

# Book of Abstracts

## The 4<sup>th</sup> International Conference on Gerontology and Geriatric Medicine

(SilverAge 2023)

26<sup>th</sup> -27<sup>th</sup> May 2023 | Colombo, Sri Lanka | Hybrid

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Book of Abstracts of the 4<sup>th</sup> International Conference on Gerontology and Geriatric Medicine  
(SilverAge 2023)

Edited by Dr. Ponnusamy Subramaniam

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## MESSAGE FROM THE CONFERENCE CHAIR SilverAge 2023



I am delighted to welcome you to the 4<sup>th</sup> International Conference on Gerontology and Geriatric Medicine (Silver Age 2023) in Colombo, Sri Lanka. On behalf of the organizing committee of this international conference, we would like to welcome all the participants and presenters, both joining in-person and virtually. I am all the more delighted to welcome the eminent keynote and plenary speakers to Silver Age 2023. This conference will trigger ideas and provides a platform for researchers to exchange ideas on the current and future issues related to ageing studies.

The main focus of Silver Age 2023 is to raise awareness about the challenges that occur due to the speed of population ageing and the experience of being old in this contemporary world. Thus, this conference is a timely focus whereby 1.4 billion older adults in the world (2020) and by 2050 this number will increase to 2.1 billion. Silver Age 2023 recognizes the importance of addressing various contemporary issues in Geriatrics/Geriatric Medicine and Gerontology to improve the quality of life for older adults.

The theme of this year's conference, "Active and healthy Ageing" is particularly timely to face future challenges as we look forward to enhancing preparedness towards healthy ageing efforts. The conference organizing committee has developed 30 wide range and comprehensive conference tracks for discussion, knowledge sharing and showcasing the latest research developments in active and healthy ageing which will benefit the international committee. I am confident all the presentations, keynotes, dialogues, discussions, best practices, plans and research articles will significantly improve current practice and open new pathways for better care for older adults.

I sincerely hope this conference will be both stimulating and rewarding to all our participants and respected guests. I hope this conference will also open networking and promote learning and dialogues to further improve the quality of life of older adults.

I wish all participants a successful conference. Thank you.

### **Dr. Ponnusamy Subramaniam**

Conference Chairperson - Gerontology and Geriatric Medicine (Silver Age) 2023  
Senior Lecturer/Clinical Psychologist,  
Healthy aging & Wellness Research Centre,  
Faculty of Health Science,  
Universiti Kebangsaan, Malaysia

## MESSAGE FROM THE ACADEMIC PARTNER SilverAge 2023



The International Institute on Ageing United Nations-Malta (INIA) is for the fourth consecutive year, the academic partner to SilverAge 2023 International conference on Gerontology and Geriatric Medicine, this year running under the theme Active and Healthy Ageing.

Active and Healthy ageing has become an inescapable priority worldwide. With one in eleven persons in the world already aged 65 years or over and projected to increase to as much as one in six by the year 2050, population ageing can no longer be ignored. The future will witness even dramatic changes. There were 703 million persons aged 65 years or over in the world in 2019, a figure that is projected to double to 1.5 billion in 2050. In recent decades, population ageing has been fastest in Eastern and South-Eastern Asia, Latin America and the Caribbean. Between 1990 and 2019, the percentage of the population aged 65-plus almost doubled from 6 to 11 percent in Eastern and South-Eastern Asia, and from 5 to 9 percent in Latin America and the Caribbean. The largest increases in the 65-plus cohort are foreseen in the Republic of Korea with 23 percent, followed by 20.9 percent in Singapore between 2019 and 2050.

Population ageing is certainly a cause of celebration as longevity is one of humanity's greatest achievements. It is an indicator of social and economic progress, heralding the triumph of science and public policy to extend human lives, and emphasising success in maintaining improved levels of health, independence, and autonomy. Indeed, many national policies on ageing embrace a positive view of human ageing, as policy makers move away from the traditional view of older persons as poor, frail, and unemployable, and instead, perceiving population ageing as offering a myriad of opportunities. Advances in 'healthy' life years improved the wellbeing of older persons, extended working lives, and most importantly, decreased the pressure on health and social care systems.

The ageing population will translate into different demands for health-related products and services and requiring an overall reorganisation of leisure. The promotion of healthy ageing is thus a growing policy priority, in order to help older persons, stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society. It is important to involve civil society to address the complex societal challenge of active and healthy ageing. Simple activities can have a tremendous impact on older residents' wellbeing and community involvement.

SilverAge 2023 will provide an ideal forum for discussing and debating the many issues related to Active and Healthy ageing. This event will encourage academics and scholars to exchange ideas and views, provide an opportunity for renewing old acquaintances, making new contacts, networking, and facilitating partnerships across national and disciplinary borders.

With best wishes,

**Rosette Farrugia-Bonello**

Deputy Director

International Institute on Ageing United Nations-Malta (INIA)

*The International Institute on Ageing, United Nations-Malta was set up by a resolution of the United Nations Economic and Social Council which recommended to the United Nations Secretary-General the establishment of such an Institute to meet the need of trained personnel in the field of ageing especially from low-income countries and from countries with economies-in-transition. The Institute was inaugurated on 15th April, 1988 by the then UN Secretary-General, H.E. Mr. Javier Pérez de Cuéllar. Since its founding, INIA has acquired unique experience and expertise in organising and conducting training programmes in various areas of ageing policy. INIA serves as a catalyst for governments to create bold and ambitious long-term policy frameworks for ageing societies. Whilst older persons constitute an important resource for contemporary societies, later life should be experienced as an age of opportunity.*



**ABSTRACTS OF ORAL SESSIONS****AWARENESS/ ATTITUDE/ COMPETENCY (A)**

- |    |    |                                                                                                                                                                                                                                                                     |    |
|----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| A1 | 01 | Canadian Geriatrics Society, Aging Care 5M Graduating Medical Student Competencies<br><br>Bach T, Burrell A, Feldman S, Grief C, Khoury L, Lustgarten S, Mangat D, Macdonald E, Moran M, Ng K, Sadowski C, Smallbone J, Talbot-Hamon C, Thian J, <i>Yogaparan T</i> | 03 |
| A2 | 02 | Neighbourhood Age-Friendliness and Well-Being Realization: Views of Older Surinamese Migrants<br><br><i>Jagroep R.W</i> , Cramm J.M, Denktas S, Nieboer, A.P                                                                                                        | 04 |
| A3 | 03 | Awareness of Dementia Care among Community-Dwelling Older People in Macao<br><br>Wong S.M, <i>Zeng W</i> , Lo I.L, Lam C, Lou H.L                                                                                                                                   | 05 |
| A4 | 04 | The Community Home Model of Care for People Living with Younger Onset Dementia<br><br><i>Jilek R.M</i>                                                                                                                                                              | 07 |
| A5 | 05 | Web-Based Recommended Educational Tool to Support Family Caregivers of Older Adults with Cognitive Deficit<br><br><i>Prakash K</i> , Deepali                                                                                                                        | 08 |

## COVID-19 (B)

- B1 06 Awareness and Acceptance of Covid 19 Vaccine among Geriatric Population of a South Indian Tier 2 City 09  
*Avarebeel S*, Vinaya Rani G, Periera P, Swamy S.G, Swetha Shree M.S, Basavana Gowdappa H
- B2 07 Insight into Comorbidities and Mortality in Covid Positive Elderly in A South Indian Hospital with Emphasis on Oldest Old 10  
Vinaya Rani G, Periera P, *Tejeswini C.J*, Avarebeel S, Ramesh K.S, Shwetha Shree M.S, Basavanagowdappa H
- B3 08 Booster BCG Vaccine to Prevent Severe Covid among Elderly in a Covid Hot Spot of Southern India 11  
*Periera P*, Tejeswini C.J, Vinaya Rani G, Chandan N, Varsha T, Avarebeel S, Palaksha S, Balaji S, Shwetha Shree M.S, Padmapriyadharshini C.S, Shrinivasa B.M
- B4 09 The Investigative Study on Ayurveda Management and Preventive Measures for The Impact of Covid-19 among Elderly People 12  
*Chathurangani U.M.K*, Perera H.A.R.P

## MEDICAL CONDITIONS (C)

- C1 10 Quality of Life and Frailty in Older Patients with Colorectal Cancer 14  
*Oh H*, Chopra Y, Venkateswaran L, Wong M

C2	11	Correlation of Fasting C-peptide Levels with Abdominal Adipose Tissue Thickness and Pancreatic Size amongst Poorly Controlled Diabetic Elderly Patients	15
		<i>Pereira P</i> , Syed J.M, Chalasani S.H, Tejaswini C.J, Avarebeel S, Ramesh K	
C3	12	Evaluation of the Effectiveness of Combined Therapy in The Management of Melasma in Older Women	16
		<i>Withanachchi U.D</i> , Perera H.A.R.P	
C4	13	Statistical Analysis Benign Prostatic Hyperplasia (BPH) Patients in Surgery Clinic at Gampaha Wickramarachchi Ayurveda Teaching Hospital (Gwath), Yakkala, Sri Lanka	17
		<i>Wijethunge U.P.P</i> , Perera H.A.R.P, Vidhyajini R.V	
C5	14	Uncovering the Unexpected: “Rare Case of Atypical Presentation of Parathyroid Adenoma”	18
		<i>Lakshman Sai V</i> , Pereira P, Avarebeel S, Tejaswini C.J, Ramesh K.S	
C6	15	Special Considerations in Older Surgical Patients	19
		<i>Hassan S</i> , Pitesa R, MacCormick A	

#### PREVALENT/ DESCRIPTIVE/ FACTORS (D)

D1	16	Pattern of Second Osteoporotic Fractures: A Descriptive Study in Two Tertiary Care Centers in Sri Lanka	21
		<i>Parathan S</i> , Gobyshanger T	

D2	17	Pharmacovigilance in the Elderly: Challenges and Advances	22
		<i>Siu O.C.A</i> , Nagi J, Khare S, Hassan H, Shah H	
D3	18	Restraint Use among Residents with or without Dementia in Institutionalized Home Care Settings	23
		<i>Lisa P.L LOW</i> , Joanne M.T CHEN	
D4	19	Prevalence of Multimorbidity among Elderly Population in West Bengal	24
		<i>Sanyal S</i>	
D5	20	A Systematic Review of the Most Prevalent Gynaecological Issues in Elderly Women	25
		<i>Ariyaratna K.S.S</i> , Perera H.A.R. P, Vidhyajini R.V, Jayakody J.A. D. P. P	

### PSYCHOLOGY/ PSYCHIATRY (E)

E1	21	Yoga Therapy as An Effective Approach for Managing Hypertension and Promoting Cardiovascular Health in Older Adults: A Systematic Review	27
		<i>Vidhyajini R.V</i> , Perera H.A.R.P	
E2	22	A Systematic Investigation of Hysteria More Prone to Affect in Elderly Women	28
		<i>Dhananjani J.K.B.H</i> , Perera H.A.R.P	
E3	23	The Effectiveness of Happiness Therapy in Elder Care Management - A Preliminary Study	29
		<i>Ramanayake R.V.K.T.M</i> , Perera H.A.R.P, Vidhyajini R.V, Jayakody J.A.D.P.P	

## TRADITIONAL/ ALTERNATIVE MEDICINE (F)

- F1 24 Review of *Ocimum sanctum* with Special Reference to Alzheimer's Disease in Older Adults 31  
*Samarakoon P.A.R.N*, Perera H.A.R.P, Luckshalini S
- F2 25 Effect of Domba Thaila (*Calophyllum inophyllum* Seed Oil) Traditional Treatment on Knee Osteoarthritis (*Janusandhigata vata*) in Elderly Women: A Clinical Study 32  
*Perera H.A.R. P*, Wickramaarachchi W.J, Vidhyajini R.V
- F3 26 Role of Ayurveda *Basthi karma* (ENEMA) as a Geriatric Health Promotive Treatment (A Preliminary Review) 33  
*Gunarathna B.W.A.S*, Perera H.A.R.P, Dissanayaka D.M.A.C.E
- F4 27 A Critical Review on *Chyavanprash* Drug Used in Geriatric Condition 34  
*S. Luckshalini*, Perera H.A.R.P, Samarakoon P.A.R.N
- F5 28 A Comprehensive Review of The Nutritional, Therapeutic and Prophylactic Properties of *Asparagus raceemosus* in Geriatrics Care 35  
*Jayasinghe M.M.H.M*, Perera H.A.R.P, Sakunthala H.S
- F6 29 Efficacy of *Mucuna pruriens* in the Management of *Dwajabhanga klaibya* in Geriatric Practice – A Review 36  
*Madushani T.D.H.R*, Sandamali J.A.N, Perera H.A.R.P

**POSTER PRESENTATION (P)**

P1 30 Vision Screening as Part of Falls Assessment on the Care of the Elderly 38  
Ward

*Ditchfield A.C, Lethby M.J*

P2 31 Self-Reported Activities of Independent Elderlies Who Have 39  
Orthopaedic Condition

*Ishikawa Y, Marui A, Takahashi Y*

# **ABSTRACTS OF ORAL SESSIONS**

**PAPER SESSION (A)**  
**AWARENESS/ ATTITUDE/ COMPETENCY**



A1

[01]

**CANADIAN GERIATRICS SOCIETY, AGING CARE 5M GRADUATING  
MEDICAL STUDENT COMPETENCIES**

Bach T<sup>1</sup>, Burrell A<sup>2</sup>, Feldman S<sup>3</sup>, Grief C<sup>3</sup>, Khoury L<sup>4</sup>, Lustgarten S\*, Mangat D<sup>5</sup>, Macdonald E<sup>6</sup>, Moran M<sup>7</sup>, Ng K<sup>3</sup>, Sadowski C<sup>7</sup>, Smallbone J<sup>3</sup>, Hamon T.C<sup>8</sup>, Thian J<sup>2</sup>, *Yogaparan T*<sup>3</sup>

<sup>1</sup>University of Calgary, <sup>2</sup>Western University, <sup>3</sup>University of Toronto, <sup>4</sup>University of Ottawa,  
<sup>5</sup>University of Manitoba, <sup>6</sup>Dalhousie University and Memorial University of Newfoundland,  
<sup>7</sup>University of Alberta, <sup>8</sup>McGill University, Canada

\* Client family partner

In spite of the fastest growing senior population, medical education has lagged behind in several countries, including Canada. The aim of this project was to revise the existing 2009 Canadian Geriatrics Society (CGS), medical student geriatric competencies to meet the current trends. The working group chose the geriatric 5M model and canMEDs frameworks to develop the competencies. A modified Delphi process was used. National participants were recruited, and three rounds of online Delphi surveys were conducted from 2019-2021, using a 7-point Likert scale. The purpose of the first round, n=66, was identifying the importance of the components of the competencies under three headings, knowledge, skills, and attitudes. The second round, n=54, assessed agreement with proposed 31 competencies under seven headings, aging, caring for older adults, (5Ms): mind, mobility, medications, multi-complexity and matters the most. In spite of reaching consensus, minor revisions were made and the final survey, n=53, was conducted for revised competencies. First round: the importance rating for all the components were 72-81 %, mean 81 %, and some new themes were identified by comments. Second round: The agreement level for all 31 competencies were 80-97 %, mean 89 %, with 50 % disagreeing on one part of a one competency by qualitative comments. Agreement level for the final round was 87- 95 %, mean 90 %. 33 core competencies for caring for older adults were created, by a consensus process. The Aging Care 5M Competencies framework integrates new concepts and knowledge that inform current practice in the field of geriatrics and can be adopted/adapted by any country based on their local needs.

Keywords: Medical students, geriatric competencies, Delphi

A2

[02]

**NEIGHBOURHOOD AGE-FRIENDLINESS AND WELL-BEING REALIZATION:  
VIEWS OF OLDER SURINAMESE MIGRANTS***Jagroep R.W*, Cramm J.M, Denktas S, Nieboer, A.P

Erasmus University Rotterdam, The Netherlands

Worldwide the ageing population is becoming ethnically diverse. In the Netherlands, Surinamese people form one of the largest groups with non-western migration backgrounds and are concentrated within neighbourhoods in large cities. Research shows that neighbourhood resources have an impact on the well-being of older adults. This study aims to examine the viewpoints of older Surinamese migrants on their well-being realization in their neighbourhood. A Q-methodology study was conducted to examine the variety of views among older adults ( $\geq 65$  years) with a Surinamese background in the Netherlands on neighbourhood age-friendliness and their well-being realization. Thirty-three participants ranked 38 opinion statements according to importance to their well-being and explained their ranking during a follow-up interview. Data were analysed utilizing by-person factor analysis to identify common patterns in the rankings of the statements. Three distinct views were extracted in which different aspects were considered important: participants holding viewpoint 1 value a neighbourhood where facilities are well arranged (e.g. public transport, neighbourhood activities) as it supports them to be independent and socially active, participants holding viewpoint 2 are physically and socially vulnerable and value a neighbourhood which is caring and supportive, finally participants holding viewpoint 3 are socially active in their own social circle and value a neighbourhood which is well-maintained and where there is a shared-responsibility, they also find it important that they are well-informed. This heterogeneity in views of older Surinamese migrants on their well-being realization emphasises the importance to take this plurality into consideration for policies and services.

Keywords: Age-friendly, neighbourhood, older Surinamese migrants, Q-methodology, well-being

A3

[03]

**AWARENESS OF DEMENTIA CARE AMONG COMMUNITY-DWELLING  
OLDER PEOPLE IN MACAO**Wong S.M, *Zeng W*, Lo I.L, Lam C, Lou H.L

Health Bureau, the Government of Macao Special Administrative Region, China

Alzheimer Disease International ranked Macao as the highest stage five to develop dementia friendly community globally. Awareness of dementia care among older people was of great significance for prevention and early detection of dementia. This study aimed to investigate the awareness of dementia care among community-dwelling older people in Macao. The validated questionnaire investigating the awareness of dementia care, in term of knowledge, attitude and preventive practice domain, were distributed to older people from 14 randomly selected day centers and community rehabilitation wards in Macao and 408 samples were collected. The score of knowledge domain was  $58.15 \pm 20.95$ , attitude domain was  $75.34 \pm 7.99$ , and preventive practice domain was  $76.10 \pm 12.48$ . Older people's knowledge was significantly less than the health professionals working in Health Centers ( $t = -27.38$ ,  $p < 0.001$ ) and the staff working in day-care centers and nursing homes in Macao ( $t = -17.15$ ,  $p < 0.001$ ). Older people's preventive practice was significantly less than the health professionals working in Health Centers in Macao ( $t = -2.84$ ,  $p < 0.01$ ). These findings demonstrated that community-dwelling older people in Macao had less knowledge and less preventive practice of dementia care. More public lectures and educations for community-dwelling older people in Macao were recommended strongly to improve their knowledge and preventive practice of dementia care.

Keywords: Awareness, dementia care, older people, community, Macao

A4

[04]

**THE COMMUNITY HOME MODEL OF CARE FOR PEOPLE LIVING WITH  
YOUNGER ONSET DEMENTIA***Jilek R.M*

Community Home Australia, Australia

The Community Home Model was established in 2019 and is a Registered Nurse developed and driven, holistic, multi-disciplinary alternative to traditional residential aged care based around a principal of continued community connectedness. With a social, relationship model front face, the Community Home Model is balanced with a comprehensive clinical “back of office” function that supports the delivery of high-quality healthcare services without presenting like the predominate institutional, clinical care settings of many residential aged care facilities. This balance allows us to provide all levels of care up to and including palliative and end of life care, traditionally only available in institutional high care nursing homes. The Community Home model is based upon the following key pillars: Respect for the Individual, Independence and De-institutionalisation, Enablement and Support through practice and IT, Community Connection, Expertise and Specialisation, and Staff Value. The model was developed by the author and his colleague, Registered Nurse and Gerontologist, Nicole Smith, in part as a response to the overwhelming negative effect of the COVID-19 pandemic on aged care residents, in part as an expression of frustration with the current institutional aged care system in Australia and in part fulfilling a desire to stop talking and do something better for Australians living with younger onset dementia.

Keywords: Younger onset dementia, dementia care, community, deinstitutionalization

A5

[05]

**WEB-BASED RECOMMENDED EDUCATIONAL TOOL TO SUPPORT FAMILY CAREGIVERS OF OLDER ADULTS WITH COGNITIVE DEFICIT***Prakash K, Deepali*

Amity Institute of Health Allied Science, Amity University, India

Family caregivers of a person with a cognitive deficit are an essential and susceptible part of society. The web-based educational tool strategy can support caregivers, effectively reduce caregiver burden, and improve psychological well-being. Qualitative studies are valuable for gaining insights into participants' experiences. The present study aims to develop caregiver educational tools for family caregivers of older adults with cognitive deficits. The objective is to design and develop a web-based educational tool through lived experience to reduce caregiver burden and improve the performance of older adults. The qualitative phenomenological methodology was chosen and recruited four family caregivers (one person/one family) of cognitive deficit older adults who stay 24\*7. The selected caregivers were educated and interviewed telephonically, using semi-structured interview questions. The interviews were manually analyzed. The development and the design of the Cognitive Care Solution android-based App directly reflects the perspectives and needs of family caregivers' strategies. Support of memory and structure in daily living was identified as the primary need, and the Android App was designed as a holistic and adaptable solution. The Cognitive Care Solution App has great potential to support and guide family caregivers of older adults with cognitive deficits to take. Further studies are needed to test and validate the usability and impact of the App.

Keywords: Web-based educational tools, caregiver, cognitive deficit

**PAPER SESSION (B)**  
**COVID-19**

**B1****[06]****AWARENESS AND ACCEPTANCE OF COVID 19 VACCINE AMONG GERIATRIC POPULATION OF A SOUTH INDIAN TIER 2 CITY**

*Avarebeel S*, Vinaya Rani G, Periera P, Swamy S.G, Swetha Shree M.S, Basavana Gowdappa H

JSS Medical College Hospital, JSS Academy of Higher Education and Research, Department of Geriatrics, India

There is a need to understand the attitude and factors that influence vaccination acceptability among public to aid in achieving vaccination to all. To assess Knowledge, attitude and acceptance of COVID 19 vaccination among Geriatric population of south Indian city. To create Geriatric Vaccination registry. A proforma based face to face survey was conducted on vaccine hesitancy in geriatric population of Mysore. 1004 registered in Geriatric Vaccination registry. 85% from rural area. 55% were 60-69 years. 84% were illiterate. 80% were confident they would get protection and were either fully or partially vaccinated. 20% were apprehensive towards vaccination. Among them, 40% had fear of injection side effects, 33% mentioned nonavailability, 8% were advised not to take, 2% had vaccine allergies, 4% were worried that they cannot abstain from alcohol, 3% feared that they would die by vaccine, 10% had no clear information. Geriatric Vaccination registry will serve as gateway to achieve elderly vaccination on time thus improving elderly wellbeing. Lack of proper information about the vaccine was the key factor for fear, apprehension. Face to face education programs is accepted well as they have opportunity to clarify their doubts directly with the concerned. Local and Government authorities should take initiatives to arrange this. Thus, decreasing the fear and hesitancy and contributing for healthy nation with optimal vaccination. With this study we recommend maintaining the Geriatric vaccination registry in every health Centre to assess geriatric data and vaccination status.

Keywords: COVID 19 Vaccine, awareness, acceptance, geriatric vaccination registry

B2

[07]

**INSIGHT INTO COMORBIDITIES AND MORTALITY IN COVID POSITIVE ELDERLY IN A SOUTH INDIAN HOSPITAL WITH EMPHASIS ON OLDEST OLD**

Vinaya Rani G, Periera P, *Tejeswini C.J*, Avarebeel S, Ramesh K.S, Shwetha Shree  
M.S, Basavanagowdappa H

JSS Medical College Hospital, JSS Academy of Higher Education and Research, Department  
of Geriatrics, India

Covid 19 created extreme havoc among elderly and the oldest old bore the maximum brunt during triaging. The aim is to assess the prevalence of comorbidities and mortality in the COVID-19 affected elderly in our hospital with emphasis on oldest old. This is a retrospective cohort study of Covid -19 infected elderly patients admitted to JSS Hospital during April 2020 to June 2021. The analysis was performed using Chi square and Brown-Forsythe test. A total of 1378 Covid positive elderly were analyzed. Of which 61% were Male and 39% were female. 1047 were young old [60-74 years], 280 middle old [75-85 years] and 72 oldest old [ $>85$  years]. 1038 [75.3%] elderly had co-morbidities [ $p < 0.001$ ] including hypertension in 761 and diabetes in 722. 54.4% of oldest old had more than 2 co-morbidities. There were 225 mortalities [162 men and 62 females] of which it was 23 [31.9%] in the oldest old, 202 [15.4%] in the rest which was statistically significant. Among the deceased, 13 [26%] oldest old and 290 [25.1%] young and middle old did not have any comorbidity. D-dimer value more than  $2\mu\text{g FEU/ml}$  was seen in 4 [17.3%] oldest old and 65 [32.1%] young and middle old, deceased population. Average days of hospital stay in patients who expired was 4.7 days for oldest old, 7.2 for middle old and 7.5 days for young old. Comorbidities were present in most of Covid 19 positive hospitalized elderly. Maximum mortality was seen in oldest old with less days of hospitalization and D-dimer values had no prognostication in oldest old.

Key words: COVID 19, young old, middle old, oldest old, comorbidity, D-dimer



B3

[08]

**BOOSTER BCG VACCINE TO PREVENT SEVERE COVID AMONG ELDERLY IN  
A COVID HOT SPOT OF SOUTHERN INDIA**

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Severity of Covid 19 infection is pronounced among elderly and many vaccines are employed in downplaying the infectivity and morbidity due to virus. The aim is to study the morbidity and hospitalisation among elderly in a Covid 19 hotspot in India who received booster BCG vaccine during the peak of Covid 1<sup>st</sup> wave. Multicentric study sponsored by ICMR in 10 sites of covid hotspots throughout India before covid specific vaccine was made available. Of the total, 201 participants were from JSSH Mysore Site, Southern India. Participants were screened for covid RTPCR, covid-antibody, HIV antibody IGRA and chest x-ray to rule out active TB before vaccine administration. All received BCG vaccine intradermally in the upper arm and followed up at 3<sup>rd</sup> and 6<sup>th</sup> month interval. Participants age group varied from 60-87 years. 120[59.7%] were male 81[40.2%] female. Comorbidities were HTN in 73[36.3%], T2DM 36[17.9%] CAD [8.9%], Hypothyroidism in 12[5.9%]. 42[20.8%] did not have any comorbidity. 16 (7.9%) participants tested positive for IGRA , 176 (87.5%) tested negative and 4.5% it was equivocal. 25[12.4%] participants received booster BCG in September, 81 in October and 95 in Nov 2020. Between December 2020 to March 2021, 146 were negative for covid antibody and none had received covid specific vaccine. Only one [0.5%] was Covid RTPCR positive requiring hospitalization only for quarantine and after 6 months [April-June] only 2[1%] had symptomatic Covid. Zero mortality due to Covid recorded at the end of 6 months. Booster BCG vaccine can be safe and economical vaccine to prevent severe covid among elderly.

Key words: BCG vaccine, ICMR, severe Covid 19, IGRA, Covid Antibody, Covid RTPCR

B4

[09]

**THE INVESTIGATIVE STUDY ON AYURVEDA MANAGEMENT AND  
PREVENTIVE MEASURES FOR THE IMPACT OF COVID-19 AMONG ELDERLY  
PEOPLE**

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Elder people were most at risk of death from pandemics. Elder people who are more than 60 years old were evident that there were wanted more health and care facilities early in the pandemic. Also, there were wanted to prevent the impact of COVID-19. The problem was all regions of the world had reported that elders were most likely to die because of COVID-19. The purpose of this literature review was to reveal the treatment methods mentioned in Ayurveda regarding the prevention of the covid 19. And other criteria were how to correlate the *Janapadodhwansha* with pandemics and COVID-19, pandemic preventive measures for the elderly people, clinical management of pandemics, and the suitable management to be taken after the infection. The data collection of the research was done as a literature review with *Charaka Samhita*, *Sushruta Samhita*, *Ashthangahrida Samhita* Ayurveda authentic text, and 36 research articles published from 2010 to 2020. Science Direct, PubMed, GoogleScholar like databases were also reviewed for the related published works. According to the Ayurveda, *Dinacharya*, *Rithucharya*, *Sadvritta*, and *Achara Rasayana* inculcate discipline in a person and made righteous health habits. As a therapeutic measure, enhancing *Vyadhikshamathwa* is the main point of managing pandemic diseases including COVID-19. Especially elderly people can be protected by using *Rasāyana karma*, *Ojōwardhaka* therapy, *Vājīkarana* therapy, *Lēhana karma* by using *Vrunhaniya*, *Vayakstāpaniya*, *Rasāyana* medicines which are increasing immunity and nourishment. *Shōdhana* treatments like *nasya*, *vasthi karma* are useful for preventing recurrence of the diseases in elderly people. Finally, data can be concluded that the behavioral and dietary patterns in Ayurveda can prevent COVID-19 infection among elderly people. Also, Ayurveda management can eradicate COVID-19.

Keywords: Elder people, pandemics, COVID-19, Ayurveda management

**PAPER SESSION (C)**  
**MEDICAL CONDITIONS**

C1

[10]

**QUALITY OF LIFE AND FRAILTY IN OLDER PATIENTS WITH COLORECTAL  
CANCER***Oh H*, Chopra Y, Venkateswaran. L, Wong. M

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Colorectal cancer (CRC) has a high incidence in both genders. There is lack of understanding of quality of life (QOL) and frailty amongst elderly colorectal cancer patients. This study aimed to observe the differences between the baseline characteristics of older CRC patients, QOL and frailty in comparison to patients without a CRC diagnosis. In addition, we investigated the degree of patient awareness about the available community support services to them. This was a prospective case-control study conducted in 2019-2021. CRC patients were recruited from the Medical Oncology Clinic of tertiary hospitals in Sydney, Australia. Patients were eligible for the study if they were diagnosed with any stages of CRC within 5 years and were aged  $\geq 65$  years. For the control group, patients aged  $\geq 65$  years with no previous history of cancer were selected from the geriatric's outpatient clinic. Sixty-four participants were recruited for both groups. The European Organisation for Research and Treatment of Cancer QOL Questionnaire Core 30 was used to assess HRQOL, and the Clinical Frailty Scale was used to evaluate frailty. Questionnaires were provided over the phone. Patients with CRC were on an average younger, frailer, and exhibited a greater comorbidity burden. Moreover, they reported overall lower QOL for physical, role, emotional, and social categories except for cognitive function. In the geriatrics group, dyspnoea was a significant symptom, whereas in the CRC group, gastrointestinal symptoms, fatigue, and loss of appetite were more prevalent. In addition, less CRC participants were aware of community services. In our patient cohort, geriatric CRC patients had a higher burden of comorbidities, lower QOL, and were frailer than the patients without CRC. Fewer CRC participants were aware of the available community services, which suggest a greater need for geriatrician involvement for multidisciplinary care of these patients.

Keywords: Geri-oncology, colorectal cancer, quality of life, frailty

C2

[11]

**CORRELATION OF FASTING C-PEPTIDE LEVELS WITH ABDOMINAL ADIPOSE TISSUE THICKNESS AND PANCREATIC SIZE AMONGST POORLY CONTROLLED DIABETIC ELDERLY PATIENTS**

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Insulin resistance and diabetes are common chronic conditions amongst elderly patients, that may lead to an increase in abdominal adipose tissue deposits and pancreatic size. The objective is to correlate fasting C-peptide levels, abdominal adipose tissue thickness, and pancreatic size in poorly controlled diabetic elderly patients. A cross-sectional study was conducted in the geriatric OPD in a tertiary care hospital for a period of six months. Diabetic elderly patients with HBA1c level >7% were enrolled with their consent. These patients were divided into two groups – obese (BMI >25 kg/m<sup>2</sup>) and non-obese (BMI < 25 kg/m<sup>2</sup>). Body mass index (BMI), fasting C-peptide, abdominal adipose tissue thickness and pancreatic size were measured using standard laboratory techniques. The data obtained were assessed categorically and represented as [n (%)]. T-test was used to compare the two groups (p < 0.05). A total of 101 patients were enrolled during the study period. The study results showed no significant correlation between subcutaneous fat and pre-peritoneal fat thickness; and fasting c-peptide levels (p = 0.801, p = 0.316). However, there was a significant correlation between the fasting c-peptide levels and pancreatic size (p = 0.001). It was also observed the study participants had a decreased pancreatic size, with the mean size being 4.837 cm in males, and 4.4418 cm in females. Intra-peritoneal fat thickness and pancreatic size can be used as surrogate marker for insulin resistance along with C-peptide for all uncontrolled elderly diabetic subjects. Sarcopenic obesity evaluation must be a part of uncontrolled type diabetes mellitus management.

Keywords: Uncontrolled diabetes, elderly, C-peptide

C3

[12]

**EVALUATION OF THE EFFECTIVENESS OF COMBINED THERAPY IN THE MANAGEMENT OF MELASMA IN OLDER WOMEN***Withanachchi U.D*, Perera H.A.R.P

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Melasma, a common hyperpigmentation skin disorder characterized by brown discoloration on the cheeks, nose, and forehead, is associated with ageing and hormonal changes in most women. Ayurveda considers it as *Vyanga*, a *Pitta*-predominant disease. However, contemporary medicine often fails to provide adequate and satisfactory treatments for this condition. This study aimed to evaluate the effectiveness of a combined therapy approach for managing melasma. Thirty female patients aged between 30 to 60 years were selected from the private skin clinic. The literature study was conducted on melasma according to Ayurveda and modern science. Each participant with written consent was assessed using a questionnaire and a standard skin colour chart at the beginning of the study. The hyper-pigmented skin area was marked on oil paper to measure the skin area. The treatment included *Shathavarigopakanya Panta* and *Triphala choorna* for internal administration and micro-needling once a week followed by *Charmakanthi* herbal paste application as external treatment. The participants were advised to apply *Charmakanthi* herbal paste regularly for three months. After three months, the skin colour and circumference of the discoloured skin area were re-measured and compared with the pre-treatment measurements. The data analysis revealed a significant improvement of 94% in skin colour, and a reduction of symptoms such as itching, burning sensation and dark spots. The conclusion drawn from the study is that combined therapy can be an effective approach to managing melasma. To confirm the effectiveness of this therapy requires further testing with larger sample sizes and longer follow-up periods.

Keywords: Herbal, melasma, evaluation, hyper-pigmentation, micro-needling, combined therapy, ayurveda

C4

[13]

**STATISTICAL ANALYSIS BENIGN PROSTATIC HYPERPLASIA (BPH)  
PATIENTS IN SURGERY CLINIC AT GAMPAHA WICKRAMARACHCHI  
AYURVEDA TEACHING HOSPITAL (GWATH), YAKKALA, SRI LANKA**

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Benign Prostatic hyperplasia (BPH) is an incredibly common condition that affects a larger number of older men worldwide. Benign prostatic hyperplasia is correlated to *Vataashthila*, one of the 13 types of *Mutraghata* due to the resemblance in signs and symptoms. However, contemporary medicine often fails to provide adequate and satisfactory treatments for this condition due to limited treatment options therefore people are turning towards Ayurveda treatment for this condition. The objective of the research is to determine the prevalence and age-wise distribution of BPH patients attending a surgery clinic. Based on the data collected out of the total 3,882 patients who visited the surgery clinic at GWATH from January 2022 to December 2022, 67 patients were diagnosed with BPH. Therefore, the prevalence of BPH patients attending the surgery clinic at this hospital during the study period was approximately 1.7% aged between 34 to 82. Among the BPH patients, 8.96% were between 31 to 40 years old, 13.43% were between 41-50, 19.40% were between 51 to 60, 32.84% were between 61 to 70, 22.39% were between 71 to 80, and 2.99% were between 81 to 90 years old. In conclusion, a higher percentage of BPH patients fall into the 61 to 70-year age range, according to the age distribution of BPH patients. Using these data, we can interpret that men above 50 are more prone to get BPH. Awareness programs regarding the prevalence of BPH in their age group can be beneficial in promoting early detection and timely intervention.

**Keywords:** BPH, ayurveda, *GWATH.*, surgery, older men

C5

[14]

**UNCOVERING THE UNEXPECTED: “RARE CASE OF ATYPICAL PRESENTATION OF PARATHYROID ADENOMA”***Sai V.L, Pereira P, Avarebeel S, Tejaswini C.J, Ramesh K.S*

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The incidence of primary hyperparathyroidism in India is 2.5/per 1000 individuals. Primary hyperparathyroidism can be caused by a non-cancerous parathyroid adenoma, hyperplasia, or rarely by parathyroid carcinoma. Most of these patients have few or no symptoms. Correct diagnosis can be reached by clinical settings, biochemical and radiological tests, and final confirmation by histopathology of the specimen. In our case a 75-year-old male patient came with an atypical presentation of hypercalcemia, he presented to the hospital with complaints of nausea, loss of appetite and fatigue, and breathlessness for one month, for which further evaluation was done and led to the diagnosis of primary hyperparathyroidism secondary to a parathyroid adenoma. Generally, hyperparathyroidism is more commonly seen in females compared to males (4:1), In this case, male presentation is quite rare. In our case, there are no classical presentations of bony pains and abdominal groans, psychic moans, or renal stones which make this case interesting. This atypical presentation of hypercalcemia and the approach in which the diagnosis was made makes this case truly a unique one in the elderly population. The interesting aspect, in this case, is the atypical presentation of a parathyroid Adenoma and the approach toward its diagnosis, usually, males are less commonly involved. Parathyroidectomy is the mainstay in managing primary hyperparathyroidism due to parathyroid adenoma. Once the biochemical and radiological investigation confirms the presence of parathyroid adenoma, surgical excision is the primary and only modality of treatment. Post parathyroidectomy, Parathyroid hormone levels returning to normal within 10 mins of surgery is conclusive evidence of successful excision of the parathyroid adenoma.

Keywords: Hypercalcemia, fatigue, adenoma, weight loss, elderly



C6

[15]

**SPECIAL CONSIDERATIONS IN OLDER SURGICAL PATIENTS***Hassan S, Pitesa R, MacCormick A*

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Sarcopenia is the progressive decline in muscle quality and function attributed to aging. It is a prevalent global problem associated with worse morbidity and mortality outcomes. This risk is even higher in patients who have suffered a major trauma or those requiring an emergency laparotomy because of an intra-abdominal injury or to address an acute illness. Therefore, prompt diagnosis of sarcopenia is key to identifying high-risk patients for appropriate management planning and risk mitigation. Computed tomography (CT) remains the current gold standard diagnostic modality. The aim of this study is to interrogate the utility of clinical and biochemical tests in identifying sarcopenia in elderly patients admitted to the hospital for trauma or emergency laparotomy. These measures may provide feasible, cost-efficient, and portable diagnostic tools, complementing or substituting the radiological measures established for diagnosing this condition. The aim of the study is to interrogate different diagnostic modalities of sarcopenia and their correlation to outcomes in older surgical patients. In this pilot study, forty eligible participants aged 65 years or older, admitted to Middlemore hospital for trauma or emergency laparotomy were included in the study. Clinical assessments performed included: midarm muscle circumference (MAMC), Appendicular skeletal muscle mass, handgrip strength (HGS), as well as 2 questionnaires. Thirteen biochemical markers were collected. For all patients who had a CT abdomen in the first week of their admission, the Total Psoas Major Cross-sectional area (TPMCSA) was assessed. The CT scans were conducted pre-operatively where possible as dictated by the patient's hemodynamic stability. Correlations between these measures and morbidity and mortality risks were assessed, in addition to correlations between the clinical and radiological measures. Duke Activity Status Index questionnaire, free triiodothyronine, and Albumin levels correlated with the length of inpatient stay. Some clinical measures including HGS, and MAMC showed a positive correlation with TPMCSA. Similarly, biochemical measures including free triiodothyronine and Brain natriuretic peptide demonstrated correlations with TPMCSA. Some clinical and biochemical measures may prove to be useful surrogates to radiological scans in diagnosing sarcopenia to predict patients' outcomes in trauma and emergency laparotomy settings.

Keywords: Sarcopenia, older adults, emergency laparotomy, exploratory laparotomy, trauma

**PAPER SESSION (D)**  
**PREVALENT/ DESCRIPTIVE/ FACTORS**

D1

[16]

**PATTERN OF SECOND OSTEOPOROTIC FRACTURES; A DESCRIPTIVE STUDY  
IN TWO TERTIARY CARE CENTERS IN SRI LANKA***Parathan S, Gobyshanger T*

Postgraduate Institute of Medicine, University of Colombo, Sri Lanka

Second osteoporotic fractures have higher morbidity and mortality than prior osteoporotic fractures. To describe the associated factors and clinical characteristics of second osteoporotic fractures, a retrospective case series assessed demography, time since the first osteoporotic fracture, fracture locations, comorbidities, menopausal age, predisposing drugs and habits, parental history, fall risk, Body Mass Index, family support and treatment among patients admitted to two tertiary care hospitals with second osteoporotic fractures from April 2020 to March 2022. Fifty-four patients were studied. Forty-nine (90.7%) were females, Mean age was 75.8 years (57-95). Mean time since the first fracture was 3.67 years (3/12-12). Twenty-six (48.1%) had a second fracture within 2 years since first osteoporotic fracture. Major osteoporotic sites involved 79.6% of first fractures and 85.1% of second fractures. Proximal femur was the predominantly involved major site in first (23/43 p 0.00007) and second (35/46 p 0.00) fractures. Females who had premature/early menopause were significantly associated with the second fracture before the age of 75 years (10/15 p 0.03) and with non-major site involvement (5/15 p 0.035). Only 2/54 had DEXA scan. Patients who were aware of their condition had better compliance for supplements (9/12, p 0.0003). Anti-osteoporotic agent was used by 3/54 patients. Female gender, premature/early menopause and prior proximal femur fracture are the main risk factors for second osteoporotic fracture. Following all low energy fractures, immediate osteoporosis diagnostic work up with commencement of anti-osteoporotic regime accordingly and modification of fall risk are recommended to reduce the imminent risk of second osteoporotic fracture occurrence.

Keywords: Osteoporosis, fracture, proximal femur, female, low energy

D2

[17]

**PHARMACOVIGILANCE IN THE ELDERLY: CHALLENGES AND ADVANCES***Siu O. C. A*, Nagi J, Khare S, Hassan H, Shah H

King's College London, United Kingdom

The overarching aim of pharmacovigilance is to ensure the safe and effective usage of medicines across the population and optimize medicines through holistic considerations. However, within the heterogeneous elderly population, several unique elements are at play, limiting the ability of clinicians to fulfil this aim. This study aims to understand and illustrate the complexities and challenges of medication use in the elderly, as well as to evaluate proposed strategies that could promote better clinical practice towards the elderly. A comprehensive literature review across 2 databases – PubMed and Clinical Trials.gov. Several interventions have been proposed to reduce pharmaceutical harm in the elderly. For example, machine learning algorithms that instantly analyze patients' regular medication to predict the risk of adverse drug reactions. Equally, patient education has been trailed to promote better compliance. Although the potential of these solutions appears obvious, implementation of digital technology within prescribing standards has been slow and is often weakened by inaccuracies. Lastly, to date, most data come from small studies or single-Centre cases, reducing the reproducibility and validity of such interventions. The expected increase in the number of elderly individuals in the population is likely to increase their risk and susceptibility to adverse drug events (ADEs). We must recognize current limiting factors, such as the prevalence of unclear drug labels and the non-standardized formulation of common medications and create inclusive clinical trials in order to truly achieve safe and effective therapies for our future elderly population.

Keywords: Pharmacovigilance, polypharmacy, ADR, elderly care

D3

[18]

**RESTRAINT USE AMONG RESIDENTS WITH OR WITHOUT DEMENTIA IN  
INSTITUTIONALIZED HOME CARE SETTINGS***Low L.P.L., Chen J.M.T*

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Restraint management and restraint reduction is a topic that is closed to the hearts of gerontological healthcare practitioners, particularly in residential long-term care homes where restraint use seems to be unavoidable. Residents who choose to live in long-term settings tend to be older, frailer and require more care and attention. Current research needs to allow formal caregivers a chance to explore the way they apply physical restraints on older people with varying degrees of cognitive changes. To examine the data for similarities and differences in how staff manage the physical restraints for residents with and without dementia. A descriptive qualitative approach was adopted using semi-structured interviews. Three residential care homes in Hong Kong were selected using convenience sampling. Purposive sampling with maximum variation method was used to recruit 29 formal care providers working in these homes. An interview guide was used to guide data collection. In analyzing the data to understand how staff managed physical restraints on residents with cognitive changes, the data differentiated the similarities and differences in the care of those residents who were cognitively intact and frail, and those diagnosed with dementia with varying severity. The findings provided rich and in-depth data on issues pertaining to: (1) safety and spacious physical environment to provide restraint care, (2) more staffing, supervision and companionship, (3) individualized restraint care for residents with any form of cognitive changes; and (4) special restraint care needs resulting from dementia. Based on the perspectives of staff, specific situations within the home that warranted restraint-use on those residents who were cognitively intact and with dementia will be presented. This study had taken a glimpse into three homes to help us appreciate and be more attentive in taking care of older people. Specifically, the findings will form a basis for future research to address the proper use of restraints on older people with changing cognitive needs.

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Keywords: Physical restraint, staff, residential care homes, older people

D4

[19]

**PREVALENCE OF MULTIMORBIDITY AMONG ELDERLY POPULATION IN WEST BENGAL***Sanyal.S*

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To assess the prevalence of multimorbidity among the elderly population in West Bengal. Data have been collected from Longitudinal Ageing Study in India (LASI) conducted in 2017-18 on elderly population (60+ age) in West Bengal and based on the chronic morbidities data, eight ailments have been selected for the analysis, Heart disease, Lung disease, Cholesterol, Hypertension, Arthritis, Cancer, Diabetes and Psychological problem. All these morbidities are cumulated and indexed as aged persons with 'No morbidity', 'Single Morbidity' and 'Multimorbidity'. Multinomial logistic regression with Relative Risk Ratio have been derived to show association between multimorbidity and the background characteristics among elderly population in West Bengal. Almost 37 per cent of the elderly population have reported multimorbidity in West Bengal. The relative risk ratio (RRR) of multimorbidity is higher among the oldest old (75+ age group) (RRR=1.38, CI=1.23 to 1.53), female old in comparison to male old (RRR=1.18; CI=1.08 to 1.29), Muslim elderly in religion (RRR=1.45; CI=1.28 to 1.64) from urban areas (RRR=2.01; CI=1.85 to 2.19). The older adults with secondary educational level (RRR=2.19; CI=1.90 to 2.53), especially those who are not currently working (RRR=2.53; CI=2.33 to 2.75), from richest monthly per capita expenditure (RRR=2.98; CI=2.64 to 3.38), having history of consuming alcohol (RRR=1.21; CI=1.10 to 1.33) are suffering from multimorbidity. As compared to other states of India, the older adults in West Bengal are more likely to report multimorbidity (RRR=1.77; CI=1.48 to 2.11). Considering the high prevalence of multimorbidity among the elderly population in West Bengal, disease prevention and a special geriatric outpatient department should be provided. Furthermore, proper awareness and multimorbidity management programme should be promulgated among the older adults by the state government healthcare policies.

Keywords: Multimorbidity, prevalence, elderly population, older adults

D5

[20]

## A SYSTEMATIC REVIEW OF THE MOST PREVALENT GYNAECOLOGICAL ISSUES IN ELDERLY WOMEN

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The female reproductive system is a complex and well-structured system that plays a crucial role in the production of offspring. Gynecological issues are a common health concern among women. While adolescent females may experience such conditions, elderly women appear to be the most affected. It is important to analyze the prevalence and the impact of this condition in older women to improve the quality of life and overall wellbeing of them. The aim of this systematic review is to identify and summarize the most prevalent gynecological issues in elderly women based on available literature, with a focus on Ayurvedic and Western perspectives. Primary data was gathered through Ayurveda authentic books while secondary data was sourced from electronic databases such as PubMed, Scopus, Google Scholar and Embase. The search was restricted to English language publications from 2010 to 2022 and followed the PRISMA model to identify studies specifically related to gynecological disorders in elderly women, totally 58 articles were included. Based on the data analyzed, Vaginal prolapse (*Prasramsini*), Uterine prolapse (*Phalini/Mahayoni*), Atrophic vaginosis (*Karkasha yoni*), Dyspareunia (*Gramya dharmaraja*), Vaginal dryness (*Yoni shushka*), post-menopausal bleeding (*Rakta yoni*), Urogenital infections (*Pittaja yoni vyapath*), Benign and malignant tumours (*Ahinsaka or hinsaka Arbuda*), Polyps (*Granthi*) and Genital itching (*Yoni kandu*) are more prevalent in older women. In conclusion, there are several gynecological disorders that are mostly seen in elderly women. Future research can focus on developing effective preventive measures, diagnostic tools, and therapeutic interventions for these conditions. Overall, this systematic review highlights the need for further research to address the gynecological health concerns of elderly women.

Keywords: Gynecological issues, older women, ayurveda, diseases, prevalence

**PAPER SESSION (E)**  
**PSYCHOLOGY/ PSYCHIATRY**



E1

[21]

**YOGA THERAPY AS AN EFFECTIVE APPROACH FOR MANAGING  
HYPERTENSION AND PROMOTING CARDIOVASCULAR HEALTH IN OLDER  
ADULTS: A SYSTEMATIC REVIEW**

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Cardiovascular disease becomes a significant cause of mortality and morbidity, with hypertension being a leading risk factor. According to the world health organization cardiovascular disease is accountable for around 17.9 million deaths annually accounting for about 31% of all global deaths. *Yoga* therapy has been recognized as an effective complementary approach for managing hypertension and promoting cardiovascular health. The objective of this study was to determine which *Yoga* postures and practices are most effective in promoting cardiovascular health and controlling hypertension in older people. Data collecting included a comprehensive search of electronic databases, including PubMed, Scopus, Google Scholar, and Embase, for relevant studies published in English from 2010 to 2021. PRISMA approach was used to select studies that focused on older persons, hypertension, and *Yoga* therapy. The systematic review included fifteen studies that used various *Yoga* therapy techniques, including postures, breathing exercises, and meditation. The most effective *Yoga* postures and practices for enhancing cardiovascular health and controlling hypertension in older individuals were found to be *Savasana*, *Padangusthasana*, *Padahasthasana*, *Ardha Matsyendrasana*, *Pranayama* and various meditation practices. The systematic review provides evidence supporting the use of specific *Yoga* postures and therapies to manage hypertension and promote cardiovascular health in older adults. Further research is needed to determine the long-term effects of these practices on cardiovascular health in this population as a safe and effective means of care method. Including these specific yoga poses and therapies in geriatric care, plans may help older people with hypertension and overall well-being.

Keywords: Yoga therapy, hypertension, cardiovascular disease, geriatric care

E2

[22]

## A SYSTEMATIC INVESTIGATION OF HYSTERIA MORE PRONE TO AFFECT IN ELDERLY WOMEN

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Hysteria is the psychoneurosis disease, more common within the elderly women after menopause. Nervousness, anxiety, insomnia, loss of sexual desires, palpitation, laughing or crying without causes are some characteristics of this disease condition. It has historical background in different medical systems. In Ayurveda it more related to the *Yoshapasmara* also it known as *Mayavatha* in Sri Lankan traditional medicine. Indigestion, constipation, weakness, emotional factors also especially loss of blood, loss of the functions of the uterus and stopping menstruations are the causative factors for *Yoshapasmara*. This study carried out to finding the Hysteria has more prone to affect in elderly women after menopause. Primary data was collected from authentic Ayurvedic books and secondary data was collected from scientific articles and research published in Google scholar, PubMed, and Scope from 2012 to 2022 and data were analyzed according to PRISMA method. According to findings estrogen, progesterone and testosterone hormones has major role for maintaining health and proper functioning of the organs within the female body before menopause. They also lead to metabolic functions properly. After the menopause there are several changes within the female hormone levels, and which leads to the mental and physical changes. So then female characteristics signs and symptoms of Hysteria like as loss of sexual desire, energy, bone density, cognitive-brain and heart functions also vaginal dryness, night sweating. Hence it can be concluded that Hysteria diseases condition more prone to affect in elderly women after their menopause.

Keywords: Psychoneurosis, menopause, traditional, hormone, metabolic

E3

[23]

**THE EFFECTIVENESS OF HAPPINESS THERAPY IN ELDER CARE  
MANAGEMENT - A PRELIMINARY STUDY***Ramanayake R.V.K.T.M*, Perera H.A.R.P<sup>2</sup>, Vidhyajini, R.V<sup>2</sup>, Jayakody J.A.D.P.P<sup>3</sup>Faculty of Indigenous Medicine, Gamapaha Wickramaarachchi University of Indigenous  
Medicine, Sri Lanka

According to the world health organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. One important aspect of elderly care is promoting mental health and the quality of life of elderly individuals. The concept of happiness therapy is based on the idea that one's quality of life can be improved through a variety of practices that are tailored to the individual. The therapy involves direct counseling sessions to identify the person's present state of mind and determine their desires and goals. Hypnotherapeutic methods, Reiki techniques, and taking the patient to a place they find desirable may be utilized during the counseling process. It includes daily practices such as yoga, speaking with other patients, role-playing a drama, speaking with children, playing with children, and engaging in religious observances. These practices are aimed at helping the patient adjust to a happier and more mindful state of being. The study aimed to investigate the effectiveness of happiness therapy in promoting happiness and energy to improve the quality of life of elders. The study was conducted in selected elder homes in Gampaha District, Sri Lanka., 50 participants aged between 50 – 80, with a diagnosis of mental health conditions who met the necessary criteria were included without considering the gender, after providing written consent. The data was collected through continuous monitoring and interaction with patients and the global assessment score was used to assess the impact of their health condition on his / her life. The participants were advised to follow the given instructions for a period of 6 months. The data collected was analyzed before and after treatment using the global assessment of the functioning scoring system paired and unpaired T-tests using SPSS statistical software. Results showed the parameters analyzed are statistically significant ( $P < 0.05$ ). The findings suggest that happiness therapy can be effective in improving the quality of life of elderly individuals. The therapy focuses on promoting happiness and energy, which can contribute to a better sense of well-being. The study also highlights the importance of affection and love in elderly care management. However, further research is needed to confirm the findings and determine the generalizability of the concept in other contexts.

Keywords: Happiness therapy, Elders, Gampaha District, Well-being

**PAPER SESSION (F)**  
**TRADITIONAL/ ALTERNATIVE MEDICINE**

F1

[24]

**REVIEW OF *Ocimum sanctum* WITH SPECIAL REFERENCE TO ALZHEIMER'S DISEASE IN OLDER ADULTS***Samarakoon P.A.R.N*, Perera H.A.R.P<sup>2</sup>, Luckshalini S<sup>3</sup>

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Most common type of dementia is Alzheimer's disease. It engages with the gradual decline of the memory, thinking, behavior, and social skills of elderly people. Genetics, lifestyle, oxidative stress, and inflammation were the main causes. In addition, that Beta-amyloid protein molecular form collects between the neurons will arise disease condition. Oxidative stress and inflammation inside the body were reasonable factors to build up beta Beta-amyloid proteins. *Ocimum Sanctum* known as “*Thulasi*” is an important therapeutic value herbal in Sri Lanka's traditional medicines. The aim and objectives of this research is to find out the pharmacological effect of this herb for reducing the causative factors of Alzheimer's disease condition. Research was done by following the PRISMA model. 35 index journal articles were included under the year range between 2000-2023 by using google scholar and PubMed. Rosmarinus acid, propanoic acid, and apigenin like the Phenolic compound of the *Ocimum Sanctum* have a significant antioxidant effect. Anti-inflammatory effect was found by using in vivo and in vitro experiments with positive results. *Ocimum sanctum* extracts inhibited the Cytokines such as TNF- $\alpha$ , IL-6, and IL-1 $\beta$  which was contributed to produce beta amailod proteins. Scopolamine and an aged group of rats were used to find out the cognitive effects were done by using *ocimum sanctum* extract as a result it increased the step-down latency which is good evidence that *ocimum sanctum* is the best for Alzheimer's disease. Antioxidant and anti-inflammatory effect of the *ocimum sanctum* was a key to reduce the causative factors of Alzheimer's disease This review will help to develop new herbal drugs and further experiments should be carried out for broad studies.

Keywords: Alzheimer's diseases, antiinflammation, antioxidant, beta- amailod proteins

F2

[25]

**EFFECT OF DOMBA THAILA (*Calophyllum inophyllum* SEED OIL) TRADITIONAL TREATMENT ON KNEE OSTEOARTHRITIS (*Janusandhigata Vata*) IN ELDERLY WOMEN: A CLINICAL STUDY***Perera H.A.R.P*<sup>1</sup>, Wickramaarachchi W.J<sup>2</sup>, Vidhyajini R.V<sup>1</sup><sup>1</sup>Department of Kaumarabhrithya & Stree Roga, Faculty of Indigenous Medicine, Gamapaha Wickramaarachchi University of Indigenous Medicine, Yakkla, Sri Lanka<sup>2</sup>Department of Deshiya Cikitsa, Faculty of Indigenous Medicine, Gamapaha Wickramaarachchi University of Indigenous Medicine, Sri Lanka

Knee-osteoarthritis is an incredibly common cause of chronic disability in the elderly. Knee-osteoarthritis is correlated to *Janusandhigata Vata* due to the resemblance in signs and symptoms of pain and the swelling of the knee joint, muscle weakness, stiffness, deformed joint, loss of joint mobility and crepitus. Physiotherapy and pharmacological therapy are the primary approaches used in treating knee osteoarthritis. However, contemporary medicine often fails to provide adequate and satisfactory treatments for this condition. The objective of the research is to evaluate the effect of the external application of *Domba Thaila* (DT) used in Sri Lankan traditional treatment in the management of *Janusandhigata Vata*. The study involved 60 patients who visited the orthopaedic clinic at Gampaha Wickramaarachchi Ayurveda teaching hospital and were aged 50 years or older. Objective criteria such as fasting blood sugar, rheumatoid factor, knee joint X-rays, and erythrocyte sedimentation rate and subjective criteria including pain, oedema, stiffness, crepitus, duration of pain after getting up, and Mobility range, were measured using a grading pattern were evaluated before and after treatment. The Wilcoxon Sign Rank test was used to analyze the qualitative data, while paired and unpaired student t-tests were employed to analyze the quantitative data using SPSS statistical software. The results revealed that the effect of subjective parameters was statistically significant ( $P < 0.05$ ), while the effect of objective parameters was statistically insignificant ( $P > 0.05$ ). Based on these findings, it can be concluded that DT has a significant effect in reducing both subjective and objective parameters of *Janusandhigata Vata* in elderly women.

Keywords: Knee-osteoarthritis, older women, *Janusandhigata Vata*, *Domba Thaila*, traditional treatment

F3

[26]

**ROLE OF AYURVEDA *Basthi karma* (ENEMA) AS A GERIATRIC HEALTH PROMOTIVE TREATMENT (A PRELIMINARY REVIEW)*****Gunarathna B.W.A.S<sup>1</sup>*, Perera H.A.R.P<sup>2</sup>, Dissanayaka D.M.A.C.E<sup>3</sup>**<sup>1</sup>University college of Kuliyaipitiya, University of Vocational Technology, Sri Lanka<sup>2,3</sup>Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka

Aging is a physiological phenomenon associated with the gradual decline of multisystem function arising from the cellular level. Musculoskeletal and neurological disorders are the most common conditions among the geriatric age group due to degenerative changes. According to Ayurveda *Vata dosha* is the most prominent *dosha* in old age and vitiation of *Vata* is the main causative factor for most disorders in the geriatric age. Ayurveda emphasizes a set of five therapies probably for detoxification, purification, and rejuvenation purposes, known as *Panchakarma*. Including *Vamana* (Emesis), *Virechana* (Purgation), *Nasya* (instillation of medicine through nostrils), *Basti*(enema) and *Rakta mokshana* (Bloodletting). Among all five unique therapies, *Basti karma* (enema) is the most effective treatment for pacifying the vitiated *Vata dosha* (Principle of movements). *Basti karma* means the medicated oil or herbal decoction is administered through the anal route. According to world statistics, by the year 2030, one in six people in the world will be aged 60 years or over, thereby most people in old age should have access to better health care to maintain their physical, mental, and spiritual well-being. Hence this study aimed to find the effect of *Basti karma* (enema) on managing common geriatric disorders through literature sources. According to the conclusions of the review it emphasizes that, *Basti* treatment acts more effectively in the management of a range of geriatric disorders through a balancing of specific *doshas* and further due to broader therapeutic actions of *Basti karma* treatment, it acts as a rejuvenate, curative and preventive therapy to improve the quality of life of the geriatric population.

Keywords: *Basti karma*, geriatrics, ayurveda, *Panchakarma*, *Vata dosha*

F4

[27]

**A CRITICAL REVIEW ON *Chyavanprash* DRUG USED IN GERIATRIC CONDITION***Luckshalini S<sup>1</sup>*, Perera H.A.R.P<sup>2</sup>, Samarakoon P.A.R.N<sup>3</sup><sup>2</sup>Department of Kaumarabrithya & Stree Roga, Faculty of Indigenous Medicine, Gamapaha Wickramaarachchi University of Indigenous Medicine, Sri Lanka<sup>1,3</sup>Department of Cikitsa, Faculty of Indigenous Medicine, Gamapaha Wickramaarachchi University of Indigenous Medicine, Sri Lanka

Degenerative physiological changes related to old age are increasing world over. These geriatric diseases affect almost all vital body systems. The rejuvenating and preventing therapy called *Rasayana* therapy in Ayurveda. Ayurvedic medicine has prevention, amelioration, and cure of geriatric ailments by increasing overall body immunity, battle with infections & antigens and prevent carcinogenic mutations. A specific polyherbal formulation *Chayawanaprasha* is a well-known antioxidant, anti-ageing nutritious jam, widely recommended by Ayurveda for its various health benefits. It has fifty medicinal herbs prepared according to ayurvedic texts. Traditional Ayurveda practitioners call *chawanaprashana avaleha* an “Ageless Wonder”. Charka has mentioned it has the premier *Rasayana*, beneficial for respiratory ailments, nourishes the weak and degenerated tissues, anti-ageing, and promotes vigour and vitality. To review the significance of *Chayawanaprasha* in geriatrics and prevent the degenerative diseases and analyze the therapeutically actions and phytoconstituents related to geriatrics diseases. The review followed the PRISMA guidelines for systematic review. Primary data collections are including inclusion criteria of ayurvedic authentic textbooks *Vruhatri* and *Brhatryi*, Studies were limited to research studies published between 2016 and 2022 and in English. The formula is time-tested and is still effective to mitigate the present world’s health concerns. Charka has mentioned it has the premier *Rasayana*, beneficial for respiratory ailments, nourishes the weak and degenerated tissues, anti-ageing, and promotes vigour and vitality. *Chawanaprashana* helps to balance the three dosha such as *vata*, *pitta* and *kapha*. Previous studies reported rich in major and minor trace elements as well as vitamins. Phytoconstituents are flavonoids, alkaloids, saponins, antioxidants, piperine and phenolic compounds. It gives synergistically effect immune-modulation, body building, health restoration and prevention of oxidative damage. It regulates blood glucose level. An open clinical study showed decreased triglycerides, LDL and increase in HDL which indicates in geriatrics. *Chawanaprashana* is an effective cocktail of herbal formulation for geriatric degenerative disease.

Keywords: *Chawanaprashana avaleha*, geriatrics, *rasayana*, anti-ageing, degenerative diseases



F5

[28]

**A COMPREHENSIVE REVIEW OF THE NUTRITIONAL, THERAPEUTIC AND PROPHYLACTIC PROPERTIES OF *Asparagus raceemosus* IN GERIATRICS CARE***Jayasinghe M.M.H.M*<sup>1</sup>, Perera H.A.R.P<sup>1</sup>, Sakunthala H.S<sup>2</sup><sup>1</sup>Department of Kaumarabhruthya and Stri Roga, Faculty of Indigenous Medicine, Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka<sup>2</sup>Department of Dravyaguna Vignana, Faculty of Indigenous Medicine, Gamapaha Wickramarachchi University of Indigenous Medicine, Sri Lanka

*Asparagus racemosus* (AR), commonly known as *Shatavari*, is an herbaceous plant that has been used for centuries in traditional medicine systems like Ayurveda and *Unani* for its medicinal properties. AR is often used to support the overall health and wellbeing of older adults. This comprehensive review examines the nutritional, therapeutic, and prophylactic properties of AR in geriatric care. The research was conducted as a systematic review by following the PRISMA model and data was collected from scientific articles and research published in Google Scholar and PubMed from 2010 to 2021. AR is rich in vitamins, minerals, and other nutrients that are essential for maintaining good health. It contains vitamins C, E, and K, potassium, calcium, phosphorus, and iron, all of which are vital for maintaining healthy bones, reducing inflammation, supporting the immune system, and preventing chronic diseases. The therapeutic properties of AR include its antioxidant, anti-inflammatory, immune-boosting, hormone-balancing, and cognitive support effects. The herb's antioxidant properties help reduce oxidative stress and prevent cellular damage caused by free radicals, and the herb has anti-aging properties that slow down the aging process and promote healthy aging. The anti-inflammatory properties reduce inflammation in the body and prevent chronic diseases like arthritis. The immune-boosting properties support the immune system. The hormone-balancing properties help alleviate symptoms of menopause and improve reproductive health in women. The cognitive support properties help improve memory and overall brain function. Furthermore, AR improves bone density and prevents osteoporosis, which is a common issue among older adults. In conclusion, AR is a valuable herb in geriatric care due to its numerous nutritional, therapeutic, and prophylactic properties.

Keywords: Geriatric care, Prophylactic, *Asparagus racemosus*, nutrients, therapeutic

F6

[29]

**EFFICACY OF *Mucuna pruriens* IN THE MANAGEMENT OF *Dwajabhanga klaibya* IN GERIATRIC PRACTICE – A REVIEW*****Madushani T.D.H.R.*, Sandamali J.A.N, Perera H.A.R.P**

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*Vajikarana tantra* is a major component among *Ashtanga Ayurveda* in geriatric practice as it deals with aphrodisiac activity. In old age most of the male population suffering from various disease conditions regarding erection. *Dwajabhanga klaibya* (Erectile dysfunction) is one of the five types of *kalibya* described in *Charaka samhita*. In this study review of literature was done on *Kapikachchu (Mucuna pruriens)* in the management of *Dwajabhanga klaibya*. Literature was taken from Ayurveda classical texts and previous studies in electronic database including PubMed and Google scholar & eleven research articles were selected according to PRISMA method & excluded six articles as they are unpublished articles, other language articles & not relevant to this disease condition. *Pancha padartha* (five medicinal properties) of *Kapikachchu* includes *madhura* and *tikta rasa*, *guru* and *snigdha guna*, *ushna virya*, and *Madhura vipaka* as it gives *vrishya* (aphrodisiac), *nadi balya* (strengthen nerves), *balya* (strength) properties which are given aphrodisiac activity. Chemical constituents including proteins, minerals, phosphorus, iron, sulphur, manganese with dopa, glutathione, lecithin, gallic acid, glucoside, alkaloids, nicotin, prurience, pruriandine and serotonin. Some of those chemical constituents responsible for erection of the penis which can be used in the management of *Dwajabhanga klaibya*. With the help of this study further can be developed to extract active components of this to treat *Dwajabhanga klaibya* to improve the quality of life in elderly males.

Keywords: Erectile dysfunction, Ayurveda, *Mucuna pruriens*

## **POSTER PRESENTATIONS (P)**

P1

[30]

**VISION SCREENING AS PART OF FALLS ASSESSMENT ON THE CARE OF THE ELDERLY WARD***Ditchfield A.C, Lethby M.J*

West Middlesex University Hospital, United Kingdom

Inpatient falls pose a too frequent and often avoidable risk to patients on the care of the elderly ward. Problems with vision have been robustly linked to an increased risk of falls. We aimed to determine whether inpatients on the care of the elderly ward were undergoing vision assessment as part of the falls risk assessment. We aimed to introduce a standardized method of assessing vision, using the Royal College of Physicians bedside vision check for falls prevention. Initial data was collected on twenty-seven inpatients on the care of the elderly ward. Teaching sessions were conducted over a two-month period with nurses and healthcare assistants to demonstrate the use of the visual assessment tool. Data was collected again after these changes two to three weeks after the last teaching session, on thirty inpatients on the ward. Inclusion criteria were all patients admitted to the ward aged sixty-five years and above. Patients sixty-four years and below were excluded. Vision assessment was not being performed as part of the falls risk assessment despite a section for this on the existing falls risk assessment proforma. Common practice was for only patients who wore glasses to be documented as having problems with eyesight. Data collection after 2 months of teaching sessions indicated that there was no uptake (0%) in the new visual assessment tool. No routine vision assessment was being performed as part of the falls risk assessment, and the measures aiming to introduce a simple screening tool were not successful. There was no improvement in the rate of patients on the ward undergoing screening vision assessment. Reasons contributing to this included staff shortages, heavy workload, limitations due to COVID-19 infection control measures and confused patients.

Keywords: Falls, vision, vision impairment, inpatient falls, care of the elderly

P2

[31]

**SELF-REPORTED ACTIVITIES OF INDEPENDENT ELDERLIES WHO HAVE ORTHOPEDIC CONDITION***Ishikawa Y<sup>1</sup>, Marui A<sup>2</sup>, Takahashi Y<sup>1</sup>*<sup>1</sup>Teikyo Heisei University, Japan<sup>2</sup>Dokkyo Medical University, Japan

The world is facing an aging society and Japan is one of the leading aging countries, with 29% of the population over the age of 65. As the population ages, our challenge is to keep the elderly active. However orthopedic conditions may prevent them from active lifestyle, and it is not clear the magnitude of this negative effect. This study explored the association between having an orthopedic condition and activity among community-dwelling older adults in Japan. A cross-sectional questionnaire-based study was conducted among community-dwelling persons over 60 years of age. Of 1062 participants, 619 completed the questionnaire with no missing data. Self-reported activity, frequency of going out, hobbies they enjoyed, and the basic demographic data were examined for the differences according to the with/without orthopedic conditions using chi-squared tests. Of 619 participants, 96 (15.5%) reported at least one orthopedic condition. Chi-squared tests revealed that having an orthopedic condition was significantly associated with being female ( $p < 0.01$ ). Individuals without the condition were significantly associated with good sleep ( $p < 0.01$ ) and regular exercise ( $p < 0.01$ ), whereas no significant differences were found for variables such as age ( $p = 0.28$ ) and perceived active lifestyle ( $p = 0.26$ ). The results suggest that the presence of an orthopedic condition may discourage older adults from leading an active lifestyle. Effective medical interventions such as pain management, prevention of orthopedic conditions, and increasing muscle strength may promote an active lifestyle in an older population.

Keywords: Orthopedic condition, active lifestyle, community-dwelling older adult

