) Evaluation of bereavement support outcomes in same gender support groups versus mixed gender groups.

Biography

Jeanne Pacheco is a doctoral student in Regis College's Doctor of Nursing Practice's program. She earned her Master of Science Degree in Nursing from the University of Massachusetts in 1992. Her doctoral project, *A Scholarly Practice Project: Promoting Healthy Bereavement in Newly Widowed Older Women in Assisted Living Facilities*, brings together her passion for working with an often underserved and underappreciated population and her belief in the power of education. Having spent almost three decades as a nurse and a nurse educator, Jeanne has spent her career putting her values into action. During her career as a nurse, her work has focused on in geriatrics, terminal illness, and bereavement support. This has provided her the opportunity to care for those who share their wisdom and experience with her while she offers her caring and expertise. Through these experiences, Jeanne has reflected on the importance of how to live one's life. She has spent a good part of her career passing this on to her students. She challenges them how to feel joy in what can be a draining profession. By helping students understand that healing others provides the opportunity to understand what is important in life, Jeanne always seeks to pass along not only knowledge, but also wisdom.

baraka1929@comcast.net

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Comparison of mental health and power structure in family and marital conflicts between male employees and male retirees

Maryam Soleimani, Ali Mohammad Nazari and Kiyanosh Zaharakar
Kharazmi University, Iran

Each of our days is organized in relation to our job. If our working hours change, our daily schedule will change. By the retirement of all the equilibrium obtained, somewhat collapses. And it takes some time for someone to adapt to new conditions and usually there are negative consequences in the transitional period. Usually, men are more likely to experience these problems than women. Retirement does not only affect the retired person but also affects other family members. Existing research on retirement has often focused on mental health or marital satisfaction. They have not investigated the Power structure in family. In addition, these studies have reported different results.

Methodology & Theoretical Orientation: This research was a descriptive cross-sectional study. The subjects respond to three questionnaires of General health (GHQ_28), Power structure in family and marital conflicts. For data analysis we used from statistical indicators of mean, standard deviation and independent t-test. Crisis theory was utilized to focus on the difference Between Mental Health, power structure in family and marital conflicts between male employees and male retirees.

Findings: This research showed that there are significant differences between male employees and male retirees in mental health, power structure in family and marital conflicts.

Conclusion & Significance: The results of this study, shows that retiring employees reduce their general health and affect in power structure in family and marital conflicts.

Biography

Maryam Soleimani graduated with a master's degree in Family Counseling. This article has been extracted from M.S. Thesis. Dr. Ali Mohammad Nazari was her advisor. He has a Ph.D. in Family Counseling. Dr. Kiyanosh Zaharakar was her consulting advisor. He has a Ph.D. in Counseling. This article is about retirement and its psychological effects on themselves and their family. Crisis theory was utilized to focus on the difference between family and individual aspects in male employees and male retirees. Maryam is interested in research on retirement and aging. She has several studies in this field.

counselorsoleimani@yahoo.com

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The effectiveness of prolonged course of high dose vitamin D replacement in the older person

Nan Ma and A Abdulla

King's College Hospital NHS Foundation Trust, United Kingdom

Background: Vitamin D deficiency is a significant problem especially in the older population. Studies implicate its role in immunomodulation, cardiovascular disease, cancer and bone health. Vitamin D deficiency increases risks of falls and osteoporotic fractures impacting on quality of life. An audit of our current practice showed that a short two-week course of vitamin D replacement is convenient and effective. However, in those with severely depleted vitamin D stores a longer period of intense vitamin D replacement maybe required. We re-audited our results with an increased length of treatment of three-weeks.

Methods: Elderly patients >65 years with severe vitamin D deficiency (<20nmol/L) attending Princess Royal University Hospital were prescribed a three-week course of ergocalciferol 50,000 IU/day, followed by daily maintenance dose of calcium/vitamin D (1.5mg/400IU). Baseline vitamin D and renal functions were taken and rechecked at least 4 weeks after start of treatment. Patients with stage 4 chronic kidney disease were excluded.

Results: In total 58 patients were included, with 34 complete sets of data, 24 were lost to follow up. The average age was 83 years with 62% females. The median pre-treatment vitamin D level was 10.5 nmol/L with eGFR 64mL/min. Following three weeks treatment all patients showed improvement in serum vitamin D level with 68% reaching normal (>80nmol/L) vitamin D levels, and the remainder 32% improving to levels within the insufficiency range (40 – 80 nmol/L), Figure 1. Importantly all patients (100%) reached vitamin D levels above deficiency (>40). The median change was 956%. No side effects or toxicity were reported.

Conclusions: An intense three-week course of ergocalciferol appears to be a safe and effective way of replacing severe vitamin D deficiency which is in contrast to the current guidelines. A shorter duration of treatment should improve compliance and allow the benefits of treatment to be gained quicker.

Biography

Nan Ma, MB Bchir, MRCP is a specialty registrar in geriatrics and is a member of the Royal College of Physicians. She graduated medical school from Downing College, University of Cambridge in 2011, and is undertaking her training in general internal medicine and geriatrics at the Kings College Hospitals NHS Trust in London. She has also gained certification by ECFMG to allow her the opportunity to further her training within the US in the future. Nan has always had an interest in research and her current interest in bone health in the elderly population has allowed her to continue to seek opportunities and develop her skills and knowledge of research alongside her clinical work.

nanma372@gmail.com

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The neglected 'ISM': Empowering the old

Afshana Parveen Hoque
Illinois State University, USA

The world today is speaking up against discrimination of all kinds, such as racism, nepotism, ableism, hedonism and so on. However, ageism seems to be overlooked. Even though ageism and age-related issues have gained a lot of attention from communication scholars, most of the existing researchers tend to focus on removing the practice of ageism in society. While these studies act as a medicine to treat the disease of ageism, a better approach would be to go to the root of the problem. This paper aims to explore underlying assumptions related to human aging that lay the foundation for ageism. Using Social Identity Theory, the paper then translates the findings to the multi-generational workplace where ageism is a major problem. To address the problem of ageism, the paper recommends few management approaches that are believed to reduce inter-generation conflict.

aphoque@ilstu.edu

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Patterns and determinants of elderly parents and adult children intergenerational transfers in the city of Tehran

Ali Hesari

Planning Organization of I.R., Iran

Statement of the Problem: Private transfers between adult generations in the family is an important part of the intergenerational link in modern societies. Intergenerational transfers have established the effect on the wellbeing of generations, supplementing the receiver's income, are the mechanisms deployed by families to help generations deal with crises, transitions and even long-lasting needs. They thus function as a safety net. Private intergenerational transfers are more important in Iranian society considering restricted public transfers, labor market shortages, and inequality in income distribution. Because of inefficiency of Social security system in Iran, high costs of elderly people, limited public transfers for old and young population and high unemployment rate of adult children old and young generations encounter with financial deficit and considerable amount of this shortage compensated by private intergenerational transfers, otherwise they involve poverty and lower consumption which may end in social crises.

Findings: The results of data analysis displays that 91.6 percent of respondents transferred financial resources to their adult children and 58.6 percent of adult children transferred to their elderly parent in past 12 months. The age profile of transfers demonstrates that parents' transfers to children decreased by their age and received transfers increased by the parents' age. The most important determinants of transfers are both parties' income and needs and resources of transfer parties, as well as economic and socio-demographic characteristics, are important determinants of transfers. The results of the investigation also illustrate that transfer motivation is more consistent with the altruistic models.

Conclusion & Significance: It could be induced from the study that old parents and their adult children in the city of Tehran need to private transfers due to inadequate public transfers and private transfers are consistent with need-based explanations. Parents in old ages and adult children in their transitions are dependent on their family.

ali.hesari@ut.ac.ir

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The effect of six weeks balance training on kinematic of walking in women elderly people

Alireza Farsi and Sahar Mohammadzadeh
Shahid Beheshti University, Iran

Statement of the Problem: Aging is frequently accompanied by decline in aspects of cognitive functioning and physical performance. Falls are a major source of injury and mobility: 20%-30% of older persons who fall suffer moderate to severe of life. Daily activities may be restricted due to the fear of falls resulting in functional loss, which may further increase the risk of falls. As a result, activities gradually decrease, leading to a deterioration in the quality of life and mental well-being of elderly persons. s. Since age-related deficits of gait might be partly compensated by special interventions, the purpose of the present study was to examine the effect of 6 weeks balance training on selected kinematic features of waking in elderly women.

Methodology & Theoretical Orientation: 20 elderly women 67.72 ± 4.4 age randomly participated control and experiment groups. Subjects in each group took part in a walking test in a pre-test session followed by a post-test after 6 weeks. During this period, subjects in the experiment group did the balance training systematically for 3 sessions in a week, overall were trained for 18 sessions balance training until engage somatosensory, visual, vestibular systems such as (jumping out of the hole, gait by 8, crossing obstacle, walking with heel). Kinematic features of the walking such as length and width of the step, and walking speed were collected and analyzed with the Cortex software.

Findings: The results of this study showed that balance training during 6 weeks increased some of the Kinematic features like length step 11.33% ($p=0.01$), and walking speed 18% ($p=0.04$) significantly in elderly women of the experiment group.

Conclusion & Significance: Results of the current study confirmed the effect of balance exercises for 6 weeks in increscent of length of step and walking speed in elderly women. This exercise program has improved the general pattern of walking in elderly women.

ar.farsi@gmail.com

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Prioritizing the relationship between the care professional and the care recipient: Person-centered care that is authentically person-centered

Allyson M Washburn and Susan Williams
National University, USA

Administrators and direct care providers across diverse delivery systems report numerous challenges as they attempt to operationalize person-centered care (PCC), which has become the benchmark for quality health care in the United States, as well as in many other countries. This presentation first reviews the theoretical and ethical basis for reframing PCC and then outlines some pragmatics for instituting a care model that prioritizes “being with,” rather than simply “caring for,” older persons. In making this shift, we propose a relationship focused model that can be incorporated into care provided by different disciplines (medicine, nursing, social work) for diverse populations (health condition, age group, mental status, including dementia, ethnicity). A framework for PCC that prioritizes the relationship between the care professional and the care recipient would fully incorporate the practice traditions in which it originated—namely, Carl Rogers’ client-centered psychotherapy and the dementia care pioneered by Thomas Kitwood. The Rogerian conditions that the caregiver is an empathic, congruent person who prizes the other in his or her care are best understood as attitudes to be held, not skills to be assembled and practiced. For many older persons, and particularly those with dementia, it is only when we prioritize our relationship with the person in our care over the evidence base for clinical interventions that what Kitwood calls one’s fundamental needs of “love, inclusion, attachment, comfort, identity, and occupation” can be met. Among the suggestions this presentation makes for the practice of relationship-centered care are: giving one’s full attention to the person, helping him or her access once important strengths that have been long forgotten or fallen out of use, respecting feelings and moods and demonstrating a willingness to talk about these, and practicing patience with the process of developing an ongoing relationship.

awashburn@nu.edu

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Aging happens by default

Alvaro Macieira Coelho
INSERM, France

Attempts to find the cause of aging focused in general on one specific aspect of the functioning of the organism. Theories considered the phenomenon either as the result of wear and tear, a depletion of a potential, a programmed type of event or of some kind of advantage for the survival of the population where natural selection would play the main role. A theory like the protein error hypothesis has a cultural origin, it is based on the belief common to different cultures that human are finite because of the accumulation of faults. Theories like the rate of living or the stress theory are based on the depletion of a reserve. The endocrine theory sees aging as a programmed event. The immune theory envisioned aging as a progressive functional decline of the immune system. The cross-linking or free radical theories focalize on a molecular event in a universe of metabolic reactions. Evolutionary theories explain aging as the action of genes modulated through natural selection. We believe that it is hopeless to look for a particular cause of aging there is simply no other alternative. One has to look for the phenomenon of aging in terms of the basic requirements needed for life to persist; the most fundamental requirement is energy expenditure, which inevitably follows the second law of thermodynamics. The data that support this view will be described.

macieiracoelho@gmail.com

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Factors explaining the process of early and late retirement: A welfare regime analysis

Aviad Tur-Sinai¹, Ariela Lowenstein², Ruth Katz³, Shosh Shahrabani and Dafna Halperin

¹The Hebrew University of Jerusalem, Israel

²University of Haifa, Haifa, Israel

³The Max Stern Yezreel Valley College, Israel

The study attempts to determine whether the variance exists an array of factors that explain processes of early and late retirement among seniors in various welfare regimes in Europe. The study is using the SHARE database over sixteen European countries, where we categorized the countries into five welfare regimes: Continental, Social Democratic, Mediterranean, East European, and mixed (Israel) (Esping-Andersen's, 1990). Early retirement: in Continental and Social Democratic countries, the probability of early retirement depends positively on the employed senior's wish to spend more time with his/her family or to synchronize retirement with that of their spouse. In Continental countries, the probability of early retirement rises if the individual is a civil servant, and is negative if he/she are self-employed. Among employed elders in East European and Mediterranean countries, the probability is positively dependent on individual's poor health but is negatively influenced by the extent of a wish to enjoy life. Self-employment before the senior's retirement in Mediterranean countries has a negative effect. In Israel, it is positively influenced by elders' poor health and their wish to enjoy life. Late retirement: in East European countries and in Israel, poor health and wish to spend time with family, have a positive effect on individuals' wish to retire on time (not late); In addition, wish to enjoy life has the same effect in East European countries. In all other welfare regimes, however, no relation was found between these factors and individuals' decision to retire at the official age or retire late. In Continental and Middle East Mediterranean countries, self-employment has a positive effect on the decision to retire on the formal governmental retirement age; in East European countries, being a civil servant has a positive effect on this decision whereas self-employment has the opposite effect. In Israel being a civil servant prior to retirement negatively affect the decision to retire on time.

avts2309@netvision.net.il

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Women, care giving and social support for the aged: The Nigerian perspective and its counselling implication

Beatrice Ifeoma Ajufo

National Open University of Nigeria, Nigeria

Nigerian population has always been described as “youthful population” but with gradual increase in the elderly population from 6.4 million in 2005 to 11.5 million in 2025 and 22.5 million in 2050 really calls for concern especially with no social security policies for them on ground by the Government. While most of the western world has accepted that the ageing of the population constitutes a vital public issue, in Nigeria the issue of the aged and their care has been regarded as personal problems falling under the expectation that the extended family will take care of its elderly members. However extended family system is diminishing and fast fading out. This study therefore sought to find out how much satisfaction the elderly are receiving from different categories of family members and friends. A cross- sectional descriptive study was carried out among retirees. Two research questions were generated for the study. Instrument for data collection was self – developed validated questionnaire. Frequencies, percentages, means and standard deviation were used in data analysis. The findings revealed that the elderly people who feel satisfied with the support and care they receive from members of the family and friends (especially from their daughters) see ‘Old Age’ as a happy period. The findings therefore revealed that there is paradigm shift from the care of the aged by the extended family to the nuclear family especially adult daughters. Based on these findings, it was recommended among other things that structures should be put in place to promote and improve family relationship and appropriate legislation should be introduced to provide some measure of social services. The counselling implication was also discussed.

ifyajufo@yahoo.co.uk

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Disruptive developments: New challenges for health care and social services

Frido Kraanen
PGGM, Netherlands

We live in great times of increasing possibilities. But these possibilities have a huge impact on the way we take care of the vulnerable people in our societies. The formal care professionals and institutes need to improve their resilience in these fast-changing times. Technology leads to exponential enhancements, but also to radical transparency, big data that make via algorithms more information available (better diagnostics, better treatment options), personalized medicine and quality benchmarks. Also on the side of socio-cultural developments, we shift in preferences and renewed empowerment, also due to the network society. Because of aging societies and increased possibilities, the costs of formal health care and social services are growing rapidly, putting pressures on solidarity within societies and/or on equity between citizens. All these developments, including a lot of new entrants in the healthcare market, have an impact on the care delivery and the people working in the traditional institutes. How do they re-organize their activities and remain relevant? But there are plenty of opportunities: health is valued greatly, employers are increasingly interested in a healthy workforce (employees are aging as well), social capital within the communities can support the formal healthcare and technology is an important ally. Harvesting these opportunities require at least one big condition from the health and care industry: a flexible mindset and adaptive capabilities. To reinforce these disruptive developments and make them work for us, instead of against us, we need to embrace these advancements in a smart way.

kraf@pggm.nl

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The influence of the great recession on employment outcomes in European older workers

Hila Axelrad, Erika, L Sabbath and Summer S Hawkins
Boston College, USA

The Great Recession in 2008-2009 affected the US and Europeans' labor markets. This study examined whether the Great Recession was associated with employment status and indicators of job quality among older workers. The data came from 4,917 respondents (16,090 observations) in 13 countries participating in the Survey of Health, Ageing and Retirement in Europe (SHARE). Annual data on Gross Domestic Product (GDP) per capita, life expectancy, and quarterly unemployment rates were assigned to health and employment assessments from 2004-2013. Using fixed effect models, we assessed the recession's implications on individual employment outcomes while isolating cyclical variation within countries and individual changes over time. Results indicated that among older workers, decreases in GDP were associated with an increase in the likelihood of being unemployed and a decrease in the likelihood of being retired. Increasing country-level unemployment rate had no effect on the employment status but had a significant effect on aspects of job quality among those employed: an increase in hours worked per week, lower prospects for job advancement, lower job security and less satisfaction with salary or income. We conclude that economic recessions affect employment outcomes of older workers. Socio-demographic factors can be affected by policy measures, to limit the negative employment and job quality consequences of a recession.

axelradh@bc.edu

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Factors associated with ketamine use in pancreatic cancer patient in a single hospice center

Kyung Min Kwon

St.Mary's Hospital, Korea

Purpose: Up to 90% of pancreatic cancer patient suffer from neuropathic pain. In palliative care setting, pain control in pancreatic cancer patient is one of the major goals. Ketamine is a NMDA receptor antagonist effective in neuropathic pain. Also there have been studies about opioid sparing effect of ketamine. This study was held in palliative care unit among pancreatic cancer patients to find out the factors related to ketamine use and the opioid sparing effect.

Methods: Medical records of pancreatic cancer patients admitted to St.Mary's hospital palliative care unit from 2013.1 to 2014.12 were reviewed. Patients were divided in to 2 categories according to ketamine use. Also opioid use before and after ketamine use was compared in ketamine group.

Results: Compared to non ketamine use group, patients in ketamine group required higher dose of opioid. Total opioid dose, daily opioid dose, number of daily rescue medication, daily average rescue dose were statistically significantly higher in ketamine group. Opioid requirement was increased after ketamine administration.

Conclusion: In this study, ketamine group required more opioid. Ketamine is frequently considered in patients with severe pain, requiring high amount of opioid. Also ketamine did not have a opioid sparing effect. Future studies about palliative use of ketamine in larger number of patients are required.

kmkwins@naver.com

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Prevalence of chronic pain and its characteristics among elderly people in Ahvaz city: A cross sectional study

Manouchehr Shirazi¹, Houman Manoochehri², Violet Alipour³ and Saeid Saeidimehr⁴

¹Azad University, Iran

²Shahid Beheshti University of Medical Sciences, Iran

³Azad University, Iran

⁴Ahvaz Oil Hospital, Iran

Statement of the Problem: One of the major health problems in old age is chronic pain. There are some evidences showing that elderly chronic pain is not assessed and relieved adequately. Hence, it is essential to access accurate and sufficient information about chronic pain status to effectively manage the situation. The purpose of this study is assessing chronic pain prevalence and its characteristics among elderly.

Methodology & Theoretical Orientation: A cross sectional study conducted among 205 elderly patients with chronic pain using multistage cluster sampling method. Data were collected during a period of 6 months in Ahwaz health care centers. Short version of the McGill Pain Questionnaire was used for chronic pain measurement evaluations. The internal consistency was assessed using Cronbach alpha. Data were analyzed using SPSS software (version 21) via Independent sample T test.

Findings: This study showed that the most prevalent chronic pain was knee pain (80%) while; the least one was abdominal pain (13%). Majority of our participants (85%) reported having pain in multiple locations and 15% suffering from pain in a single location. Regarding type of pain, we found that cramping pain (80%) was the most prevalent type and sickening pain (22%) was the least prevalent. In addition, the most intense pain was discomforting pain (33%) and the least one was intolerable pain (19%). Pain was significantly ($P < 0.05$) higher in women, older than 65 years old, singles and under diploma education. There was no significant ($P > 0.05$) association between pain and home ownership as well as income.

Conclusion & Significance: This study revealed that prevalence of chronic pain is high among old people. Attention to chronic pain features among elderly is essential for identifying vulnerable groups and delivering better treatments. The findings of this study can be used by researchers and policy makers to plan effective pain management interventions.

shirazimanouchehr57@gmail.com

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Development of comprehensive chronic pain management model in older people: A qualitative Study

Manouchehr Shirazi¹, Hooman Manoochehri², Violet Alipour³ and Saeid Saeidimehr⁴

¹Azad University, Iran

²Shahid Beheshti University of Medical Sciences, Iran

³Azad University, Iran

⁴Ahvaz Oil Hospital, Iran

Statement of the Problem: With respect to high prevalence and improper treatment of chronic pain in the elderly, identifying significant factors influencing on its management process and achieving to a comprehensive model for effective chronic pain management in the elderly are of high importance. The purpose of this study is developing a comprehensive model for effective chronic pain management in the elderly.

Methodology & Theoretical Orientation: In order to process exploration and developing a comprehensive model for chronic pain management a qualitative study was applied. Unstructured interviews and observation of participants as the main methods for data collection were used. Study participants including 62 people consisted of 30 elderly people with chronic pain, 3 relatives and 29 health care providers participated with purposive and theoretical sampling methods in Ahvaz city. Data analysis was performed concurrently with data gathering based on Corbin Strauss's proposed method. Data rigor was confirmed via Lincoln and Gubba's approach.

Findings: Developed chronic pain management model in the elderly consist of five constructs inclusive living with pain, loving life, holistic support, being vulnerable and ailment. Among them "living with pain" was the major concept. In this comprehensive model, pain as a disease and a bio-psycho- socio - spiritual phenomenon was known. Barriers such as vulnerability, and facilitating factors including holistic support and loving life were considered. Diagnostic and therapeutic interventions will be done regarding to multidisciplinary collaborations.

Conclusion & Significance: Living with chronic pain as the main variable in the model should be considered first while always bearing in mind that the pain in the elderly must be controlled because they are currently living with the pain. Paying attention to the causes and patterns of pain is the second step which represents itself under the concept of ailment. Other constructs of this model including loving life and holistic support which can have facilitating roles should be strengthened. Next, in order to attain an effective chronic pain management, vulnerability construct as a barrier should be controlled.

shirazimanouchehr57@gmail

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The effect of 8 weeks SIT training on neurotrypsin and agrin in skeletal muscles of aged male wistar rats

Maryam Nourshahi¹, Hassan Ghadimi Ilkhanlar¹, Fariba Khoda Gholi¹ and Reza Gharakhanloo²

¹Shahid Beheshti University, Iran

²Tarbiat Modares University, Iran

Aging is associated with impairment of various biological functions, such as decreases in muscle mass, strength, cellular protein synthesis that called sarcopenia. the deterioration of skeletal muscle function is one of the primary consequences of aging and sarcopenia(1). Aging can cause to a great decline in the function of neuromuscular System (2,3,4). One of the important factor in neuromuscular system that causes result in sarcopenia is neurotrypsin. Neurotrypsin is a neural biomarker that released from brain, axon and motor neuron and can cause Agrin and neuromuscular junction(NMJ) deterioration specially in aged people(2,3). The purpose of the present study was to study of the effect of 8 weeks SIT training on neurotrypsin and agrin in skeletal muscles in aged male wistar rats.

Methodology: For this purpose 20 aged wistar rats (24 month) after one week familiarization with laboratory condition randomly classified in control group (n=10) and SIT group(n=10). SIT training protocol was interval progressive treadmill running for 8 weeks and 3 session per week and 7 time per session with 2 minute rest time between each interval. Control group sustained in laboratory condition without any training. Forty-eight hours after the latest session of training period animals were anesthetized with ketamine and xylazine and soleus and extensor digitorum longus (EDL) muscles quickly removed. After that extracted tissues frozen with liquid nitrogen and then stored at -80°C until analysis. Western blot assay used for determining of protein changes in muscles tissue and independent T-test used for analyzes of data.

Results: In relation to the SIT training effect on neurotrypsin and agrin protein results showed that neurotrypsin amount of soleus and EDL muscles in compare to control groups significantly decreased ($p \leq 0.001$) and also agrin amount of soleus and EDL muscles in compare to control group increased significantly($p \leq 0.001$).

Conclusion: Neurotrypsin is a neural biomarker that released from brain, axon and motor neuron. Since increase of releases of neurotrypsin can cause agrin degeneration and neuromuscular junction(NMJ) deterioration specially in aged people, therefore the results of our study demonstrate that, 8 weeks SIT training decreased neurotrypsin in NMJ. This findings are consistent with other animal studies(6). For example, Ghadimi and Nourshahi (2016) reported neurotrypsin reduction followed by progressive resistant training (5). This finding confirms the SIT training can prevent NMJ degeneration by decreasing of neurotrypsin releasing to NMJ. The results of this study also showed that after 8 weeks SIT training, agrin increased in NMJ. with respect of this finding we can conclude that SIT training can improve agrin structurally and functionally in NMJ. in related to training effect to agrin Ghadimi and Nourshahi (2016) found that progressive resistant training can increase agrin in NMJ(2). They also reported that resistant training by provoking of agrin releasing can prevent NMJ deterioration(2,5). In conclusion, these findings show that the SIT training can prevent sarcopenia by prevent of releases of neurotrypsin to NMJ. Further studies needed to develop interventions for NMJ deterioration and sarcopenia.

m-nourshahi@sbu.ac.ir

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Ageing and domestic negligence

Paul Bamubingirire
STM, Uganda

Save the marginalized is community-based organization and nonprofit oriented registered under NB.CD/2499 but with the aim of improving people's lives. STM Uganda started as a small project in 2007. STM is working to address poverty, among aging parents, water, and sanitation, health. Through holistic approaches. It is believed that most of the aging parents spent most of the time paying school fees or enjoying while investing in relatives. It's believed in Uganda 85% of aging parents die before the right time due to stress, neglect from relatives and also lack of facility from their sons. It is believed that in Africa people believe that old is gold but the current generation if you look at old is wastage of resources which has left many old parents in a devastating situation. Youth have neglected the aging person and resorted to selling off property a case in Uganda where land has been sold off and aging person has remained homeless.

paul.bamu@gmail.com

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The primacy of health protection schemes in health services utilization among older persons in sub-Saharan African context

Razak M Gyasi

Lingnan University, Hong Kong

This study examines the relationships between National Health Insurance Scheme (NHIS) enrollment and health-seeking behavior of non-institutionalised older Ghanaians and whether the policy has led to equitable access to healthcare. Using data from an Aging, Health, Psychological Wellbeing and Health-seeking Behavior Study conducted in 2016/2017, generalised Poisson and logit models showed that older persons enrolled in the NHIS made frequent consultation at health facilities ($\beta=0.152$, $p<0.05$) and were more likely to use the facility earlier ($\beta=1.347$, $p<0.001$) compared with non-enrollees, regardless the sociodemographic and health-related covariates. However, even with NHIS enrollment, respondents in the richer wealth status ($e\beta=1.468$, $p<0.05$), living with others ($e\beta=2.149$, $p<0.005$) and received social support ($e\beta=2.699$, $p<0.001$) were more likely to consult compared with their respective counterparts. Ghana's NHIS policy is associated with increases in frequency and timing of healthcare use but at present lacks the capacity to improve equity in access to healthcare for older persons. This may hamper progress towards universal health coverage, and indicates the need for further refinements in the policy.

rgyasi@ln.edu.hk

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Static and dynamic balance of the healthy elderly men at different times of the day

Ghaeeni S and Samoolar S
University of Kurdistan, Iran

Statement of the Problem: Aging is a phenomenon that can be assumed of the natural course of human life. During aging, some changes in all organs that led to increase impairment in balance meanwhile the circadian cycle also isn't ineffective. Balance ability among the elderly is a key component in the activities of daily living and is divided into two types: static and dynamic. Objectives: The purpose of this study was to investigate static and dynamic balance of healthy elderly men during different hours of the day. Methods & Materials: For this purpose, 10 old men with the mean (SD) age of 69.45 (3.23) years participated voluntarily in this study. Static and dynamic balance functions of the subjects were evaluated with the stork stand and star excursion balance test at the day hours of 8, 12, 16, and 20.

Results: Analysis variance indicated no significant effects of hour's day on closed eye static balance and dynamic balance of the elderly. But, the open eye static balance test results at 16 hour (8.37 s) was significantly ($P=0.018$) higher than 8 hour (6.25 s).

Conclusion: According to the results of this research, there is no recommendation on optimum time for doing balance training but it is better for the elderly that pay attention more to extrinsic falling factor such as surface of walking track at about 8^oclock.

sghaeeni@yahoo.com

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Elderly institutional care and residents perception of the quality of care provided by Mekedonia home for the elderly and mentally disabled in Addis Ababa city, Ethiopia

Tewodros Habtegiorgis Zikarge

Wolaita Sodo University, Southern Ethiopia

Given the economic advancements and well-being leading people to live longer, older people living in developing nations particularly in Africa are suffering from multi-faceted problems. One of the possible interventions to curb the suffering of the elderly population is an institutional caring system. This intervention is of paramount importance in time of crises like family lose, health complication and poverty-driven street life. Today in Ethiopia, it is becoming a day to day scene to see numerous elders begging in the streets for their living. Although it is in a limited effort and way, there are institutional care schemes in Ethiopia (Segniwork, 2014). This study tries to assess the institutional care provided for the elderly and residents perception of the quality of care provided by Mekedonia Home for the Elderly and Mentally Disabled. The study used mixed-method approach (a concurrent nested strategy). The survey which was employed in this study was focused on gathering information on the types of care, levels of care and the residents' perception of the quality of care provided. In addition, in-depth interviews and FGDs(Focus Group Discussions) were conducted with purposively selected residents and key informant interview with key administrative staffs who were in charge of providing care and support, focusing on the available resources and problems associated with care and support. The findings of the study revealed that there are food, clothing, shelter, recreational and health care services that are actually provided by the institution and most sample residents had ranked each service provision as good and excellent. The study also disclosed that there are significant variations in the perceptions' of residents with regard to the quality of care, in accordance with their disability status and sex. As a result, there is a statistically significant difference between physically abled and disabled respondents in terms of their rating of the quality of care or perception. Physically disabled residents are found to be positive to the quality of care than physically abled residents. Sex also resulted in differential perceptions. Males are found to be positive to the quality of care than females. There is also a statistically significant relationship between respondent's age and duration of stay in the institution and their rating of the quality of care provided. The study also revealed that providing basic services to the neediest elders is the foundation goals of the institutions. And also understands that the service provider has changed the life situation of the resident elders. One of the possible interventions to curb the problems of vulnerable populations (such as elderlies, children and women's) is an institutional care system. This intervention is of paramount importance in time of crises like family lose, health complication and poverty-driven street-life.

girumfekadu25@gmail.com

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The effectiveness of brain training box innovation on Dementia prevention

Yupawan Thongtanunam¹, Yaowarat Rungsawang¹, Pimpat Chantient² and Jing-Jy Wang³

¹Boromarajonani College of Nursing Conburi, Thailand

²Kasermabanthit University, Thailand

³National Cheng Kung University, Taiwan

Thailand has a population of 60 to over approximately 16% of the total population and expected to become an Aged Society in 2021. Dementia is a very common condition in the elderly especially in the dependent group and affects the quality of their life. The purposes of this research were to develop a brain training model to prevent dementia in the elderly dwelling in community and to test the effectiveness of Brain Training Box for Dementia Prevention in elderly (BT-Box for DPE). The research and development processes were divided into two phases: Phase1, theoretical concepts related to brain development were reviewed for model developing appropriate with Thai elderly. Phase2, the G*Power Analysis was used to estimate the sample size. Thirty Elderly ADL score 5-11 dwelling in Nonthaburi Municipality were conveniently selected to participate in the study. One group pre-post test design was conducted to evaluate the effectiveness of the BT-Box. TH-SLUMs test (CVI=0.93, α =0.99) modified from the St Louis University Mental Status of Jing-Jy Wang (2015) in accordance with Thai context using Back Translation Technique were used for data collection. The satisfaction data of the patients and their relatives towards the BT-Box for DPE and focus group among care providers were collected using instructional interviewing questions. The findings showed that using BT-Box for DPE composed of games that promote concentration, observation, aptitude and memory as well as music therapy decreased the risk of dementia in elderly statistically significant at .05. From the lesson learned this innovation is appropriate for Thai elderly and should be encouraged to use within family members to promote elderly social interaction. Elderly care providers should encourage the elderly to train their brains continuously within the relaxing atmosphere without pressure. The BT-Box for DPE should be encouraged to use within family members to promote elderly social interaction.

Yupawant@hotmail.com