



IAGG-ER 8th CONGRESS DUBLIN 2015

The International Association of Gerontology and Geriatrics
European Region Congress 2015, Dublin, Ireland

Irish Ageing Studies Review

Volume 6, Issue 1, 2015

Unlocking the Demographic Dividend

#iagger8

CONGRESS ABSTRACTS

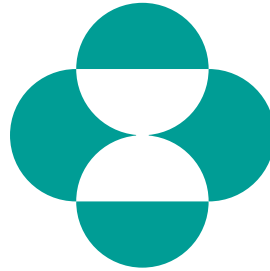


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Irish Ageing Studies Review

Vol6, Issue 1, 2015

IAGG-ER 8th Congress Dublin 2015

Unlocking the Demographic Dividend

The International Association of Gerontology and Geriatrics
European Region Congress 2015, Ireland

Hosted by The Irish Gerontological Society

The Convention Centre Dublin
23rd - 26th April

Congress Proceedings - Abstracts



TABLE OF CONTENTS

1	Welcome
2	Committees
5	Abstracts of Symposium Presentations
121	Abstracts of Oral Presentations
176	Abstracts of Poster Presentations

IAGG-ER 8TH CONGRESS ABSTRACTS WELCOME



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Welcome

Dear Delegates, Speakers and Colleagues,

I am delighted to welcome you all to the 8th IAGG European Region meeting in Dublin.

This is a fantastic opportunity for all of us to partake in a stimulating, challenging and ultimately rewarding conference where the many issues pertinent to the lives of older people in our communities will be discussed and debated.

It was with great pleasure that the Irish Gerontological Society accepted the opportunity to host this meeting, themed on the Demographic Dividend. We all fervently believe that older people are major contributors to our society through their active participation in so many facets of our lives, culturally, financially, socially. We also recognise that significant academic endeavour is also focused on issues relating to older people in health, social policy, economics and the arts.

I hope you all have a wonderful time over the course of the conference and thoroughly enjoy the atmosphere and welcome that you will receive in Dublin.

Enjoy!

Mo Flynn

President, Irish Gerontological Society

Dear Colleagues,

It is a great honour to welcome so many gerontologists from so many countries and continents to the 8th IAGG-European Region Congress in Dublin. Ireland has a long history of research into ageing with an outward looking perspective: the Irish Gerontological Society is one of the oldest gerontological societies in the world, and our founder, Dr John Fleetwood, was part of the group which met in Liège to found IAGG in 1950.

We hope that you find the wide-ranging programme of over 1100 presentations stimulating and congenial, and our focus is to ensure that an ageing world not only recognizes the longevity dividend but also understand the advances in knowledge that allow us to protect and nurture this most remarkable of social and biological gain of the last century.

In addition, we hope that you will find ample opportunities for networking and meeting new and familiar colleagues during the refreshment breaks, poster sessions, lunches and social events.

We would be very appreciative if you could visit the trade exhibition, both as an acknowledgment of industry support, but also because many aspects relate to improving life for older people. You will also note the stand for the Gerontological Society of America, who are hosting the IAGG World Congress in 2017 in San Francisco, with whom we have engaged in joint promotion.

I would like to thank the local organizing committee, the European members of the scientific committees, the IGS Secretariat, the IAGG-ER Executive Committee and the professional conference organizers, Conference Partners, as well as our industry partners, for their assistance in bringing together the complex elements required in running a conference of this nature.

Finally, we also hope that you will find time to enjoy Dublin, an ancient city with many layers of history, many beautiful buildings, and a very friendly atmosphere, during your stay at IAGG-ER.

Yours sincerely

Prof Desmond (Des) O'Neill

Chair, Local Organizing Committee, IAGG-ER 2015

Dear Colleagues,

I am pleased to welcome you to the 8th European Congress of the IAGG in Dublin and to congratulate the Irish Gerontological Society, one of the oldest societies in the world, on the opportunity to host this significant event.

The ageing of population has been a dominant feature for European countries, which represent the demographically oldest continent. At the same time the IAGG membership among European National Gerontological Societies is the biggest and counts now 42 societies with four of them from Belarus, Kazakhstan, San Marino and Turkey enrolled in the IAGG community during the World Congress in Seoul in 2013.

The proportion of older population is growing at a faster rate than the general population. We are gathered here to elaborate, share and offer instrumental findings and programmes to policy-makers to pursue the main purpose - formulation of sustainable policies on ageing. Good practices collected together may give new impulse to promoting healthy life, create physical and social environments for physical and mental frailties, develop holistic lifetime health and education strategies, and provide financial and social security to senior generations. It is for this purpose that the IAGG-ER Executive Board launched the project "Encyclopedia in Gerontology". And I would like to use this opportunity and thank

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those who have already contributed to the project. If we fail to take the advantage of new scientific discoveries and technologies and integrate them into health and social projects the benefits of longevity may appear elusive.

Society development at large is characterized by its attitude to the senior generation, while the global process of ageing implies a growing importance of reconsidering a governmental approach to the economic and social role of the elderly whose active involvement and participation affect multi-faceted national activity. It is highly important to value experience and knowledge coming with age to the benefit of Society and Seniors themselves with their rights observed in all areas -economic, social, political and healthcare. We must realize that training of highly qualified professionals is one of the elements of the National capacity to promote society for all ages. The IAGG-ER Diploma and Silver Medal for the advances in gerontology in three disciplines raises the prestige of our specialty. I believe the initiative launched by us in Bologna will become a good tradition for years ahead.

I wish all participants fruitful discussion, comprehensive work and interesting meetings.

Vladimir Khavinson

IAGG-ER President

Dear All,

Global population ageing gives us two messages of C & C. One C is Celebration, and the other C is Challenge. Increasing longevity, which means living longer, is surely a cause of celebration. Longevity celebration, however, is followed by many challenges.

The Dublin Congress with the theme of 'Unlocking the Demographic Dividend' is expected to give us a global insight and vision to transform the challenges of population ageing to a celebration for humankind.

I look forward to meeting all of you during the Congress.

Heung Bong Cha, Ph.D

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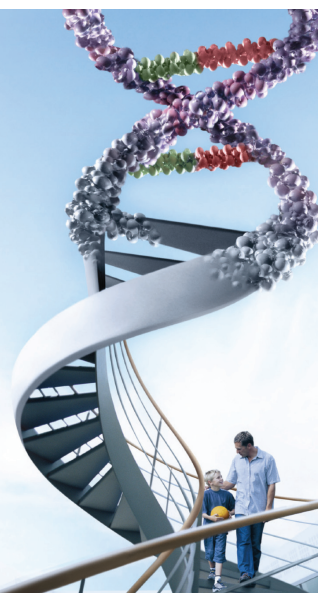
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Methods: Cross sectional data at 2002 included 260 Latvian and 288 Swedish women, aged 75-84 and 80-89, from the ENABLE-AGE Survey Study. Nine years later 49 Latvian and 51 Swedish women remained. Life satisfaction was assessed by the question: All in all, how satisfied are you with your life? Standard of living was assessed by objective and perceived economy and health also by perceived and objective aspects. Three factors, Endurance, Helplessness, and Distraction, emerged from the Coping Patterns Schedule. Baseline results suggested that the main factor behind much lower life satisfaction among Latvian women with poorer health was the poor economy; in the healthier and richer Swedish women poorer health anyway was related to lower life satisfaction. A causal effect of income and health on life satisfaction was evaluated by relating changes over the nine years in economy and health to changes in life satisfaction.

Results: The income among the Latvian women increased during follow-up; although health became poorer life satisfaction increased. In the Swedish sample there was a decrease in all health related variables, followed by a decrease in life satisfaction.

Conclusions: The result obtained by the cross sectional analysis was confirmed by the longitudinal data: For single-living older women low standard of living is a more serious obstacle than poor health, making it difficult to obtain a reasonable life satisfaction.

0681 Residential Areas Coming of Age: How Age-friendly Are They in Finland?

Suvi Fried, Jere Rajaniemi, Päivi Topo

Age Institute, Helsinki, Finland

Background: In 2013 the Finnish government launched the Development programme for housing for elderly people to promote economic preparedness, accessibility, renovations, housing innovations and housing environments. This programme initiated the application of the WHO's age-friendly themes for evaluation of the residential areas in collaborating with the Development programme for residential areas.

Age-friendly themes were applied in this research as a method of evaluation of 13 cities' strategies for ageing and housing and of the local programmes for developing residential areas. Also, four interviews were conducted on-site with local developers working with the development programme for residential areas. Analysis was based on the observations of existence age-friendly themes on the three levels: strategies, programmes and delivery of programmes.

Results show that despite the fact that age-friendly themes have been applied systematically only in one city in Finland, most of the themes can be found in the strategies, programmes and local delivery of programmes. Although the current national development programme for developing residential areas has defined children and the youth as a focus of attention, older adults are actively taken into consideration on the delivery of program on the local level.

Developing social cohesion and active participation of the residents of all ages has established a strong position in the work in the residential areas. Older residents in the residential areas are included equally in the development together with other age groups. Conclusive remarks include a synthesis and critique of findings on all three levels of development work in Finnish residential areas.

0683 Introducing an equal rights framework for older persons in residential care

Håkan Jönson, Tove Harnett

School of Social Work, Lund University, Lund, Sweden

Background: The aim of this study was to reconceptualize residential care for older people by introducing a framework developed from a rights-based principle of disability policies – the normalization principle. This principle is part of the social model and expresses that society should make available for people with impairments living conditions that are as close as possible to those of "others". Could this principle be used to improve eldercare?

Methods: Policy documents and interviews and observations from an ongoing study were analyzed guided by reference group theory. The analysis explored the kinds of comparisons used to establish rights within residential care and based on these a framework was developed.

Results: Claims of equal rights were based on comparisons that are either internal or external to care. Internal comparisons referred to the context and categories of care, e.g. to the living conditions of other care users. External comparisons referred to the world outside care, e.g. to the habits and conditions of the person before being in need of care or to living conditions of other women, other citizens or others of similar age.

Conclusions: The equal rights framework reveals that, in contrast to disability policies, equality and rights in eldercare are constructed internally and to less extent based on references to categories outside care. The study suggests that the third age, which has so far been used as a normative reference group, could be used as a comparative reference when older people in need of care claim rights to equal conditions.

0693 MASQ Test Is A Good Indicator Of Cognitive Function In Subjects Older Than Sixty Years: Report From The PANGeA Study

Cecilia Soavi, Edoardo Dalla Nora, Federica Rossin, Gloria Brombo, Daniela Francesconi, Mario Luca Morieri, Maria Agata Miselli, Eleonora Capatti, Giovanni Zuliani, Angelina Passaro

University of Ferrara, Ferrara, Italy

Background: DSM-V considers self-complaint of cognitive decline an important item for the diagnosis of neurocognitive disorders. MASQ (Multiple Ability Self-Report Questionnaire) has been used for self-assessment of cognitive function in different sets of patients but it has never been used in general population. Aim of our study was to compare self-appraisal of cognitive function with an objective evaluation in a cohort of subjects over sixty years of age.

Methods: the cognitive function of 152 subjects (mean age 67, range 60-81) enrolled in the PANGeA Study was evaluated with MoCA (Montreal Cognitive Assessment) test. All subjects fulfilled the MASQ and a questionnaire evaluating social, demographic and psychological items.

Results: MASQ score positively correlated with MoCA score ($r=0.187$, $p=0.001$). Both MoCA and MASQ scores correlated with self-assessed health status ($r=0.289$, $p<0.001$ and $r=0.367$, $p<0.001$, respectively), global quality of life ($r=0.219$, $p=0.008$ and $r=0.299$, $p<0.001$ respectively), years of education ($r=0.503$ $p<0.001$ and 0.228 $p=0.005$, respectively) but MASQ correlated also with self-assessed physical performance ($r=0.299$, $p<0.001$), psychological health ($r=0.290$, $p<0.001$), comorbidity ($r=-0.287$, $p<0.001$), and sleeping hours



($r=0.197$, $p=0.015$). The linear regression analysis showed that MOCA score predicts MASQ score independently of self-assessed global health status and psychological wellness (Adjusted $R^2=0.187$, $p<0.001$).

Conclusions: MASQ seems to be a good indicator of cognitive functions in general population over sixty despite a possible influence of psycho-affective variables. We aim to further study the role of MASQ in the screening of cognitive disorders in the elderly.

0694 Improving Hip Fracture Care: The Irish Hip Fracture Database Dr. Emer Ahern (Geriatrics), Louise Brent (Nursing), Mr. Conor Hurson (Orthopaedics)

Louise Brent¹, Emer Ahern², Conor Hurson³

¹University Hospital Waterford, Waterford, Ireland, ²St. Lukes General Hospital, Kilkenny, Ireland, ³Saint Vincents University Hospital, Dublin, Ireland

Background: In Ireland, 3200 people are hospitalised with a hip fracture. Hip fracture care and outcomes varied hugely around the country. Delivering better care at a lower cost is challenging but achievable by the combination of: Care standards and Audit i.e. Irish Hip Fracture Database (IHFD). In the first Preliminary report published by the IHFD in 2014 which included aggregated data (843 cases) from 8 hospitals. 28% of patients were admitted to an orthopaedic ward within four hours, 57% had surgery within 48 hours, 7% were seen pre-operatively by a geriatrician, 4% developed a pressure ulcer, 42% had a bone health assessment and a further 28% were referred for outpatient follow-up, and 62% had a specialist falls assessment. In addition we know that 70% of patients were female, 71% of patients were admitted from home, 57% mobilised unaided prefracture, the average length of stay was 18 days and 29% of patients were discharged directly home from hospital (IHFD Report, 2013).

Conclusions: Using evidence based standards & audit and feedback will enhance and support the work already going on in individual sites to care for hip fracture patients. The next report due in March 2015 will consist of aggregated data from 13 hospitals and over 2000 hip fracture cases. We eagerly await the results and already have 15 out of 16 hospital entering data regularly for 2014. We would like to share the results from our next report at the conference.

0695 Risk Instrument for Screening Older People in the Community (RISC): Cross Cultural Perspectives

Patricia Leahy-Warren¹, Marina Lupari², Roger Clarnette³, Francisc Orfila⁴, Constança Paul⁵, Nicola Cornally¹, Rónán O'Caomh⁶, Sadie Campbell², Mary Rose Day¹, Helen Mulcahy¹, D William Molloy⁶

¹University College Cork, Cork, Ireland, ²Bretten Hall Antrim area hospital site Trust headquarters, Antrim, UK,

³University of western Australia, Perth, Australia,

⁴Preventative Medicine and Public Health, Gran Via De Les Corts Catalanes 587, Barcelona, Spain, ⁵University Of Porto, Porto, Portugal, ⁶Centre for Gerontology and Rehabilitation, Cork, Ireland

Background: Older people especially those over 80 years are more at risk for multiple co-morbidities such as functional decline, frailty and consequently adverse outcomes. Public health nurses and researchers developed the Risk Instrument to Screen in the

Community, (RISC). It records the presence of problems, the severity (mild, moderate, severe) of concerns and caregiver networks' ability to manage across three domains: mental state, activities of daily living and medical state. Identifying the potential usability of RISC with disciplines other than nursing and in other cultures requires exploring experiences of its use internationally with a variety of health care professionals (HCP). The study aim was to assess experiences of HCPs using the RISC in community dwelling older adults.

Methods: A qualitative descriptive design was used. Following ethical approval, five focus groups (n=28) were conducted (Republic of Ireland; Northern Ireland; Spain; Portugal and Australia). Data from semi-structured interviews were audiotaped, transcribed and analysed using content analysis.

Results: The pre-determined themes were: Knowing the patient; Advantages; Barriers; and Suggestions to using the tool. Findings revealed that the RISC offered a more comprehensive approach to assessment and it was efficient and easy to use. Some cultural differences were found between participants with regards to terminologies such as 'care giver network' and 'insight' and expectation in relation to caring. Disciplinary differences were identified related to different conceptualisations of health.

Conclusions: The RISC offers a new approach to identifying risk in community dwelling older adults but needs to be adapted to reflect cultural and disciplinary norms.

0697 Planning for Old Age: Meeting the Needs of Adults with Autism Post Parental Care

Valerie D'Astous, Karen Glaser, Karen Lowton

King's College London, London, UK

Today, older adults with autism are a newly recognised ageing population, set to increase rapidly in the near future. Social and demographic changes have resulted in elderly caregivers providing support and security for their adult children with autism, who are very likely to survive them. Epidemiology research of adults with autism report a prevalence rate similar to that found in children (1 per 100) (Brugha et al., 2011), yet research is only recently beginning to address the issues associated with ageing with autism.

This research, using quantitative and qualitative methods explores future support planning in families with an adult with autism from two cohorts. It investigates from a holistic family perspective the perceptions of the support and services necessary to maintain adults' well-being beyond the life of their parents. Quantitative data was obtained from 75 adults with autism and 40 family members participated in qualitative interviews. Statistical analysis used SPSS; NVivo was used to analyse qualitative interviews.

The support needs of adults with autism are high and varied. No participating families had concrete support plans for the future. Siblings were expected to and/or anticipated providing support in 36% of families. 9% of the adults with autism were only children; 36% had only one sibling who was unable or unwilling to assume future support responsibilities and 18% did not want to have their sibling's support in the future.

Without foresight to guide planning to meet the future support needs of adults with autism societal and individual consequences could be detrimental.

0708 The Challenges Of Finding A Commensurate Role Among Early Retirees



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