



Abstract Booklet

Posters

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Nutrition Education and Cooking Programs in Community-dwelling Older Adults: A Scoping Review

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Background: Tailored nutrition education programs when combined with cooking classes to improve skills are efficient and cost-effective methods to promote healthy eating and lifestyle habits especially in older adults. These programs often integrate basic nutrition information such as nutritional requirement and factors affecting dietary choices in addition to interactive cooking displays or workshops to create programs suitable for older adults' needs and ability. Synthesising the existing literature on nutrition education and interactive cooking programs' for older adults is important to support healthy ageing.

Objective: To determine the extent of published literature and report the characteristics and outcomes of interactive nutrition education programs combined with cooking classes for older adults (> 60 years).

Design: This study followed the PRISMA-ScR guidelines prior study search.

Methods: Five databases were searched of relevant papers published to March 2021. Studies were eligible if they were: interactive nutrition education program and cooking workshops for older adults (> 60 years), RCT or cohort studies and were written in English. Data will be synthesised descriptively regarding characteristic of the program and outcomes. Titles and Abstracts were screened by two reviewers, followed by full text retrieval

Results: A total of 4311 papers were identified by the search.

Discussion: When completed, the findings will help to make informed decisions regarding components to incorporate when developing program for the elderly. It will explore potential innovative ideas to provide education for this population.

Patterns of GP use among Australia's older adults with chronic physical and mental health conditions.

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Older adults' (≥60) health needs are complex and may be different between urban and rural environments. Rural older adults are identified as less likely to use available mental health services. However, it is unknown whether this pattern of health seeking is influenced more so by physical or mental health conditions.

To compare the burden of chronic physical and mental health conditions between urban and nonurban South Australia; and investigate their independent effect on GP use across the locations.

The South Australia's 2013-2017 population health survey (n=20522) was analysed. We examined prevalence of common physical and mental health conditions and GP use by the Modified Monash Model (MMM) of remoteness. Based on MMM, we categorised the data into three groups including rural (MM 2-4), remote (MM5-7), and urban.

Except for diabetes (rural=18.2%, remote=17.1%, urban=15.6%), prevalence of chronic physical and mental health conditions was similar across the MMM categories. GP use significantly increases with either physical or mental health condition(s). Anxiety and depression were associated with higher GP use, independent of age, gender, and physical conditions. The odds of GP visits with suicidal ideation for rural and remote locations were 4.7 (1.6-13.6) and 4.8 (1.9-11.7) respectively, compared to Adelaide 1.5 (1.0-2.3)

Chronic physical and mental health conditions independently increases the odds of high GP use across South Australia. Nonurban older adults tend to use GPs more for mental health problems.

Reference.

Pierce, D., & Brewer, C. (2012). Factors promoting use of mental health services in a rural area of Australia. *Journal of community-medicine*.

Can in-hospital mobility promotion interventions for falls prevention lead to changes in staff practice?

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Hospitalisation can lead to functional decline, which may increase risk of falls, leading to injury and poor health outcomes. Enabling staff to choose and implement strategies to encourage mobility based on local ward context is vital to improve outcomes for older people. This study aimed to determine facilitators and barriers for staff in implementing an intervention to promote mobility for inpatients during their hospital stay.

A co-designed approach whereby staff on two wards (psychogeriatric ward, geriatric ward) collected mobility and falls measures for all inpatients. The staff used this data to co-design strategies to promote mobility and then implemented the intervention. Each site applied their intervention for 4 months. Data related to facilitators and barriers to promoting mobility were analysed.

At site 1, the intervention implemented was individual ward based exercises led by nurses and at site 2, daily “Get moving” sessions facilitated by “mobility allies” were selected. Of 28 staff across both sites, 22 (76%) reported that implementation of the intervention changed their practice to ensure patients were encouraged to move while in hospital. Facilitators to promoting mobility included positive ward culture, walking groups, music therapy, seeing emotional, psychological or physical improvements in patients, and requiring less use of mobility assistive devices. Barriers to promoting mobility included limited time, patients’ ability and/or willingness to participate, patient fatigue and COVID restrictions.

Co-designing and implementing mobility promoting strategies can change practice for the better and keep patients moving whilst hospitalised. This in turn may reduce functional decline and inpatient falls.

Improving quality of care through detecting complexity of older people in a community setting (ImPaCt)

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Introduction: Older people (over 65 years of age) are living longer and are becoming more complex. Detection of this complexity is currently restricted which is impacting how care and supports are allocated to remain in their home. The purpose of this study was to explore the feasibility of using the Patient Complexity Instrument (PCI) in addition to usual assessment to enhance clinical judgement regarding detection of complexity, support the time allocated to patient care and referrals to other services.

Methods: A pilot parallel-group randomised controlled trial was conducted within a regional Victorian community setting. Patient Participants were randomised into one of two groups (i) the control group receiving the usual assessment process and (ii) the intervention group receiving usual assessment plus the PCI. The staff participants involved with assessment were those staff currently employed in the Community Nursing Service. Patient participants were those patients referred to the service and who are eligible for Commonwealth Home Support Programme funding.

Results: This presentation will include a summary of the data analysis and outcomes of this study.

Conclusion: It was determined that the PCI could be a suitable tool to enhance the detection of complexity and support resource and time allocation for patients living in the community. Nursing staff are changing the way they think about complexity as a result of using the PCI.

Key words: Home nursing, older people, aged, community, patient complexity.

Models of care for Indigenous populations in residential care settings

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Background: Respecting and meeting cultural needs is an important aspect of care. However, little is known about models of aged care that promote quality of life for Indigenous populations.

Aim: This review aimed to identify, appraise, and synthesise evidence regarding models of care that promote quality of life for Indigenous populations living in residential aged care.

Methods: Systematic database searches and hand-searching were used to find published and unpublished studies. Papers meeting the eligibility criteria were selected following screening of titles and abstracts. Data were appraised, extracted, and synthesised using JBI methods for systematic reviews.

Results: A total of 2239 papers were identified, of which 18 (11 qualitative studies and 7 reports) were included. Populations included Indigenous/First Nations' Elders from North America, Alaska, Hawaii, South Africa, Norway, New Zealand, and Australia. Elements of care that are important include: 1) the co-design and collaboration with Indigenous communities and organisations to help ensure culturally safe care; 2) the employment of local Indigenous aged care workers; 3) care that considers individual needs and is respectful of cultural, spiritual and religious values, traditional activities and practices, including those surrounding end of life; 4) residential aged care embed trauma informed care policies, practices and staff are trained to deliver culturally safe services ; 5) connection to culture and sense of belonging is promoted through sustained connection with family, kin and Indigenous communities.

Conclusion: These findings will be used to inform the development of recommendations for Aged Care Quality and Safety Standards specific to Indigenous care.

Promoting DEmentia Friendly EmergeNcy Departments (DEFENDS)

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Emergency departments (ED) can be a disorientating, overwhelming and distressing environment for people living with dementia. Despite this, people living with dementia are 20% more likely to visit an ED than those without dementia. Evidence shows that a lack of gerontology skills, understanding of dementia in the ED setting and resource constraints affect staff's ability to treat people living with dementia. This research aims to determine if modifications made to EDs can improve the experience of older people living with cognitive impairment during their presentation and stay.

We use a pragmatic, mixed-methods design, across three EDs in Melbourne. The first stage involves completing the Hospital Environment Audit Tool (HEAT), a staff survey, patient audit and focus groups to identify key priorities for improving the ED environment for patients with dementia. The second stage will involve co-designing with ED staff an intervention. Outcomes will be measured through repeat patient audit, interviews with patients and their unpaid carers and a follow-up staff survey.

Environmental audits revealed a number of areas for improvement. These include improving signage for clarity, better use of colours for contrast, decreasing clutter in walkways, and improving bedside orientation. Staff surveys, patient audits and focus groups to identify environmental modifications will be presented along with an overview of the interventions implemented in each ED.

This study will present practical strategies identified by ED staff to overcome deficits in ED environments in order to improve the ED experience for older people with dementia and lessen negative impacts of the environment.

Using Smart Home Monitoring Technology to Track Changes in Appetite

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Background

Appetite changes are a common, non-specific sign that can foreshadow various illnesses such as appendicitis. Smart home monitoring can be used to track activity in an older person's home and can potentially provide proxy measurements for appetite and capture changes in early stages of disease.

Methods

We undertook a research project, examining whether home sensor data is useful for monitoring health in older people. Participants who have used a home monitoring system for over a year were interviewed to identify medical events that occurred during the monitoring period.

In this presentation, we outline the case of a participant who developed appendicitis. We detail fridge-related activity leading up to diagnosis as well as overall home activity changes during that same period.

Results

In the two days leading up to the presentation, the participant opened the fridge only 5 times each day, fewer than expected based on fridge activity from the previous 2 months (mean: 17.5 times per day; standard deviation: 8.8). Proxy measures of physical activity in the home, number of room changes and total time active, did not show a remarkable change prior to presentation.

Conclusion

Decreased fridge usage may be consistent with decreased appetite characteristic of appendicitis, and tracking fridge activity may prove useful in raising suspicion for gastrointestinal illness. Changes in physical activity captured by the home monitoring system were not remarkable enough to be concerning for a pathological process.

Daily Stress, Uplifts and Well-being in ECH Home Support Team Members: A Pilot Investigation

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Background

Home Support Team Members (HSTMs) are critical in supporting older people to remain living independently at home, yet little research has investigated experiences and challenges they face delivering services outside of a residential care context. This pilot investigated the feasibility of a daily diary approach to gather micro-longitudinal data on day-to-day experience of stress and resilience among HSTMs.

Methods

Nineteen HSTMs completed daily assessments online for two weeks, including measures of job demands and resources, personal resources, motivation and strain.

Results

Findings support the feasibility of online daily diary approaches in assessing stressors/hassles, emotional uplifts, and resilience among HSTMs. This method was accessible to participants and yielded good quality data. Descriptive data on daily exposure to hassles and uplifts demonstrated substantial between- and within-person variation, pointing to the value of daily diary methods over traditional methods of data collection (e.g., one-off surveys). Analyses indicated that on days when HSTMs reported higher than usual workload or emotional demands, they also reported higher exhaustion. Similarly, on workdays when emotional uplifts were higher, HSTMs reported greater motivation.

Conclusion

Results suggest that this approach enhances our understanding of the daily challenges, stressors and uplifts experienced by HSTMs, and the factors that could influence HSTMs reactivity to these daily aspects of their working lives. The online daily diary format was generally acceptable to participants and preliminary data demonstrates the utility in this approach to detect between- and within-person differences.

A physiotherapy telehealth intervention to improve mobility in aged care (TOP UP): RCT trial protocol.

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¹Institute of Musculoskeletal Health, University of Sydney

Deteriorating mobility and falls reduce independence and quality of life for older people in aged care. Tailored balance and strengthening exercise programs delivered by physiotherapists have been shown to improve mobility and prevent falls in older people aged 65+.¹ Telehealth physiotherapy is emerging as an innovative method of service delivery for older people living in regional Australia and during the COVID-19 pandemic.²

This trial aims to establish the effect on mobility and falls of a telehealth physiotherapy program compared to usual care in older people aged receiving aged care services in the community and in residential aged care facilities. This randomized controlled trial will involve 240 older people living in the community or in residential aged care receiving aged care services aged 65+ years.

The primary outcome is the change in mobility as measured by the change in the Short Performance Physical Battery test score from baseline to 6 months after randomisation. Secondary outcomes include rates of falls, 5 times sit-to-stand, quality of life, and goal attainment at 6 months after randomisation. An economic analysis will compare the cost-effectiveness and cost-utility of the TOP UP program compared to usual care. A qualitative evaluation will assess the experience of participants, aged care staff, and physiotherapists involved in the trial.

1, Sherrington, C., et al. (2016). "Exercise to prevent falls in older adults: an updated systematic review and meta-analysis." *British Journal of Sports Medicine* 51: 1749-1757.

2. Australian Physiotherapy Association (2020). "Aged Care Royal Commission Impact of COVID-19 on Aged Care supplementary submission."

How can we successfully provide Psychological services to clients in Residential Aged Care Facilities remotely?

Mrs Jenni Dickson¹

¹Better Place Australia

Better Place Australia is funded by SEMPHN and NWMPHN to deliver Psychological Services in Residential Aged Care Facilities (RACFs) as well as providing a capability framework ensuring correct identification and client support.

Leaving their home, often leaving behind a pet, friends and loved ones exacerbates stress, anxiety, depression and fear many people face when entering RACFs, as well as the feeling of “facing mortality”. During Victoria’s COVID lockdown and RACF outbreaks, services were quickly adapted to online delivery. Our practitioners observed:

- Very high levels of stress and anxiety among facility staff
- Very high social isolation prevailing amongst RACF clients
- Significantly higher levels of anxiety and depression than prior to the pandemic
- A profound sense of grief and loss with many residents having lost friends and not seeing their families for a long time.

Better Place provided telehealth counselling services to clients via ZOOM and other platforms. This was challenging due to:

- Lack of equipment/resources from RACFs
- Need for RACF staff to set up and close sessions
- Difficulty for clients with hearing issues
- Ensuring platforms are available both to Better Place and RACFs.

Limitations on the use and sharing of handheld devices as a result of infection control, lead to developing and trialling provision of remote mental health support utilising video screen mounted on a portable stand with a protective screen.

This presentation will discuss:

- Processes to overcome barriers in delivering telehealth in RACFs
- Evaluation of the trial of portable monitors.

Healthy Ageing for Isolated Older Adults: Innovative Social Network Tool during an Emerging Student Placement

Dr Sanetta Du Toit¹, Yasheeka Patel¹, Ivaylo Vassilev

¹The University of Sydney

Background: The COVID-19 pandemic has increased social isolation and loneliness in community dwelling older adults whose wellbeing are already impacted by limited community services. Generating Engagement in Networks Involvement (GENIE) is an evidence-based, client-centred social network online tool piloted by University of Sydney occupational therapy students on an emerging placement with the Australian Red Cross in New South Wales. As community aged care services are unable to meet its high demand, student placements enabled holistic service provision to be provided through this innovative social tool. GENIE promotes social resilience by facilitating access to community resources, activities and people to extend or re-establish a user's social connections.

Methods: This mixed methods study aimed to identify the potential for GENIE to maintain and promote social connections in older adults. Quantitative data identified the extent of social network change for GENIE users over time. Qualitative data included group discussions facilitated by the nominal group technique and thematic analysis of documentation by student facilitators to explore GENIE's impact and implementation.

Practice Implications: The current pandemic highlighted older adults' increased social vulnerability. There is hence an urgent need to understand and foster social network formation for daily wellbeing and emergency situations. Research findings will therefore inform the potential of GENIE employment across aged care services for promoting interagency pathways to support the social wellbeing of older adults.

Conclusion: This study informed and enabled an understanding of how GENIE could support a time-efficient process for facilitating person-centred care whilst extending an organisations' service provision.

Understanding Nursing Assessment and Management of Urinary Incontinence in the Rehabilitation Setting

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Urinary incontinence (UI) is a common condition experienced by hospitalised older adults. The prevalence of incontinence among patients in acute care settings is reported to range from 10% to ~ 40%. People suffering from UI experience lower health-related quality of life and poorer mental health. As the population ages, the demand for effective management of this health issue will also increase. Nurses are particularly well placed to facilitate evidence-based care of older adults experiencing incontinence during hospitalisation.

Limited research has been published that examines the incidence and impact of UI on health outcomes for older adults admitted to inpatient rehabilitation settings. The aim of this exploratory research was to identify and report the prevalence and impact of UI on patients admitted to a 14 –bed hospital rehabilitation setting. A retrospective audit was conducted to describe UI and record Functional Independence Measure (FIM) scores for patients on admission and discharge over a 12 month period. The number, type and cost of consumables (i.e. incontinence pads and devices) used in a rehabilitation unit was also recorded. These research findings will be discussed in this presentation and will provide valuable evidence to inform development of best practice guidelines for management of UI in this population.

Investigating the quality of continence assessment and management in residential care: A mixed methods study

Dr Xanthe Golenko¹, Ms Kate McLeod, Professor Judy Lowthian

¹Bolton Clarke

Introduction: Incontinence is one of the main reasons for institutionalisation in residential care homes and is linked with increased falls, skin breakdown, depression, social isolation and impaired quality of life. This study investigates current practices and staff and resident experience with incontinence assessment and management in a residential care home drawing on four quality indicators for toileting and containment strategies proposed in the KPMG Global Strategy Group Report 2018.

Methods: A concurrent mixed methods study was conducted in a 120-bed care home. A desk-top analysis of secondary data from information management systems provided a snapshot of how continence was assessed, managed and responded to. Semi-structured interviews were conducted with four staff and five residents to explore their experience and understand the impact of current practice on resident emotional wellbeing. Comparative analysis assessed the level of congruence and helped develop a deeper understanding.

Results: Findings from the two data sets were highly congruent. Key findings include: 1) Lack of communication with residents about continence needs and resident or family member involvement in decision-making about management strategies; 2) Heavy reliance on product usage and limited conservative strategies such as toileting, dietary modification, physical exercise programs; 3) Staff frustration re: inability to respond to calls in a timely manner; 4) Positive staff-resident relationships to minimise negative impacts on emotional wellbeing.

Conclusion: Staff are stretched to capacity just trying to provide basic care, often missing crucial opportunities to improve continence status or provide continence care that is to the resident or family's preference.

The impacts on Implementing the DDDA booklet among persons with dementia and their family

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Background: Persons with dementia experience cognitive deficits that can compromise their driving safety. However, giving up driving may be easy for some, but difficult for others, it is crucial to ensure that appropriate support is available to persons with dementia. This study aimed to examine the effects of the dementia and driving decision aid on driving decision, depression and anxiety levels during the decision making process in persons with dementia.

Methods: A before and after study design was undertaken in a metropolitan hospital in northern Taiwan. The Mandarin version dementia and driving decision aid (Chang, et al., 2021) was used as an intervention and introduced to participants and their family at the baseline visit, and the content was discussed with trained case manager in weekly visits. Posttest data were collected after a month. Wilcoxon Rank Signed test was employed to examine the intervention on depression and anxiety levels.

Results: In total, 25 persons with dementia reported significant improvements on depression ($Z = -6.438$, $p < 0.001$) and anxiety ($Z = -6.824$, $p < 0.001$) levels through the decision making process. Results also revealed that 92% of participants and their family considered the dementia and driving decision aid is helpful in the decision making process.

Conclusions/Implications: The dementia and driving decision aid reduces the gap in the limited knowledge in terms of assisting persons with dementia and their family making discussion and decision on driving retirement. The impacts on improving depression and anxiety levels in persons with dementia are also documented.

Responding to the despair of older people.

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Depression in older people is only rarely a stand-alone condition and among the challenges of working therapeutically with a depressed older person is that of understanding the complex interaction of health, personal and social problems encountered by that person. For some people their situation is overwhelming and despair is the most prominent feature of their mental state.

It is difficult for many people to conceive of a way back to hope for those individuals who, on entering dependent old age, come to feel defeated and abandoned. Yet, as will be illustrated in this presentation, some depressed people do find a peace of sorts, not necessarily feeling happy but more content and accepting. Vignettes based people with whom the writer has worked substantiate this point.

A major issue is overcoming the barriers to therapeutic work with depressed older people, especially those in Aged Care Facilities. The costs are high, it is hard to find skilled therapists, referral pathways can be confusing and some believe that old people, especially those with impaired cognition, can only be treated with medication. Perhaps the biggest barrier is that the dominant model of service delivery cannot be scaled to meet the need.

This paper suggests we need new ways of thinking about mental health care older people and ideas from community psychology, family therapy and developmental psychology may provide a foundation for new ways of thinking about the issues raised here.

The Blueprint for Establishing Psychologically Healthy Workplaces – The Next Generation Workforce

Ms Sue Jauncey¹

¹Appellon

To create a psychologically healthy and resilient workforce, we must take the time required to understand what constitutes a happy workforce based on the body of evidence that exists within the discipline of behavioural and neuropsychology. We must understand the science behind what constitutes a happy workforce and not be influenced by pop psychology or any other popular trend or model of the day, to be truly innovative, disruptive and creating long-lasting psychological change.

What they really need, psychologically, is to feel like they are achieving — and connected to — a common purpose, goal or people. If we create a workforce environment based on achievement and connection, intrinsic self-worth is a natural outcome and stress and anxiety decreases. When stress and anxiety decrease, employees can access creativity, and more able to see the solutions and opportunities available to them. Achievement increases, as does the desire to work collectively and connectedly.

The key is to understand the difference between a personalised workforce focus versus an objectively focused workforce. Focusing objectively on the collective builds employees' self-worth and reducing levels of stress, anxiety and early onset of mental health issues.

The topic gives case studies and insights from 100,000 users and 100s of scientific research studies, from Aged Care organisations and Hospitals (for example: Bethanie and UK NHS Trust) all distilled into easy to understand insights for your audience.

Digital companions for people with dementia: A participatory approach

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While the clinical and pathological dimensions of dementia have been explored in depth, the lived experience of what it is like to live with the condition remains under researched.

This project focuses on understanding lived experience and using the findings to transform the screen-viewing experience of people living with dementia and their carers. In this project, artificially intelligent (AI) characters interact and personally respond to viewers to support psychosocial needs.

The leading contributors to reduced quality of life for people living with dementia are social isolation; feelings of lack of connection; having nothing to do; unmet needs; and neuropsychiatric symptoms. [1]

Screen-based interaction is a primary form of connection and entertainment for people in residential aged care and at home—as recently highlighted in times of COVID-19 lockdowns. Screens are familiar to many people who have grown up with TV and movies, and now use tablets and smart phones. [2] Engaging with entertaining and informative media can potentially support preservation of cognitive functions. But, as dementia progresses, it becomes harder to engage with previously enjoyed TV and movie content. Research shows that people with dementia can maintain engagement for longer when content is “cognitively appropriate”. But, there is little dedicated content available. [3]

Today’s mainstream content has complex plots; multiple characters; sophisticated backstories; fast-paced action and dialogue; and scene changes with fast cuts. All likely to induce confusion rather than extend engagement. This project produces responsive character led content that can interact with the viewer and promote meaningful engagement.

Association between anxiety and cognitive decline over 12 years in an Australian population-based cohort.

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Introduction: Findings on the associations between anxiety and cognitive decline are mixed and often confounded by depression and anxiety medication. We studied whether anxiety symptoms were associated with the risk of cognitive decline after adequate adjustment of confounding factors.

Method: Our study consists of 2,551 community-dwelling older adults recruited between the ages of 60-64 years and followed up for 12 years in the PATH Through Life cohort study. Anxiety symptoms were measured using the Goldberg Anxiety Scale (GAS; range 0-9). General cognitive function, episodic memory, working memory, verbal intelligence, processing speed, and psychomotor speed were measured. Multilevel analyses were carried out to investigate the association between anxiety symptoms and cognitive decline over 12 years, taking into account confounding variables.

Results: We did not find a significant association between anxiety symptoms and cognitive decline over 12 years. Although some associations between anxiety symptoms with psychomotor speed ($\beta = -0.04$, 95% CI: -0.07, -0.01) and processing speed ($\beta = -0.27$ 95% CI: -0.43, -0.12) were found, these were attenuated after adjusting for depression.

Conclusions: In this sample of cognitively healthy men and women aged 60 years and above, anxiety symptoms were not associated with the risk of cognitive decline. Long follow-up study time, appropriate selection of confounding factors, and estimating the effect of chronicity of anxiety are important to establish the association between anxiety and cognitive symptoms. These results also show the difficulty to distinguish the unique effects of anxiety from depression given the overlap of symptoms and high intercorrelation.

Impact of education and occupational complexity on women's cognitive ageing: the need for female-specific research.

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High education and occupational complexity are accepted modifiable lifestyle factors that delay the onset of cognitive decline. However, this knowledge comes from the findings of primarily male and mixed cohort studies. This study longitudinally investigated the role of education and occupational complexity specifically on women's cognitive ageing, using the data from the Women's Healthy Ageing Project.

212 women (aged 57.05 ± 2.67) reported their educational and occupational history in 1991 and completed CERAD delayed-recall test across 17 years of follow-up (1999-2016). The change in their cognition was measured using the difference in their score between baseline (1999-2002) and follow-up (2012-2016). Chi² and correlational analysis assessed the relationship between the factors. Multiple linear and logistic regression analyses were conducted.

Moderate, positive correlation was found between the women's education and occupational complexity (χ^2 (df=1, N=178) = 48.131, $p < 0.001$). Higher education was associated with lesser cognitive decline ($B=0.701$, $p<0.05$); women who maintained their cognition were more likely to have received high education (OR 3.81, CI (1.23, 11.75)). Yet, such protection diminished after adjusting for occupational complexity. The impact of occupational complexity on cognitive change was insignificant. This study highlights the need for more female-specific investigation of social determinants of dementia risks, as the nature of the relationship between formal education and paid occupation does not properly reflect women's educational and occupational capabilities and complexity, particularly in this aged cohort. Future work must examine female-specific social determinants of dementia risk to account for the unique occupational and educational experience of aged women.

How do older adults want to receive prognostic information about the end-of-life?

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Shared decision-making often involves discussions around poor prognosis. However, clinicians can find these discussions difficult. The level of prognostic information older people wish to receive can vary and the formats in how prognostic information is delivered has not been widely researched. We conducted an open-ended survey with 15 adult community-dwelling consumers from a University Consumer Group who had direct experience in health services for life-limiting illness either for a loved one or themselves. We aimed to 1) identify level of prognostic disclosure; 2) type of prognostic information; and 3) the format of prognostic communication older adults diagnosed with a life-limiting illness or caregivers prefer to receive. Hypothetical clinical scenarios of prognostic options were presented to ascertain preferences. The preferred format to receive prognostic information was verbal delivery by the clinician with a written summary. Photos and videos were less favored, and tables with number/percentages was least preferred. The type/content of information wanted was survival, treatment options, and benefits. We conclude that older community-based healthcare consumers want end-of-life prognostic information delivered verbally with a written summary by clinicians. Options to deliver prognostic information may vary across patient groups and knowing this can help clinicians in customizing the introduction of end-of-life discussions with their patients. Further research is needed to understand the preferences of other older patient groups (e.g. hospitalized) who are approaching the end-of-life.

Social participation in widowhood: Evidence from a 12-year panel

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Objectives: Social participation is important to the quality of life of older adults, especially widows. This is the first study to test whether older widows' formal and informal social participation rises or declines using multiple panel observations pre- and post-bereavement. The paper also tests the moderating effects of economic and marital satisfaction, depression, and husband's illness before death on these trends.

Methods: Seven waves of the Korean Longitudinal Study of Ageing are used to track changes in four measures of social participation – meeting and contacting a child, meeting friends, and attending a formal group. A comparison group of married individuals, weighted with coarsened exact matching, controls for age and time trends. Mixed model regressions estimate the effects of widowhood over time.

Results: Social participation shows little change before bereavement and rises significantly after bereavement for all measures. However, frequencies of meeting and contacting a child peak and decline early post-bereavement, while meeting friends and attending a group show delayed but long-lasting effects. Moderators economic and marital satisfaction are positively associated with overall social participation levels, but negatively associated with social participation post-bereavement.

Discussion: Increased social participation after bereavement underscores the resilience of widows and the social support they receive. However, differences in timing suggest that contact with children is gradually substituted with extra-familial relationships in the long run. The negative moderating roles of economic and marital satisfaction point to a paradox where seemingly well-off individuals may be more vulnerable to widowhood.

The impact of cognitive impairment on assessment of depression

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The complex interplay between depression and cognition is an important topic. Difficulties with cognitive functioning can occur in people with depression, and high prevalence of depression has been reported in older adults with mild cognitive impairment (Ma, 2020). It is important to understand how cognitive impairment may influence the measurement of depression in this population for accurate assessment.

Research question: Does cognitive impairment affect the criterion validity of the Geriatric Depression Scale?

A preliminary set of secondary data from the BEFRIENDAS trial (ANZCTR registration number ACTRN12619000676112) was used to explore the research question. Data from a convenience sample of 88 older adults, aged 60-98 years, living in residential aged care, was analysed using multiple regression to examine whether controlling for cognitive impairment would have an impact on the relationship between the Geriatric Depression Scale (15 item) and the Cornell Scale for Depression in Dementia. The results indicated that level of cognitive impairment had an influence on the relationship between depression measures. As cognition worsened, a stronger and more significant relationship was observed between the two depression measures.

These findings may be due to differences in sensitivity of the tools at different levels of cognitive impairment and time between assessments. Results may suggest the Cornell is not the best measure to use for people with no or mild cognitive impairment, despite previous evidence suggesting that it can be used for people without dementia.

Ma, L. (2020). Depression, Anxiety, and Apathy in Mild Cognitive Impairment: Current Perspectives. *Frontiers in Aging Neuroscience*,12.

Bonsai growing as serious leisure: A source of emotional and social wellness for older adults

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This poster presents an overall picture of an ongoing study about the personal and social benefits of engagement in bonsai growing as a form of serious leisure for older adults. Serious leisure includes a vast range of indoor and outdoor hobbies, amateurism and volunteer activities requiring long-term commitment and special knowledge or skills (e.g. birding, knitting, fishing). This study focuses on bonsai growing which combines horticultural techniques, artistic skills and philosophical principles to shape and preserve various trees to represent an ideal form of nature. Bonsai hobby possesses all the six qualities of serious leisure: perseverance and commitment, the potentiality to turn into a career, significant personal effort based on specific knowledge, durable personal and social benefits, unique ethos within a social world and developing new identities associated with the activity. The study uses van Manen's phenomenological approach to explore a sample of bonsai growers' lived experiences. It builds on the previous research in this field, showing serious leisure provides physical, emotional and social wellness benefits for the leisure participants. The study aims to discover to what extent bonsai growers can benefit from this hobby to enhance their emotional and social wellness. The findings will inform both policy and practice in the area of aged care and ageing studies. Policymakers can use the results to make more evidence-based decisions to promote leisure activities for older adults. Moreover, scholars in the ageing studies can conduct quantitative follow-up studies to verify the findings in some larger sample size or other contexts.

Age-friendliness: Capturing the issue of design in our communities using a Photovoice approach

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Introduction: Designing our communities and cities as appropriate places for older people to age in remains a challenge. The commitment to age-friendly initiatives and design varies at the national, state, and local levels. Recently, the lack of integration of age-friendly principles in the urban and community planning became more visible and increasingly felt by citizens and residents.

Method: A photovoice approach was utilised to capture the issues related to the age-friendly design of cities and communities based on the WHO age-friendly cities framework. Photos presented were problematic and required immediate attention. The photovoice initiative was captured by students undertaking a Master of Ageing course with a focus on age-friendly principles and its impact to healthy ageing.

Results: (Insert Pictures)- The common design and infrastructure issues captured within the local communities and cities were foot paths and lack of seating and spaces in train and bus stations. It was also noted that while some parks and recreation spaces are available, some of these do not cater access to wheelchairs and mobility aids. These issues hindered the ability to socialise and participate, discouraged older people to be mobile using public transport and has a potential negative impact to their health. Disparities across communities exist in terms in implementing age-friendly design.

Conclusions: The implementation of age-friendly design was selective. Photovoice offers visibility of these age-friendly design issues. There is a need for a strong policy recommendation to the integration of age-friendly design in the communities and cities.

KeepAble – every opportunity matters

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Australians are living longer and whilst longevity should be rejoiced, it must be accompanied by integration of practices such as wellness and reablement that promote active ageing and ensure that older Australians live more quality years.

Remaining at home as long as possible and keeping able is something most older Australians want. The Australian Government has committed to realigning community care services towards wellness and reablement which by their very nature will support older people to KeepAble.

A 2018 review conducted by Independent Living Assessment identified there is a plethora of information about wellness and reablement to support home care providers. However, it was not easy to find and often not provided in a format that is easily translatable to day-to-day practice or likely to illicit behavioral change. In addition, a 2018 Commonwealth Home Support Program outcomes report stated that over half of providers would benefit from more support and information around how to embed these person centred approaches into service delivery.

This presentation will provide an overview of our recently launched KeepAble digital Hub, an initiative to help service providers deliver on the government's agenda. We will describe our journey in developing the Hub and our engagement methodology with the sector to inform the development of resources such as fact sheets, guides, and reporting tools.

In conclusion we will emphasise how through adopting these preventative approaches the aged care sector can support people to make every opportunity matter and add life to years, not just years to life.

Are Residents in Residential Aged Care Facilities using the Internet?

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Objective

Using internet services may enhance the physical, mental, and social wellbeing of older people in residential aged care facilities (RACF). This systematic review aims to synthesize evidence on the pattern of internet usage among older people in RACF.

Methods

A systematic search will be conducted in nine online databases - MEDLINE, EMBASE, PsycInfo, CINAHL, AgeLine, ProQuest, Web of Science, Scopus, and the Cochrane Library. Two reviewers will independently carry out screening and data extraction. The critical appraisal will be carried out using valid instruments. Results will be presented as a narrative synthesis. A meta-analysis and meta-synthesis will be conducted if sufficient studies are found.

Conclusion

This systematic review will provide evidence on internet usage among older people in RACFs. Outcomes from this study will lead to further investigation in this area and, potentially, an intervention to trial internet access for these groups.

Protocol registration: PROSPERO-CRD 42020161227

Keywords

older people, residential aged care facility, internet usage

White Matter Integrity in Healthy Women and Women with Subjective Cognitive Decline Using MRI

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Background: Alzheimer's disease (AD) is an incurable neurodegenerative disorder, which disproportionately affects women (Erol et al., 2015). Along the trajectory of non-normal cognitive aging, those who experience subjective cognitive decline (SCD) are thought to be the earliest group at risk for the future development of AD. Previous studies have found significantly lower white matter (WM) integrity in individuals with SCD relative to healthy controls (Ohlhauser et al., 2019). The current study represents a preliminary analysis of structural MRI brain images in healthy women compared to women with SCD where we hypothesized that women with SCD would show decreased WM integrity relative to healthy women.

Methods: This project utilized diffusion tensor imaging (DTI) and the analysis was conducted using FMRIB's Software Library. This analysis was conducted on a subset of participants obtained from the Women's Healthy Ageing Project (WHAP) collected in 2012 (N = 170). This subset included 30 healthy women (mean age = 71.4; SD = 3.12) and 30 women with SCD (mean age = 70.5; SD = 2.23).

Results: The results of analyses did not reveal any significant differences in WM integrity between healthy women and women with SCD.

Conclusions: The current findings did not reveal differences in WM integrity. Although these results did not replicate our previous findings, this sample was conducted solely on women, where our previous study included both men and women. Follow-up work will utilize a larger sample from the WHAP and will also include investigation of differences in functional connectivity between these two groups.

Quality of life as a predictor of mortality in the general population: a systematic review

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Objective: To systematically review available evidence on the association between quality of life (QoL) and mortality in the general population.

Methods: An electronic search of MEDLINE, EMBASE, and PsycINFO was undertaken following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Inclusion criteria were studies that assessed QoL using standardized tools and examined mortality risk in a non-patient population. Qualitative data synthesis and meta-analyses using a random-effects model were conducted.

Results: From 4,184 articles identified, 47 were eligible for inclusion, including approximately 1,200,000 participants. Overall, thirteen different QoL measures were used to assess the association between QoL or more specifically health-related quality of life (HRQoL) and mortality risk over 9 months to 18 years of follow-up. In total, 43 studies (91.5%) reported that better QoL/HRQoL was associated with lower mortality risk. The results of four meta-analyses indicated that higher HRQoL is associated with lower mortality risk, which was consistent for overall HRQoL (HR 0.633, 95% CI: 0.514, 0.780), physical function (HR 0.987, 95% CI: 0.982, 0.992), physical component score (OR 0.950, 95% CI: 0.935, 0.965), and mental component score (OR 0.980, 95% CI: 0.969, 0.992).

Conclusion: Our unique and first comprehensive review provides evidence that better QoL/HRQoL was associated with lower mortality risk. Our findings highlight that QoL measures can be considered as potential screening tools in general clinical practice, beyond the existing traditional clinical assessment of mortality risks such as body mass index and the results of laboratory tests.

Within-unit bed moves are associated with increased falls

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What is known about the topic?: In-patient falls can cause significant patient harm at cost to the health system. There is limited research examining the association between within-unit bed moves and falls in a short-stay acute medical unit.

Objective: This study evaluated a patient's likelihood of a fall within a short-stay acute medical unit with a high patient turnover rate. It estimated the effect of within-unit bed moves on the occurrence of in-patient falls.

Methods: This study was a 3-year retrospective cross-sectional study of 28 713 consecutive admissions comparing patients who fell and patients who did not fall. Factors assessed included premorbid falls risk factors, presenting issues and within-unit bed moves. Logistic regression was used to identify factors associated with patients who fell. Each admission was treated as a unit of measure.

Results: Of 28 713 admissions, 182 (0.6%) involved at least one fall event. The fall rate was 5.67 falls per 1000 occupied bed days. Premorbid cognitive impairment (odds ratio (OR) 4.88), a presenting issue of confusion (OR 2.92) and a fall immediately before admission (OR 2.49) were associated with patients who fell (all p value < 0.001). Each bed move corresponded to a 27% increase in the odds of a fall (OR 1.27; p value = 0.027).

Conclusion: Premorbid cognitive impairment was the strongest risk factor for an in-patient fall on the unit. Within-unit bed moves significantly increased the risk of an in-patient fall and should be minimised.

Stakeholders' attitudes towards deprescribing in older adults with a limited life expectancy: tool development

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Introduction: Older adults with limited life expectancy (LLE) are receiving potentially inappropriate medications, necessitating deprescribing. In this context, understanding the perspectives of stakeholders could assist in developing effective deprescribing strategies and implementing them in practice, but tools to assess the perspective is lacking. We aimed to develop a survey tool to assess the attitude and beliefs of key stakeholders towards deprescribing in older adults with LLE.

Method: A literature search was conducted in PubMed and GoogleScholar to identify studies on the key stakeholders' (patients, caregivers, doctors, nurses, pharmacists) perspective towards deprescribing in older adults with LLE. A pool of items (with 5-point Likert scale scoring) was generated and reviewed (by the research team and externally) for the contents of each item. The reviewed questionnaire was pilot tested using a cognitive interview technique until no changes were deemed necessary.

Results: A pool of 55 items were generated from the key messages. After the review, patient and caregiver versions had 30 items each under five themes [burden (n=7), appropriateness (n=7), concerns (n=8), involvement(n=6) and global (n=2)]. The health care professional version had 49 items under seven themes [burden (n=7), appropriateness (n=3), concerns (n=16), involvement (n=8), organisational (n=7), educational (n=4) and global (n=4)]. Following the pilot testing, a minor change in the wording of the items was done.

Conclusions: An online survey tool to assess the attitude of patients, caregivers, doctors, nurses and pharmacists towards deprescribing in older adults with LLE was developed. The psychometric properties of the tool need to be established.

Brain Bootcamp: public awareness of, attitudes towards, and understanding dementia prevention in older adults

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Background

Dementia is a serious public health problem, yet little is known about the perspectives of older community-dwelling adults and barriers to understanding dementia prevention. Our aim was to assess older adults' awareness of dementia risk and protective factors and facilitators to achieving better brain health.

Methods

An online cross-sectional survey of 778 community-dwelling older adults in New South Wales, Australia. Questions on demographics, dementia awareness and knowledge about 12 risk and protective factors (adapted from the British Social Attitudes survey) and obstructing barriers to improving brain health were included. Logistic regression was used to identify factors associated with poorer awareness.

Results

Respondents had a mean age of 73.3 years (SD=6.1, range 65-94 years), were mostly female (69.1%) and completed a mean 18.4 years (SD=5.5, range 5-45 years) of formal education. Only a minority of respondents were unaware of a relationship between lifestyle and dementia risk, with 13.6% reporting that dementia risk reduction is not possible. Physical activity was the most commonly identified protective factor (83.3%) and the least commonly endorsed factor was presence of kidney disease (13.2%). Close to half (43.8%) of the sample reported that the largest obstructing factor to improving their brain health was lack of access to information. Logistic regression showed that younger respondents, and those with higher educational levels and higher socioeconomic status were more aware.

Discussion

A large proportion of older Australians were familiar with dementia risk factors. Dementia information and prevention campaigns targeting older, poorly educated and low socioeconomic status individuals are encouraged.

Lower rates of advance care planning among older adults from culturally and linguistically diverse communities

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Advance care planning (ACP) is a process that supports adults in understanding and sharing their personal values, life goals and preferences regarding future medical care (Sudore et al., 2017). Promoting ACP across the Australian community is a policy and practice imperative, however previous literature has indicated that there may be additional barriers among migrant and culturally and linguistically diverse (CaLD) communities. The current study examined the prevalence and type of advance care planning documentation among older adults accessing Australian hospitals, residential aged care facilities and general practice clinics, as part of a national, prospective, multi-centre audit. Of 4,187 audited health care records, 1,152 people (30.0%) were born outside Australia. Among those born outside Australia the rates of ACP completed 'by the person' were less common than those born within Australia (21.9% vs 28.9%) while the rates of ACP completed 'by a health professional or someone else' were more common than for those born within Australia (46.4% vs 34.8%). Sub-analysis by region of birth found strongest effects for those born in Southern Europe, even after controlling for demographics, English-language proficiency and health status. These findings may reflect historical migration trends along with cultural values associated with family versus individual-oriented decision-making for healthcare matters. Approaches to ACP should facilitate access to interpreters and be sensitive to diverse preferences for individual and family involvement in ACP.

Palliative Care: Core Business for Aged Care

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As Australia's population ages and the number of people using aged care services increases, the demand for palliative care in aged care is also increasing.

36% of all deaths in Australia occur in residential aged care. This is not a bad reflection on aged care. It simply reflects that many people are coming towards the end of their life when they enter residential aged care. It may be months, and it may be years, but residents, their families and staff will at some point need to plan for end of life care and the associated grief and bereavement that accompanies death. Many residents in aged care are living with one or more life-limiting illnesses. These residents would benefit from the holistic care that palliative care provides. Staff in residential aged care can provide a level of general palliative care. More complicated cases will benefit from referral to specialist palliative care.

This presentation will outline the need for palliative care to be core business in aged care. It will demonstrate to delegates some actions they can take to ensure their residents are better prepared for end of life and to have the care and support they and their families need. The presentation will also outline the findings of a KMPG economic study which demonstrate the economic benefits of investment in palliative care which include savings to other parts of the health system.

Current physiotherapy management of Parkinson's disease: Is aquatic physiotherapy utilised as a treatment modality?

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¹Peninsula Health

Background: Little is known about current physiotherapy practice for people with Parkinson's disease (PD). The use of aquatic physiotherapy in this population is also unknown.

Objective: To investigate current clinical practice in aquatic physiotherapy and identify the types of interventions used by physiotherapists to treat people with PD.

Methods: Physiotherapists currently treating people with PD were invited to participate. An online survey collected demographics and data regarding intervention types and current clinical practice. Data were analysed using descriptive statistics and potential differences in levels of confidence treating people with PD or using aquatic physiotherapy with years practicing as a physiotherapist were explored.

Results: 126 physiotherapists accessed the survey and 113 (90%) completed it. Majority were female (n=101, 88%), aged between 30-39 (n=42, 37%) and Australian (n=97, 86%). 56% (n=64) had been practicing for more than 11 years. One third of participants (n=39, 35%) reported using aquatic physiotherapy to manage people with PD. Several challenges when treating people with PD in the aquatic environment were identified, most commonly the increased risk of falls (n=35, 90%) and medical fragility (n=32, 82%). Participants reported using a wide range of non-aquatic interventions for people with PD. There was also no difference in confidence levels among participants who used aquatic physiotherapy for people with PD in terms of years practicing ($p = 0.13$).

Conclusions: Aquatic physiotherapy is not well utilised for people with PD. Several therapist, environmental and participant challenges were identified. Further therapist education and updated clinical practice guidelines for PD are needed.

Manjimup Repair Café: codesign, community and sustainability

Mrs Jacqui Tibbits¹

¹Consultation

Vulnerabilities for older Australians in our ageing population includes greater social isolation and feelings of loneliness worsened by ageism, systemic issues and Covid-19. Older people, however, want to remain active and healthy, connected and contributing to their communities and to be seen in positive terms.

Linked to the international Repair Café movement, the Manjimup Repair Café contributed to age and dementia friendly environments by providing a social setting for socially isolated people particularly seniors and people living with dementia, reconnected people with cherished items while reducing landfill, highlighted skills and capabilities of seniors and improved feelings of self-esteem in older people and people living with dementia.

The poster will highlight key concepts of the Manjimup Repair Café including:

- Using codesign for seniors' equitable engagement
- Providing roles for seniors that contribute to community, build self-esteem and combat ageism
- Strengthening community
- Being innovative in design and delivery particularly during covid-19

The presentation is aimed at people working in community development and social services, those interested in healthy ageing initiatives and those wanting to contribute to a more inclusive and understanding world whether through research, policy, practice or social citizenship.

References:

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