Book of Abstracts

The 5ᵗʰ International Conference on Gerontology and Geriatric Medicine

(SilverAge 2024)

12ᵗʰ - 13ᵗʰ September 2024 | Penag Island, Malaysia | Hybrid (Online and In-Person)

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Indian Academy of Geriatrics (IAG), India

International Institute on Ageing (INIA), Malta

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MESSAGE FROM THE CONFERENCE CHAIR SilverAge 2024

Dear Esteemed Guests and Colleagues,

It is with great enthusiasm and a profound sense of responsibility that I welcome you to "Healthy Ageing: Moving Forward with New Perspectives." As we gather here today, we are united by a common goal: to redefine and rejuvenate our approach to ageing, ensuring that every stage of life is marked by vitality, dignity, and opportunity.

In recent years, the concept of ageing has undergone significant transformation. No longer is it seen merely as a period of decline but as an opportunity for growth, enrichment, and continued contribution. This shift in perspective is pivotal, as it encourages us to view ageing not as an inevitable decline but as a dynamic phase filled with potential.

Our discussions and presentations today will focus on innovative strategies and holistic approaches that can enhance quality of life for older adults. We will explore new research, best practices in healthcare, and emerging technologies designed to support healthy ageing. By integrating these new perspectives, we can address the multifaceted challenges faced by our ageing populations and create environments that foster active and fulfilling lives.

This gathering is not just about sharing knowledge but also about collaboration. We must work together across disciplines, sectors, and communities to implement solutions that are not only effective but also equitable. The diversity of experience and expertise represented here is a testament to the collaborative spirit that is essential for driving meaningful change.

As we move forward, let us remain committed to the principles of respect, inclusion, and empowerment. Our goal is to ensure that every individual has the opportunity to age with dignity and to continue contributing to society in meaningful ways.

Thank you for your dedication to this critical issue. Together, we can build a future where healthy ageing is not just a possibility but a reality for all.

Sincerely,

Assoc. Prof. Dr. Ponnusamy Subramaniam

Head of Program & Senior Lecturer / Consultant Clinical Psychologist
Clinical Psychology and Behavioural Health Program/
Centre for Healthy Ageing and Wellness (H-CARE)
Universiti Kebangsaan Malaysia,
Kuala Lumpur, Malaysia

MESSAGE FROM THE CONFERENCE CO-ORGANIZER SilverAge 2024

It is with great pride and enthusiasm that I welcome all the delegates to Penang Island, Malaysia. We are deeply committed in ensuring that Penang Island remains a place where everyone, regardless of age, can live an active and healthy lifestyle.

The Penang State, which consists of Penang Island and Seberang Perai, will face significant demographic shift by 2040 as it is expected to be an ageing city. According to the United Nations, there are three phases of an ageing society, i.e: Ageing Society (7%-13%), Aged Society (14%-19%) and Super-aged Society (20% and above) that involves citizens aged 65 and above. In 2023, Penang Island reached an ageing population of 136,490 people (7.7%) aged 65 and above.

Penang State Government's vision for a 'Family-Focused Green and Smart State that Inspires the Nation' aligns perfectly with our aspirations for an age-friendly Penang Island. It reflects our commitment to enhancing public spaces, transportation, housing, social participation, communication, health and community support for older adults.

On 28 July 2023, City Council of Penang Island received the recognition from World Health Organization (WHO) as a member of the World Health Organization's Global Network for Age-Friendly Cities and Communities (WHO-GNAFCC). City Council of Penang Island, acting as the Project Implementer has collaborated with Penang Women's Development Corporation (PWDC) as Project Manager and Malaysian Healthy Ageing Society (MHAS) as Project Consultant to make Penang Island an Age Friendly City.

We believe that an age-friendly city is not just about providing services and infrastructure; it's about fostering a culture of respect, understanding, and intergenerational solidarity. It's about creating a city where everyone feels valued, empowered, and connected.

Guided by the WHO framework, City Council of Penang Island focuses on enhancing eight key domains; outdoor spaces and buildings; transportation; housing; social

participation; respect and social inclusion; civic participation and employment; communication and information; and health services and community support. Through extensive stakeholder engagements, surveys and workshops, these initiatives aim to identify areas of improvements in age-friendliness ensuring that the city caters to the needs and aspirations of all its residents.

The journey towards an Age-Friendly Penang Island is one that City Council of Penang Island wholeheartedly embraces. This commitment involves collaborating closely with the community to enhance the quality of life of people from all walks of life, especially as the population ages. The goals and priorities

outlined in this strategic action plan serve as a roadmap to ensure Penang Island caters to the evolving needs of its older residents.

City Council of Penang Island aims to integrate age-friendly initiatives into all aspects of its work, to promote a more holistic approach to serving the needs and preferences of the ageing community. This dedication is evident in City Council of Penang Island's ongoing engagement with the community, ensuring that policies and programmes are responsive to the community's evolving needs.

This collective effort reflects a shared vision for Penang Island; a vibrant and inclusive community where people of all ages can live a fulfilling life. With continued collaboration and dedication, City Council of Penang Island is confident in its ability to realise this vision, ensuring that Penang Island remains a place where everyone can age gracefully and sustain.

Sincerely,

Dato' Ir Rajendran P. Anthony,
Mayor,
City Council of Penang Island.

MESSAGE FROM THE ACADEMIC PARTNER SilverAge 2024

The John Richards Centre for Rural Ageing Research is proud to be an academic partner to the 5th International Conference on Gerontology and Geriatrics Medicine 2024 (SilverAge 2024), under the theme *"Healthy Ageing: Moving forward with New Perspectives".* Healthy Ageing continues to be a global policy priority, as population numbers across the world continue to rise. Alongside healthy behaviours, supportive physical and social environments contribute to healthy ageing, as they enable older people to continue to live in their communities, and to do the things that are important to them. Physical and social environments are especially important for regional and rural-dwelling older adults, who at greater risk of social isolation, who experience unique vulnerabilities including mobility limitations and access to services, and who generally experience higher rates of injury, hospitalisations and deaths than their counterparts in metropolitan areas. While older people living in rural areas face distinct challenges related to ageing, most, like their metropolitan counterparts, prefer to live in their communities and age in place. The multidisciplinary work at the John Richards Centre for Rural Ageing Research recognises the importance of ageing in place to healthy ageing for rural and regional older people and is Australia's only research centre devoted to rural ageing research. The John Richards Centre contributes to this conference, new perspectives in healthy ageing in highlighting the unique challenges faced by older people in rural and regional settings, and introducing innovative solutions for ageing in place, from Australia. Working together with iConferences to deliver a hybrid event, this year's conference promises to be both memorable and successful.

The purpose of this year's SilverAge conference is to raise awareness about the global challenges that arise from the growth and speed of population ageing. It also seeks to highlight the experiences of being old in the modern world, at this time of the United Nations Decade of Healthy Ageing (2021–2030). As the world grapples with a rapidly ageing population, its focus on healthy living practices and healthy ageing is timely, as is its promotion of an Ageless Era in which the challenges of rapid ageing are overcome. This event, themed "*Healthy Ageing: Moving Forward with New Perspectives*" is important to the field of Geriatrics / Geriatric Medicine and Gerontology, as its focus encompasses a wide range of topics, including Innovations & Ageing, Elderly Friendly Environments, Social Interaction, Social Participation and Healthy Ageing, and Ageing and Palliative Care. I encourage attendees to make the most of this event by actively participating in discussions and taking the opportunities the conference provides for networking. Population ageing is a global issue which requires a global response, formulated by the experience and knowledge of many; this conference is an opportunity for collaboration and knowledge sharing towards addressing this issue.

Conferences are about getting together to share information, renew existing connections and to forge new collaborations. I look forward to meeting as many of you as possible during the course of the event.

A/Prof Sean MacDermott,
Director,
John Richards Centre for Rural Ageing Research,
La Trobe University, Australia

MESSAGE FROM THE ACADEMIC PARTNER SilverAge 2024

On behalf of the Indian Academy of Geriatrics, the academic partner for SilverAge 2024, I warmly welcome all the delegates. It is indeed an honor to welcome this assortment of global researchers and professionals who are passionate about improving a lot of older adults.

Over the next few days, you will be captivated by the thought-provoking discussions, presentations, and workshops planned out for you by the organizers. This conference opens up exciting opportunities to share our knowledge, exchange ideas, and, most importantly, collaborate. Together, we can develop innovative solutions to address the complex challenges -both physical and psychosocial – faced by older adults in the autumn of their lives

I especially extend a warm welcome to the international delegates and faculty, who have traveled across the seas to share their experiences from cultures that differ from ours, especially where facilities are scarce, and necessity becomes the mother of invention. To the Malaysian delegates, may this conference provide opportunities for networking, learning, and growth. Along with others who come from countries marked with opulence, this conference is a platform that fosters global connections and thus benefits our collective endeavors. In the milieu of cutting-edge technology, may we not forget the basic human qualities of love, compassion, empathy, and patient-centered care. May we enhance the dignity of these seniors, who have brought us thus far.

I want to take a moment to express my heartfelt gratitude to the organizers, sponsors, and all the unsung heroes who worked tirelessly behind the scenes. Your dedication and hard work have been instrumental in making this conference a resounding success.

Let's embark on this scientific journey together, ready to absorb the knowledge, forge lasting connections, and leave this conference with a renewed sense of inspiration and a treasure trove of memories.

God bless you all.

Dr Surekha Viggeswarpu MD(Med), FRCP
President, Indian Academy of Geriatrics
India

MESSAGE FROM THE ACADEMIC PARTNER SilverAge 2024

The International Institute on Ageing, United Nations-Malta (INIA) is proud to partner with the 5th International Conference on Gerontology and Geriatrics Medicine 2024 (SilverAge 2024), themed "Healthy Ageing: Moving Forward with New Perspectives." As the global population continues to age, healthy aging remains a critical policy priority, and we must work together to address the unique challenges faced by older persons worldwide.

This year's conference aims to raise awareness of the pressing issues related to population aging and to highlight the experiences of older individuals in today's society. In line with the United Nations Decade of Healthy Ageing (2021–2030), we recognize the importance of fostering healthy living practices and promoting an Ageless Era where the challenges of rapid aging are met with innovative solutions.

The theme "Healthy Aging: Moving Forward with New Perspectives" is particularly relevant as we explore a broad range of topics, including innovations and aging, elderly-friendly environments, social interaction, social participation, and palliative care. This multidisciplinary approach is essential for creating supportive environments that empower older people to age in place and maintain their independence and quality of life.

We encourage all participants to engage actively in the discussions, share insights, and take advantage of the networking opportunities that this hybrid event provides. Collaboration and knowledge sharing are key to addressing the global challenges of population aging, and together we can pave the way for a brighter future for older individuals in our communities.

I look forward to connecting with many of you during this important event and am excited about the potential for new collaborations that can arise from our shared commitment to healthy aging.

Warm regards,

Rosette Farrugia-Bonello
Deputy Director
International Institute on Ageing United Nations-Malta (INIA)

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AGEING & MENTAL WELL-BEING

A1   **[01]**

NEGOTIATING CULTURAL TRADITIONS AND CONTEMPORARY CARE OPTIONS: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF HONG KONG OLDER ADULTS' PERCEPTIONS OF CARE HOME FACILITIES

Das, M.

The Hong Kong Polytechnic University, Hong Kong

Abstract: This study explores the perceptions and attitudes of older adults in Hong Kong (HK) towards transitioning to care home facilities, with a focus on the cultural value of filial piety and the space constraints in the densely populated context of Hong Kong. The primary objectives are to: (1) understand how the cultural value of filial piety influences older adults' views on care home facilities, (2) examine the impact of space constraints in Hong Kong on their decision-making processes, and (3) identify the preferences and concerns of older adults regarding different types of care and support available. Using interpretative phenomenological analysis (IPA), the study delves into the lived experiences of 33 residents aged 65 or older from 3 long-term care facilities located at different neighborhood settings in Hong Kong. Semi-structured interviews were conducted to gather in depth insights, which were then analyzed through IPA and thematic analysis to identify key themes. The results illuminated the profound influence of filial piety as a cultural value, which emerged as a significant theme throughout the analysis. Participants expressed a deep-seated sense of duty and responsibility to maintain familial connections, perceiving care home facilities as a last resort option. Some participants expressed concerns about the quality of care provided and the potential loss of autonomy and privacy. Others, however, saw care homes as a viable option that could offer improved care and support compared to living with family members. These contrasting viewpoints shed light on the complexity and individuality of decision-making processes within the cultural context of Hong Kong. This research provided a comprehensive understanding of the lived experiences and perceptions of older individuals considering care home transitions in HK. The careful analysis of individual narratives allowed for a nuanced exploration of the cultural, familial, and practical factors influencing decision-making. These findings contribute to the existing literature on eldercare in high-density contexts and offer valuable insights for policy makers, care providers, and families seeking to develop culturally sensitive and responsive approaches to enhance the wellbeing of elderly individuals in care home facilities.

Keywords: Aging population, long-term care facilities, Hong Kong, filial piety, sense of belonging

A2 [02]

TOO LATE TO PAY ATTENTION? – AN EPIDEMIOLOGICAL OVERVIEW OF MENTAL AND PHYSICAL HEALTH IN THE ELDERLY WITH ADHD

Giri Shankar, V., Galanopoulos, A., Debnam, A., Whitwell, S., Robertson, D.

The Institute of Psychiatry, Psychology and Neuroscience, King's College London and South London and Maudsley NHS Foundation Trust

Abstract: Attention Deficit Hyperactivity Disorder (ADHD) is predominantly studied in the young, with limited research in older adults. The physical and mental health outcomes of undiagnosed ADHD in the elderly remain poorly understood. This study aims to bridge this gap by examining the prevalence of physical and mental health comorbidities in elderly patients diagnosed with ADHD, compared to a control group of similar age in the general population. This is a retrospective cohort study of 25 patients aged 65 and above, assessed by the National Specialist Adult ADHD services at the Maudsley Hospital, London, between 2007 and 2024. Of the 25 patients, 22 were diagnosed with ADHD. Data was extracted from electronic records and compared with the general elderly population using national databases as control group. Of the 22 ADHD patients, 100% had a comorbid mental illness. Specifically, 86.36% experienced depression, 54.54% had anxiety, 54.54% faced insomnia, and 31.81% had alcohol and substance misuse issues. Regarding physical health, 90.9% had conditions associated with cardiovascular risk. 59% had hypertension, 54.54% had hypercholesterolemia, and 36.36% had cardiac events. These prevalence rates were notably higher compared to the control group. Our study demonstrates the significant burden of mental and physical health comorbidities among elderly with ADHD. It also provides critical insights: ADHD may serve as an indicator for secondary prevention strategies against adverse health outcomes. There is a link between ADHD and dementia, the mechanism of which is unclear. The observation of increased vasculopathy and depression may offer clues to the biological underpinnings contributing to dementia risk. Therefore, ADHD should be considered in the clinical evaluation for dementia. Further lifespan research is needed to better understand its trajectory.

Keywords: ADHD, ADD, dementia, depression, neurodevelopmental, hyperkinetic, attention, impulsivity, insomnia, geriatric, older adults, old age

A3   **[03]**

DELIRIUM QUALITY STANDARD IMPLEMENTATION: A MULTICOMPONENT INTERDISCIPLINARY QUALITY IMPROVEMENT PROJECT: GAP ANALYSIS SURVEY: QUALITATIVE COMPONENT

Yogaparan, T., Moloney, J., Veinish, S., Grenier, S., Yau, S., Berall, A.

University of Toronto, Baycrest, Canada

Abstract: Delirium is an important, common, preventable geriatric syndrome, often overlooked by health care providers and has serious consequences. To implement Ontario Delirium Quality standards released in 2021, at Baycrest, we designed a multicomponent, interdisciplinary quality improvement (QI) project, with multiple Plan-Do-Study-Act (PDSA) cycles. As the first step to identify gaps in current knowledge and practices, we created a survey based on the Delirium Quality Standard. Survey had closed and open-ended questions which addressed current knowledge, practices and processes with respect to: risk factors, screening tools, detection, prevention, management, and patient and caregiver education. Online or paper surveys were distributed to nurses, inter-professional team members and physicians working at the high tolerance rehabilitation unit at Baycrest hospital, Toronto, Ontario, Canada from September 2022 to Feb 2023, 26 responded. Inductive and deductive approaches were used for thematic analysis of open-ended responses. Thematic Analysis results identified challenges and enablers. Challenges included insufficient knowledge, unclear patient baseline, difficulty distinguishing from dementia, insufficient and inconsistent team communications, lack of coordinated care plan, Electronic Medical Record (EMR) limitations and workflow challenges. Enablers comprised of training and educational resources, increased inter-professional team communication, timely completion of the delirium screening tool, knowing the patient's baseline, creating coordinated care plans for management of delirium and updated EMR. In conclusion the results informed the need for education and training, clear process for team communication and development of coordinated care plans. Even though our sample size is small, findings are applicable to most settings.

Keywords: Delirium, quality standards, quality improvement, qualitative

A4   **[04]**

RETROSPECTIVE CHART REVIEW TO ASSESS APPROPRIATE PRESCRIBING OF MEDICATIONS: A QUALITY IMPROVEMENT EDUCATIONAL PROJECT

Yau, S., Yogaparan, T., See, V., Sankar, P., Huynh, A., Moloney, J., Berall, A., Ramirez, K.

Baycrest & University of Toronto, Ontario, Canada

Abstract: Polypharmacy is a global problem. A multi-phase quality improvement project was designed to address polypharmacy at Baycrest. During phase one (June 2022– November 2022), a retrospective chart audit focused on quarterly medication reviews was conducted, to understand baseline prescribing practices. Thirty patients admitted to Complex Continuing Care between 2015 and 2018, with a length of stay >180 days were randomly selected. Patients <65 years of age and those deemed palliative on admission were excluded. A data collection tool was used to extract information such as demographics, comorbidities, goals of care, and medications prescribed at the time of each quarterly medication review. In addition, deprescribing practices such as identifying potentially inappropriate medications, assessing the appropriateness of medication continuation or discontinuation, and under-prescribing were reviewed by two independent investigators. Descriptive statistical analysis was completed. Average patient age was 76 years (63% male and 37% female), and all patients had multi-morbidity with an average of 12.4 (5.1) prescribed scheduled medications and 5.4 (1.7) as needed medications. Ninety-five percent of patients had three completed medication reviews during which 68% of medications had an indication identified and 57% had patient goals of care identified. Only high-risk medications, such as benzodiazepines and antipsychotics without indication were deprescribed quickly. Under-prescribing was low. The findings highlight gaps in the current medication review process and opportunities to optimize safe medication use in older patients. These results will inform the development of an educational program and reinforce the importance of structured medication reviews as a critical component of patient care.

Keywords: Polypharmacy, medication review, deprescribing

PAPER SESSION (B)
DEMENTIA & AGEING

B1   **[05]**

SURVIVING THE STRAIN: COPING STRATEGIES FOR CAREGIVERS MANAGING STRESS, BURDEN, AND MEALTIME DIFFICULTIES IN DEMENTIA CARE

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[3]Department of Otorhinolaryngology, Kuala Lumpur General Hospital, Malaysia

Abstract: Caregiving during mealtimes can be especially difficult in dementia care. It requires navigating the complex hurdles of special diets to meet nutritional needs, providing physical assistance for feeding and offering emotional support to the person living with dementia. Maintaining composure during dementia caregiving can be exceptionally challenging due to the emotional strain caused by witnessing cognitive decline, unpredictable behaviors, and the need for unwavering patience and adaptability. Aims: This study aimed to explore the type of support provided, the associated burden and distress, and the coping strategies used by caregivers. A questionnaire adapted from the Appetite and Eating Habits Questionnaire was administered to 31 caregivers of persons living with dementia who were receiving oral feeding. Caregivers reported high levels of burden and distress, mainly due to the behavioral and psychological symptoms of persons living with dementia. A moderate relationship was found between the severity of dementia and the level of caregiver burden and distress. Caregivers employed various coping strategies, such as seeking help from others, taking breaks, and engaging in prayer. The findings highlight the need for targeted interventions and support systems to alleviate caregiver burden and distress, and to improve the quality of care for persons living with dementia. The study also provides insights for healthcare professionals to develop culturally sensitive and appropriate approaches for managing feeding/eating difficulties in persons living with dementia.

Keywords: Dementia, caregiver, stress, mealtime, coping

B2   **[06]**

A PILOT STUDY ON CREGIVER STRESS IN IMMIGRANT TAMIL CANADIAN FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA

Vickneaswaran, A.[1,3], Shanmuganathan, T.[3], Sriharan, S.[3], Yogaparan, T.[1,2,3]

[1]Baycrest Hospital, Canada
[2]University of Toronto, Canada
[3]Scarborough Grace Family Health Organization, Canada

Abstract: Immigrant Tamil Canadians access limited formal support and rely on family for dementia caregiving. This study assesses caregiver stress and utilization of formal and informal supports within an immigrant Tamil Canadian community. A cross-sectional study was conducted from November 2017-March 2019. A convenient sample of Tamil-speaking dementia caregivers were recruited from a Family Clinic in Toronto. Thirty caregivers participated in an in-person/ telephone interview to answer demographic and care-related questions and to complete the Tamil translation of the Kingston Caregiver Stress Scale (KCSS). Caregiver participants' ages ranged from 31-90 years, with majority 55-60 years. 66% were women, half of whom were daughters of the persons with dementia. 40% of participants were full-time caregivers and 3/4th were women. 90% reported having caregiver stress, but only 40% had formal instrumental support (Home Care). Only 10% accepted emotional/ informational support from Alzheimer's Society. Mean KCSS score was 29.2, indicating severe caregiver stress. The KCSS question about future care needs scored the highest points, indicating high stress. In KCSS scores ranging from 1-5, caregiving issues (3.2 mean) were associated with greater stress than financial (2.7 mean) or family issues (2.3 mean). This study reveals that Tamil immigrant family caregivers of PWD experience severe caregiver stress, but access limited support. Caregiving duties are predominantly undertaken by women. Instrumental support for PWD is accepted more than emotional/ informational support for the caregivers. Further qualitative research is necessary to understand the barriers to utilizing support in this community and to explore their unique needs.

Keywords: Dementia, caregiver stress, immigrant

B3   **[07]**

THE DEVELOPMENT AND PSYCHOMETRICS OF THE COMMUNICATION EXPERIENCE PERCEPTUAL SCALE FOR CARE PARTNERS OF PEOPLE WITH DEMENTIA

Shahrulnizam, S. I. D.[1], Hassan, F.H.[1], Sokmum, S.[2], Rasli, A.F.[2]

[1]Faculty of Health Science of Universiti Kebangsaan Malaysia, [2]Hospital Canselor Tuanku Muhriz Unversiti Kebangsaan Malaysia, Malaysia

Abstract: Effective communication between people with dementia and their care partners is crucial for ensuring positive living experiences. Despite significant occurrences of communication disorders related to dementia, there is a lack of a psychometrically sound tool to measure the experience of care partners when communicating with people who live with dementia. This study aimed to develop and evaluate the validity and reliability of the Communication Experience Perceptual Scale for Care Partners of People with Dementia (CEPS). CEPS was developed in English based on published literature. It was then validated by 14 experts among speech-language therapists, geriatricians, and psychologists. Validated items were professionally translated into Malay and evaluated for cross-language compatibility by 30 independent raters who reported high proficiency in both languages. Reliability evaluation involved 31 care partners of people with dementia. Data analyses yielded strong item-based content validity values (0.71 to 1.00) and Kappa values (0.70 to 0.90). Comparisons between Malay and English versions demonstrated high compatibility agreement (1.63 to 3.30) and similarity of meaning between languages (1.50 to 3.10). The scale achieved an overall Cronbach's alpha value of 0.86 and a correlation of 0.73 for test-retest reliability. CEPS is a valid and reliable tool to evaluate care partners' perceptions and experience in communicating with a person with dementia. However, the scale may be too long for a quick assessment due to a high number of retained items. Exploratory and confirmatory factor analysis should be assessed to determine items that will maintain the scale's robustness.

Keywords: Dementia, communication, care partners, scale, validity, reliability

B4 [08]

THE IMPACT OF DEMENTIA ON INDIVIDUALS WITH INTELLECTUAL DISABILITIES LIVING IN RESIDENTIAL CARE HOMES IN HONG KONG

Wan, W.S.K.

Saint Francis University, Hong Kong

Abstract: An increasing number of individuals with intellectual disabilities (ID) are affected by dementia as they age. However, limitations in cognition and communication have posed barriers to investigating their experiences related to dementia. Aims: This study aims to explore the impact of dementia on individuals with ID in Hong Kong. This ethnographic case study investigated the experiences of three purposively sampled participants with ID and diagnosed dementia living in two residential care homes. Participant observations were conducted over 19 months. Ethnographic analysis and cross-case analysis were conducted to identify commonalities and differences in their experiences. Participants with ID and dementia underwent significant changes in their physical, psychosocial, behavioral and spiritual aspects of daily life. Physically, they faced challenges such as a gradual loss of functional abilities, sleep and hearing disturbances, frequent hospitalizations and drug side effects due to polypharmacy. Psychologically, they exhibited personality changes and emotional fluctuations. Socially, they experienced role changes, a loss of ability to connect with peers, limited choices in social activities, and increased social isolation. Behaviorally, they demonstrated changing patterns of challenging behaviors. Spiritually, they encountered barriers to maintaining religious practices and communication of spiritual needs. Individuals with ID experienced significant changes in their daily lives in a relatively short period after being diagnosed with dementia. However, they are often being excluded from their own care planning. Caregivers should provide early information and tailored support to help individuals understand and cope with their changing experiences.

Keywords: Intellectual disability, dementia, ageing, care home, ethnography, participant observation, Hong Kong, Chinese

B5 [09]

CHANGE IN THE COGNITIVE STATUS OF OLDER PEOPLE REGISTERED AND FOLLOWED UP IN MEMORY CLINIC OF AIIMS, NEW DELHI, ON THREE-YEAR FOLLOW-UP

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Abstract: As people age, they change in a myriad of ways, both biologically and psychologically. While certain modifications might be beneficial, others might not be. The relationship between changes in brain structure and function and changes in cognitive function is well documented. Cognitive impairment is a progressive insidious disease that evolves variably to Major Neurocognitive Decline. Our goal was to determine the degree to which the AIIMS Memory Clinic population differed in the different domains of cognition. This study was a prospective observational study done to see the change in the cognitive status of older people who were attending memory clinic after a period of three years which included patients who were over 60 years old and who registered between January 2019 and March 2020 in the AIIMS Delhi memory clinic run by the Department of Geriatric Medicine. The patients were contacted at the number they had given on their previous visit, and those who had come in for a re-assessment were included in the research. After that, a thorough history of their symptoms, an examination, their comorbidities, and their socioeconomic status were all taken into consideration. In order to rule out delirium, the patients underwent CAM and were excluded. The GDS scale was used to rule out depression and the patients were excluded. The validated version of ACE-III scales in Hindi for both Illiterate and Literate population was then administered to the patients, and the records were compared with the evaluation that was completed three years prior. The primary objective of the study was to see the change in cognitive status of older adults registered in memory-clinic using ACE-III Scale. All the comorbidities as well as risk factors for decline in cognition according to the LANCET commission 2020 was taken into consideration. In the memory clinic, 190 patients were registered between January 2019 and March 2020. In these 3 years 25 patients died, 38 patients were not reachable via the phone number that they have provided, 18 patients were too sick either cognitively or physically to come for re-evaluation and 34 patients didn't consent or were not willing to come for evaluation. So, the 37 participants who were willing to come and consented were recruited from the memory clinic of AIIMS Delhi. All the patients were diagnosed with Mild Cognitive Impairment 3 years back. An analysis revealed no discernible differences between the patients after 3 years. After assessment, it was discovered that although the ACE score had changed numerically over the previous three years, the findings were not statistically significant. There was no difference in the score w.r.t. sex or any comorbidity. Only three patients had a change in the cognitive status that declined from MCI to MNCD. The decline was not however seen in the patients who had midlife or late life risk factors. The Memory domain of the ACE-III scale, however, showed the greatest change. Though statistically insignificant, there was a numerically larger difference in the memory domain when compared to the previous three-year study.

Keywords: ACE-III, memory clinic, memory

PAPER SESSION (C)
AGED CARE AND MEDICAL SERVICES

C1 [10]

STUDY OF GUT MICROBIOTA IN SARCOPENIC AND NON-SARCOPENIC OLDER ADULTS

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Abstract: The exact cause of sarcopenia is incompletely understood. The current state-of-the-art literature backs up the idea that gut bacteria may play a role in the initiation and progression of sarcopenia. There is a dearth of research on the gut-muscle axis, chronic illness, and aging in the Indian population. The aim of the study was to compare the gut microbial profile of sarcopenic and non-sarcopenic older adults. A cross-sectional study was conducted at the Out-Patient Department of Geriatric Medicine at AIIMS, New Delhi from January 2020 – November 2021.Since this was a pilot study, the number of participants was computed based on feasibility, 15 healthy controls and 15 patients with sarcopenia (according to AWGS 2019 Guidelines) who gave informed consent were enrolled after excluding participants with history of any probiotic intake in 2 weeks or antibiotics intake in 6 weeks or steroid intake before sample collection and subjects with immunocompromised state, malignancy, rheumatoid arthritis, inflammatory bowel disease. Faecal samples of enrolled participants were collected and analyzed the intestinal microbiota using 16S rRNA sequencing. In both groups, Operational Taxonomic Units, and relative abundance of bacteria were analyzed using the pre-processed consensus V3-V4 sequences. The taxonomy classification was done at phyla, order, family, genera and species levels. Group-wise analysis t-Test was done. Alpha & beta diversity and rarefaction analysis were also computed for the samples. The overall mean age of study participants was 73.27 ± 5.96. There was significant difference in the dietary habits between the two groups, sarcopenic were predominantly non vegetarian and non-sarcopenic were vegetarians. 87% of the sarcopenic had multimorbidity as compared to non-sarcopenic, which was only 60%. A total of 251315 high-quality sequences were generated from 30 fresh human faecal samples. The dominant phylum from the non-sarcopenic group was Firmicutes (41.22 %), followed by Bacteroidetes (36.00 %) whereas in sarcopenic group was Bacteroidetes (39.24 %) followed by Firmicutes (37.83 %). A decrease in OTUs of genus Bifidobacterium (2.21% vs 3.71%), Bacteroides (8.50% vs 11.11%) were observed in sarcopenic group. An increase in OTUs of genus Faecalibacterium (10.64% vs 8.23%) in sarcopenic group were observed. Alpha-diversity index Chao1, Shannon was reduced in sarcopenic population. To our knowledge this is first study that provides a preliminary perspective on the influence of gut microbial variations on sarcopenia in individuals in a cohort of older Indian adults. The composition of the gut microbiota was altered in sarcopenic group. Future studies are necessary to establish causal relationships.

Keywords: Gut microbiome, sarcopenia, gut muscle axis

C2 **[11]**

PERCEIVED DISABILITY AND ITS ASSOCIATION WITH QUALITY OF LIFE AMONG OLDER PERSONS IN HILLY AREAS OF SIKKIM, NORTHEAST INDIA

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Abstract: Global disability rates are rising due to aging and chronic conditions. Research in hilly regions of Himalayas like Sikkim is needed to address health challenges and improve care for the older individuals. The aim of this study was to check the association between perceived disability and QoL of older persons living in hilly areas. A cross-sectional study was conducted in east Sikkim, India, including individuals aged 60 years and above using a random sampling method. Perceived disability was assessed using WHODAS 12-item questionnaire and QoL was assessed using WHOQOL-Bref questionnaire. Mann-Whitney U test and logistic regression explored perceived disability score differences and associations between variables. A linear regression model examined the association between perceived disability and QoL. In this study, 450 older persons participated in the study, out of which 61.1% in rural areas and 59.5% in urban areas had perceived disability. The mean perceived disability scores were 29 ± 9.5 in rural areas and 28.4 ± 9 in urban areas. The study revealed a significant negative correlation between WHODAS and WHOQOL-Bref scores. Older persons aged above 69 years and with presence of chronic illness have higher odds of perceiving disability. Unemployed, financially dependent, and illiterate individuals are more likely perceive disability in rural areas. Reduction in QoL is associated with an increased perception of disability. Older persons in hilly areas face an increased perception of disability with age and chronic illness. Further research is needed to understand and address factors contributing to perception of disability and develop effective strategies to enhance QoL for the elderly.

Keywords: Sikkim, hilly area, perceived disability, quality of life

C3 [12]

UNDERSTANDING SEMANTIC RECOGNITION IN HEALTHY AGEING: EMPLOYING PRIMING TASKS TO NAVIGATE THE SUBTLETIES

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Abstract: Semantic priming describes the facilitation of reaction that happens when a semantically associated word is presented, making it easier to access or choose a subsequent word. Therefore, semantic priming enhances each person's rate of recognition. However, this beneficial effect of semantic priming may tend to diminish as a result of the inherent neurobiological changes resulting from ageing. To investigate the impact of aging on recognition tasks in different domains of semantic categories, based on reaction time and task completion time. 150 healthy aging individuals, ages 31 to 80, were selected for the study and placed into five age groups: 31–40, 41–50, 51–60, 61–70, and 71–80. There were thirty people in each group. Using DMDX software, wordlists comprising ten words each were developed under the semantic categories of synonyms, antonyms, abstract, and concrete. When a semantically similar word was recognized, the subjects were instructed to press the right shift key. Both the response time and the task completion time were recorded. Significant difference ($p < 0.05$) in the distributions of reaction time of semantically related task between different age groups except, between the ages 31-40 and 41-50, 51-60 and 61-70, 61-70 and 71-80 was obtained. It was observed that the age 71-80 had the highest rank score, indicating they took the maximum amount of time to react. Age-related neurobiological changes in the structures that affect the functionality of areas responsible for receiving and processing semantically linked information may be the cause of the decline in performance on recognition tasks with advancing age. The greater reaction and task completion times in older individuals relative to younger adults can be explained by these age-related atrophic changes.

Keywords: Semantic priming, aging, synonym, antonym, abstract words, concrete words

C4 **[13]**

MULTIMORBIDITY AND FRAILTY IN HOSPITAL BASED COHORT OF OLDER ADULTS: CHARMS- COHORT OF HEALTHY AGEING RELATED TO MULTI MORBIDITY STUDY

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Abstract: Multimorbidity is defined as more than 2 non communicable diseases in an individual. It is a common pattern in old age and an independent cause of frailty. Multimorbidity and frailty known to intersect in a complex manner resulting in increased morbidity, dependence, mortality and disability in later life. To examine longitudinal assessment of Multi morbidity and frailty we have set up a tertiary hospital Outpatient based cohort of older adults (60 years and above) named 'Cohort of Healthy Ageing Related to Multimorbidity Study 'in the Department of Geriatrics, JSSH, Mysuru, Karnataka, India from July 2023 and is ongoing. We have recruited a total of 520 elderly till date who had a structured assessment of frailty, cognition, depression and sarcopenia factors. From an ongoing cohort of 520 since July 2023, 71% are men and 23% are women. Magnitude of multimorbidity is approximately 56 % and is associated with increased age (34 % belonged to above 75 years), majority (72%) being male, 68 % were illiterates and 70% belonged to lower socio-economic group. Almost 58% had lower cognitive abilities and depression was seen in around 52 %. Multimorbidity was directly proportional to fraility and was independent of above confounder. Findings support need of comprehensive geriatric care in General Hospital setting addressing Multimorbidity and frailty guiding in policy making for pre-op and and post-op assessment of elders and could improve morbidity and mortality rates in elderly population.

Keywords: Multimorbidity, fraility, cohort, longitudunal

PAPER SESSION (D)
INNOVATIONS & AGEING

D1   **[14]**

ADHERENCE TO TECHNOLOGY-BASED FALLS PREVENTION PROGRAMS FOR COMMUNITY DWELLING OLDER ADULTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Abstract: Well-designed exercise programs can reduce falls in community-dwelling older adults but adherence to these programs for falls prevention are low. Technology may overcome some barriers to improve engagement although less is known on adherence to this delivery mode. The aim of this systematic review was to synthesize evidence for adherence to remote-delivered technology-based falls prevention programs. A systematic literature search of nine databases was conducted by two independent reviewers. Studies were included if they met the following criteria: (1) used a randomized controlled trial design; (2) included community-dwelling older adults over 60 years of age; (3) included a technology-based falls-prevention program (e.g. apps, DVDs, exergames, videoconferencing and videos) delivered remotely that required minimal to no in-person contact; and (4) reported falls-related outcomes and adherence data (e.g. number of sessions completed). Pooled adherence rates were calculated using random-effects meta-analysis, and meta-regression was used to examine the factors associated with program adherence. Eleven trials with 569 participants (mean average age 75 years) were identified. A variety of technology including apps, exergames and online synchronous classes were used to deliver the falls prevention programs, and there were no serious adverse events for studies reporting this information (n=8). There was substantial variability in the way adherence data were reported. For studies that reported the mean number of completed exercise sessions, the pooled estimate of adherence was 82% (95% CI 0.68, 0.93). None of the technology-based falls prevention program characteristics (e.g. exercise duration or delivery mode) were observed to be associated with adherence in the univariable meta-regression analysis. This review has shown that delivering falls prevention programs via technology remotely have high adherence. However, care needs to be taken when interpreting this result given the variability in technology types across the included studies. The use of remote-delivered technology may confer some benefits for the delivery of falls prevention programs such as the ability to add behavior adoption and maintenance strategies within the delivery mode. Technology could also be used to set goals, send feedback and reminders, and incorporate self-reported patient reported outcome measures. Despite this, older adults may experience technology barriers (e.g. digital literacy, internet access) that may make it difficult for them to engage with this platform. This highlights the need to tailor technology-based interventions specifically to older people and reimagine how technology can be used to support older adults' adoption of falls prevention programs into their daily life.

Keywords: Older adults, technology, falls prevention, exercise, adherence

D2 [15]

GREENCONNECT DEMENTIA RESPITE PROJECT: CODESIGN AND IMPLEMENTATION OF INNOVATIVE DEMENTIA RESPITE BASED ON GREEN CARE PRINCIPLES

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Abstract: Green care encompasses a variety of programs utilizing nature's elements to enhance social, physical and mental well-being. There is growing evidence suggesting that green spaces can facilitate active community life for people with dementia and their caregivers. Drawing on green care, the Green Connect Dementia Respite Project aims to improve the quality of life of people living with dementia and reduce caregiver burden. We describe the co-design process for the Green Connect Dementia Respite Project through engagement with and active participation of diverse key stakeholders. Between November 2023 and January 2024, two face-to-face focus groups with carers of people with dementia (FG1 n=5, FG2 n=7) and one consultation workshop (hybrid attendance) with project consortium partners and steering committee members (n=23) were conducted. Workshop discussions were guided by probing questions framed around the socioecological framework. Participants included dementia research academics, healthcare and community service providers, carers, people with dementia, representatives from a dementia peak body, Australian Indigenous community and a gender diverse group. Discussion transcripts underwent thematic analysis guided by the socio-ecological framework. Thematic analysis revealed the significance of various components of care, including personnel and stakeholder training, screening and assessment/diagnosis, care planning, diverse green care-themed respite activities to foster care partners' choice, and robust evaluation as the cornerstones of Green Connect. Further, participants emphasized the importance of an inclusive and culturally appropriate Green Connect model of care. The Green Connect Dementia Respite Project represents a comprehensive effort to develop and implement a novel model of dementia care rooted in green care principles, with a strong emphasis on stakeholder involvement, cultural appropriateness, and practical implementation strategies tailored to the needs of individuals with dementia and their caregivers in rural and regional areas. The RE-AIM-guided model of care implementation is scheduled to begin in March 2024. Expected project outcomes include enhanced the quality of life and care for individuals with dementia and their carers, reduced carer burden, improved carer wellbeing, better respite care experiences, and improved care planning for both the person with dementia and their carer.

Keywords: Dementia respite, green care, person-centered care, socio-ecological framework, co-design

D3 **[16]**

DEVELOPMENT AND VALIDATION OF MALAYSIAN-MIND DIET SCORES FOR PREDICTION OF MILD COGNITIVE IMPAIRMENT AMONG OLDER ADULTS IN MALAYSIA

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Abstract: Mild Cognitive impairment (MCI) is a prevalent issue in the elderly populace. The Mediterranean & Dietary Approaches to Stop Hypertension (DASH) Intervention for Neurodegenerative Delay (MIND) diet has shown promise in reducing the risk of MCI and Alzheimer's disease in older people. To develop the Malaysian version of the MIND diet (MY-MINDD) scores and investigate their association with MCI in the older adult populace of Malaysia. Methods: A comprehensive pooled data analysis was conducted on data from 810 participants sourced from the longitudinal Long-Term Research Grant Scheme-Towards Useful Aging (LRGS-TUA) study. The MY-MINDD scores were developed by incorporating existing MIND diet food groups, their corresponding scoring mechanisms, and consideration of common Malaysian foods which are proven to be beneficial and detrimental to cognitive function. To substantiate the MY-MINDD scoring system, its association with MCI was evaluated using a series of validated neuropsychological test batteries. MY-MINDD consists of seven food groups that promote brain health and four food groups exert negative cognitive outcomes. According to hierarchical multivariate binary logistic regression analysis, being in the highest tertile of MY-MINDD score was linked to reduced odds of MCI (odds ratio (OR)=0.43, 95%CI: 0.26-0.72, p<0.001) in the fully adjusted model in comparison to the lowest tertile. The development of the MY-MINDD scores for Malaysian older population revealed that a stronger adherence to this diet is linked to a reduced risk of MCI. Further substantiation of the MY-MINDD scores using more objective measures, such as neuroimaging approaches and other neuropsychological batteries, is necessary.

Keywords: Malaysian-MIND diet, dietary pattern, prediction, mild cognitive impairment, older adult

D4   **[17]**

EXPLORE CARE WORKER'S RESOURCE MOBILIZATION STRATEGIES TO ENHANCE CAREER DEVELOPMENT IN COMMUNITY ELDERLY CARE

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Abstract: Improving efficiency among home care service providers is crucial to enhancing the resource mobilization and quality of elderly care in Malaysia. There is a growing and urgent need for caregiver services for the elderly in the community. The aim of this study to explore a competency model for formal care worker in community context. Methodology: This qualitative study employed a phenomenological approach. Purposive sampling was used to focus on formal elderly caregivers in Selangor with experience managing older person in the community setting. Ten informants participated in in-depth using semi structured interviews. The researchers conducted a manual analysis of the interview data, converting it into verbatim transcripts and analyzing themes relevant to the study's objectives. The study found that home help services are highly sought-after by elderly individuals in the community. To meet the complex needs and demands of the elderly, the home care service model requires competent and professional caregivers. The study's implications extend to developing professionalism in the field of care worker industry. A comprehensive approach that addresses the needs of both care workers and agencies is crucial to attract and retain talent among youth in Malaysia. This will ensure high-quality care as Malaysia's elderly population continues to grow gradually. Finally, policymakers can leverage these findings to implement successful strategies that promote inclusive policy and resilient elderly care communities.

Keywords: Elderly, formal care, competency model, home help services

D5 [18]

THE CORRELATION OF MUSCLE THICKNESS AND FUNCTIONAL OUTCOME OF CRITICALLY ILL ELDERLY

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Abstract: The European Working Group on Sarcopenia defined Sarcopenia as muscle disease rooted in adverse muscle changes that accrue across a lifetime.[1] Background: Sarcopenia corelates with frailty, functional status and mortality. In Italy, Kejda Rustani 2019, determined the following cutoff value: rectus femoris muscle thickness was 0.7cm for females and 0.9cm for males.[2]. Indian heterogenecity prevents us from using the aforementioned cutoff value. To ascertain the cutoff value, rectus femoris muscle data was collected. Objectives are to determine the relationship between the muscle thickness and functional outcome of critically ill elderly, to determine the muscle thickness of rectus femoris muscle using ultrasound sonography in critically ill elderly. Study design: Comparative, Prospective. Study duration & place: September 2023 to February 2024, Intensive Care Unit, JSS Hospital, Mysuru. Sampling method: Convenient sampling. Study design: Cross sectional study. Sample size: 110 samples. Procedure: Rectus femoris muscle thickness was captured by ultrasound for critically ill elderly patients. Functional status was assessed using the Barthel's Index. From 110 samples whose Rectus Femoris Muscle ranged from 0.6 to 1.9cm, 3.6% mortality had severe dependency and a poor prognosis. Mortality between 0.8-0.9cm. Moderate to severely dependent between 0.6 to 1.2cm (45.4%). Mildly dependent to independent between 1.3 to 1.9cm (51%). Further data is required to define a cutoff value due to heterogeneity, variation in ultrasonography and a lack of global data. Based on the portability, affordability, and safety, we suggest ultrasound for sarcopenia detection in critically ill elderly.

Keywords: Sarcopenia, muscle thickness, critically Ill elderly, ultrasound, rectus femoris muscle, functional outcome

PAPER SESSION (E)
AGEING & GERONTOLOGY

E1   **[19]**

UNDERSTANDING THE EXPERIENCES OF OLDER IMMIGRANTS LIVING WITH DEMENTIA IN AUSTRALIA: A MULTI-METHOD STUDY USING SECONDARY DATA

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Abstract: Engaging immigrants living with dementia in research can be challenging due to cultural and language barriers, and the complex nature of dementia. However, understanding their experiences is essential for providing appropriate care. Secondary data is a useful source of information that can address this challenge. This multi-method study used multiple secondary data (both qualitative and quantitative data) sources to explore the experiences of immigrants living with dementia. The qualitative studies used thematic analysis to describe the dementia care experiences of older immigrants living with dementia. The quantitative studies compared and described the neuropsychiatric symptoms and pain experiences of dementia for older immigrants using the Neuropsychiatric Inventory and PainChek respectively. Integration of findings demonstrated that the cultural and language background of an individual is critical for understanding the experiences of people living with dementia. Evidence of the lack of culturally and linguistically appropriate care for immigrants living with dementia negatively impacted quality of care, contributed to neuropsychiatric symptoms of dementia (e.g., agitation and aggression) and influenced their expression and response to pain from dementia. There is a need for increased awareness, education and training on the impact of culture and language on care experience, pain and neuropsychiatric symptoms of dementia to ensure the provision of culturally safe care. Our findings also suggest the need for standard guidelines for using secondary data for dementia care research and the need for robust research ethics frameworks for using secondary data.

Keywords: Secondary data, dementia, immigrants, experiences, culture

E2   **[20]**

NEEDS OF FOREIGN DOMESTIC HELPERS' INFECTION PREVENTION AND CONTROL TRAINING IN HONG KONG TO PROMOTE ELDERLY HEALTH

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Abstract: Rapid aging and high population density has been the urgent issues locally in Hong Kong and worldwide, due to the consequent negative health outcomes. Since December, 2019 where there was the novel coronavirus disease 2019 (COVID-19), infection prevention and control has become an important measure taken as elderly is the most vulnerable population to COVID-19 transmission (Hong Kong Centre for Health Protection, 2020). There are approximately 53 million foreign domestic helpers (FDH) worldwide who have been increasingly in high demand to provide health and social care for the children, older adults, and the disabled persons in the community (International Labour Organization, 2014). FDH is usually a live-in caregiver who provides care for the activities of daily living to the older adults at home. There is high need of FDH to take care of the older adults at home due to rapid ageing populations (International Labour Organization, 2010). However, there has been no study exists regarding the needs of FDH's infection prevention and control training to improve the health outcomes of the elderly. Aim is to examine the existing knowledge and skills of infection prevention and control among FDH in Hong Kong and impact on the elderly health. Study sampling and data collection 312 FDH was recruited in the Philippine Community Centre in Hong Kong for this study. Intervention: Training Program of Infection Prevention and Control. The training program for infection prevention and control consists of 4 hours face-to-face classes. Contents of the training program included knowledge regarding the basic concepts of infection prevention and control, definition of chain of infection, and standard precautions, as well as the skills regarding the use of personal protective equipment (PPE), and proper hand hygiene. The participants performed return demonstration of the proper hand hygiene, and donning and doffing of the PPE after the teachers' demonstration. Instruments The instrument consists of self-administered questionnaire which captured the socio demographic characteristics, as well as their infection prevention and control related knowledge and practices. A quasi-experimental (pre- and post-test) design was adopted. The mean score on the knowledge items at pre-test was 1.917 (SD=0.862), while that at post-test was 2.728 (SD=0.825). The mean score had increased significantly by 0.812 $p<0.001$). The scores of all of the knowledge items had improved, ranging from 10.92% to 34.65%. For the practice of infection control, the mean score of the practice items at pre-test was 3.731 (SD=1.089), while that at post-test was 4.551 (SD=1.003), thereby the mean score had increased significantly by 0.820 ($p<0.001$). We conclude that there is high need in providing FDH for infection prevention and control training. Based on our findings, FDH gained better understanding and increased knowledge from the training program, leading to decreased community acquired infection rates and subsequent hospitalization of the elderly.

Keywords: Knowledge, practice, infection prevention and control, foreign domestic helpers in Hong Kong

E3   **[21]**

CAREGIVERS' STRATEGIES FOR ADULT FAMILY MEMBERS WITH INTELLECTUAL DISABILITIES AND CHALLENGING BEHAVIOURS

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Abstract: Most people with intellectual disabilities live with, or with the support of, their families. Adult family member with intellectual disability and challenging behaviors can present considerable demands on the caregiver who lives with them. There is a dearth of literature on the family caregivers' responses and strategies adopted to manage such behaviors. Part of a larger qualitative interview study that explored the experiences of caregivers living with an adult family member with intellectual disabilities at home, this paper reports on the strategies that family caregivers used to manage challenging behaviors exhibited by their adult family member with intellectual disability. Methods: A purposive sampling was employed to recruit 60 family caregivers living with an adult with intellectual disability in Hong Kong and northern China. Using the constructivist grounded theory, the interview data collected were analyzed using the constant comparative analysis. Caregivers realized that there were no always-workable solutions and thus they developed a number of strategies to prevent and manage challenging behaviors. Prevention strategies included accommodating the family member with intellectual disabilities and implementing antecedent interventions. Management of challenging behaviors included modifying interactions, verbal communication, reducing the risks of physical harm, and taking stepping-up actions. Once adults with intellectual disabilities reach adulthood, the caregiving tasks of family caregivers may change, but the amount or intensity of input continues to remain constant. Healthcare support and community services to meet the current and future needs of this unique group should be strengthened and provided regularly.

Keywords: intellectual disability, challenging behavior, family, caregiver, qualitative research

E4   **[22]**

COMPARING PAIN EXPERIENCE FOR IMMIGRANTS AND NON-IMMIGRANTS LIVING WITH DEMENTIA IN AUSTRALIAN RESIDENTIAL AGED CARE HOMES: A CROSS-SECTIONAL STUDY

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Abstract: Pain is a common experience for people living with dementia, however, it is often difficult to quantify pain due to an individual's cognitive impairment. Pain is also largely influenced by cultural background and remains under-researched in the context of immigrants living with dementia. This cross-sectional study compared the prevalence and intensity of pain between immigrants and non-immigrants with dementia living in residential aged care homes who were referred to Dementia Support Australia programs. Pain prevalence and intensity was assessed using the PainChek® Adult, a multimodal, psychometrically sound, artificial intelligence-based pain assessment instrument in the form of a mobile app for non-verbal people living with dementia. A total of 17,637 Dementia Support Australia referrals (immigrants=6,340; non-immigrants=11,297) supported during 2019-2022 were included. Findings showed no significant differences for pain prevalence across all groups. While immigrants experienced higher pain intensities than non-immigrants, significant difference in pain intensity was observed between non-English-speaking immigrants and non-immigrants [with non-English-speaking immigrants more likely to experience moderate pain (22.8% vs 19.0%) or severe pain (14.4% vs 12.9%) compared to non-immigrants]. This suggests that there is a possible link between culture and pain expression for people living with dementia, particularly for those who are immigrants. Our findings call for increased awareness, education and training on the influence of culture and language on pain expression in dementia to ensure the provision of culturally sensitive pain assessment and management for this population.

Keywords: Immigrants, dementia, experiences, pain intensity, pain prevalence

POSTER SESSION (P)
AGEING & DISABILITY

P1   **[23]**

IMPACT OF ENVIRONMENTAL BARRIERS ON PERCEPTION OF DISABILITY AMONG COMMUNITY-DWELLING OLDER PERSONS IN SIKKIM, HIMALAYAN REGION: A CROSS-SECTIONAL STUDY

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Abstract: The Himalayan region's rugged terrain, high altitude, and climate change pose distinct challenges for older people. Understanding environmental barriers for the aging Himalayan population is crucial for framing effective policies. To identify environmental barriers and check its association with perception of disability. A mixed-method study was conducted in east Sikkim, India, among older persons aged 60 years and above. Pilot study identified common environmental barriers faced by older individuals. "Stairs, walkways, footpaths, etc.", "hills and slopes", "public transportation structures", "digital illiteracy" and "social isolation" were the most reported barriers. These barriers were assigned a category code: 0 representing "no or minor problem" and 1 representing "major problem". Perceived disability was assessed using WHODAS 12-item questionnaire. Those with a WHODAS score over 24 were classified as perceiving disability. In the study, 450 older persons participated with the mean age of 70.8±8.1 years in rural areas and 69.3±7.3 years in urban areas. They reported that youth migration, unfamiliar gadgets with social connectivity tools, and geographical landscape limit them from social participation and healthcare access. Logistic regression analysis revealed that environmental barriers reported by elderly participants as a "Major problem" had significant odds of experiencing disability in rural and urban areas, except for digital illiteracy in rural areas. One of the primary challenges towards aging population in Himalayan region is the geographic landscape and illiteracy among indigenous communities. There is a need for GIS/remote sensing-based studies to address these challenges, helping in planning and development of infrastructure.

Keywords: Himalayan region, Sikkim, environmental barrier, perceived disability

P2 **[24]**

POLYPHARMACY IN AN OLDER LADY: THOUGHTFUL DEPRESCRIBING – A CASE REPORT

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Abstract: The magnitude of polypharmacy is on the rise as the global population faces a demographic shift with a larger proportion of older people, along with a marked increase in the prevalence of multimorbidity. Case Abstract: We present a case in which an 85-year-old woman who is a known case of diabetes mellitus, hypothyroidism, rheumatoid arthritis, persistent depressive disorder, Parkinson's disease with behavioral symptoms and dementia, came to the AIIMS New Delhi Geriatric Medicine outpatient department for expert opinion. It was discovered that the patient was following a complicated drug schedule that included several drugs from several therapeutic groups including psychoactive and nonpsychoactive medications. In total, she was taking 32 medications, many of which were added onto her drug regimen as a part of prescription cascade. We reviewed her disease timeline that span across 25 years and found that there was prescription cascade. A customized medication management plan was developed by means of an extensive medication review,2023 AGS BEERS Criteria and cooperative decision-making involving the patient, carers, and multidisciplinary team involving clinical psychologist, psychiatrist, dietician and physiotherapist. We also took help of DRUGS guide to optimizing medication safety for older adult. The patient was sent home along with a prescription for 13 medicines and non-pharmacological measures. The quality of life was assessed in the subsequent hospital visit using the SF-12 questionnaire which showed improvement in both physical and mental domain. She had better compliance owing to reduced pill burden and better cost effectiveness. The evidence of deprescribing is still emerging. The case emphasizes the value of patient-centered care, deprescribing programmers, interdisciplinary team approach and routine medication reviews in reducing the hazards related to polypharmacy in older adults. The major goals of deprescribing includes the risk reduction of geriatric syndromes like delirium, fall etc. and reduction in overall medication burden thereby improving quality of life and drug adherence.

Keywords: Deprescribing, shared decision making, prescription cascade, polypharmacy

P3   **[25]**

UNMASKING RENAL CELL CARCINOMA - PERICARDIAL EFFUSION IN AN ELDERLY WOMAN: A CASE REPORT

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Abstract: Renal cell carcinoma (RCC) steadily increases in prevalence with age. Although metastatic RCC can be found in them due to often delayed diagnosis; there is rarity in literature of cardiac manifestations of renal cell carcinoma. Cardiac metastasis or malignant effusion is reported in less than 1% cases of clear cell carcinoma, mostly from postmortem studies. We are presenting a clinical case report of older woman presenting with pericardial effusion and eventually diagnosed as a case of renal cell carcinoma. Case Abstract: An 80-year-old female, no known co-morbidities and addiction history, presented with complaints of chronic shortness of breath for 1 year progressing from New York Heart Association class 1 to class 3, not associated with any fever, cough, orthopnea, bilateral lower limb swelling, facial puffiness, blood transfusion history. She also complaint of a persistent feeling of heaviness on her chest which did not hamper her daily activities until two weeks before admission. With these complaints she was admitted to our hospital where her basic lab investigations were unremarkable. Her electrocardiogram was suggestive of low voltage QRS complexes, chest radiograph showed cardiomegaly. Echocardiography was performed which was suggestive of pericardial effusion of 8 mm. The pericardial fluid was analyzed which was suggestive of an exudative lymphocytic effusion with high LDH levels indicating the likely possibility of tumoral etiology. Her urine routine examination was positive for microscopic hematuria. A contrast CT of thorax and abdomen was done that showed Ill-defined mass lesion epic entered in lower pole calyx of right kidney with local extensions, likely transitional cell carcinoma and was planned for biopsy. Although pericardial effusion can occur secondary to malignancies, few case reports have been found for its association with primary renal cell carcinoma. It is mostly caused by intravascular spread of tumor and associated with a poorer prognosis. Therapies with TKIs and mTOR inhibitors may provide some clinical benefit but is often delayed due to missed or overlooked diagnosis. This clinical case report emphasizes the importance of the fact that while evaluating an older patient, especially with such isolated cases of pericardial effusion, such clinical diagnostic challenges have to be kept in mind.

Keywords: Pericardial effusion, renal cell carcinoma, older adults

P4 **[26]**

A COMPLEX CONVERGENCE: CHRONIC LIVER DISEASE, SEPSIS, AND AUTOIMMUNE HEMOLYTIC ANEMIA - A CASE REPORT

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Abstract: Chronic liver disease and autoimmune hemolytic anemia are relatively common in elderly populations, although their simultaneous presentation is rare. Case Abstract: This case report presents the intricate diagnostic journey of a 60-year-old female, without any comorbidities or addictions, presenting with recurrent melena, epistaxis, and altered sensorium characterized by reduced responsiveness, without any history of abdominal distension, pain, hematemesis, weight loss, appetite loss, dyspnea, chest pain, edema, oliguria, fever, or jaundice. Initial assessment revealed pallor, icterus, bilateral pedal edema, and ecchymotic patches on the shoulders and thighs, while systemic examination revealed a distended abdomen with an everted umbilicus and shifting dullness. Hematological analysis indicated anemia, thrombocytopenia, and indirect hyperbilirubinemia, yet the etiology of Chronic Liver Disease remained elusive despite rigorous workup including an autoimmune panel testing. However, heightened lactate dehydrogenase levels and persistent indirect hyperbilirubinemia hinted at an underlying hemolytic process, which was confirmed by a positive Coombs test, revealing monospecific IgG 4+ positivity, thereby diagnosing warm autoimmune hemolytic anemia. Contrast-enhanced CT scan, unveiled findings suggestive of right malrotated kidney with bilateral chronic pyelonephritis, potentially contributing to chronic liver disease decompensations or warm autoimmune hemolytic anemia. Additionally, urine analysis indicated the presence of pus cells and candida growth, further suggesting chronic pyelonephritis as a source of recurrent sepsis. Treatment with steroids, rituximab and antibiotics yielded improvements in platelet count, hemoglobin levels, and hyperbilirubinemia resolution. Despite these advancements, challenges persisted in elucidating the chronic liver disease etiology and potential secondary causes of warm autoimmune hemolytic anemia, emphasizing the case's complexity and the imperative for comprehensive evaluation and multidisciplinary collaboration in similar clinical scenarios.

Keywords: Chronic liver disease, warm autoimmune, hemolytic anemia, chronic pyelonephritis

P5 [27]

STRENGTHENING FRAILTY PATHWAYS: A QUALITY IMPROVEMENT INITIATIVE IN NORTHUMBERLAND

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Abstract: The Northumbria Elderly Assessment Unit is a frailty clinic providing assessment of elderly patients on an urgent and routine basis. Patients are referred from both general practice and the North East Ambulance Service yet the service was seemingly underutilised by general practice. This project aimed to assess and improve general practice referral patterns to the frailty clinic and to evaluate the effectiveness of interventions to increase referrals. Data on general practice referrals to the frailty clinic were collected over an initial 4-month period, noting which practices were actively making referrals. Following this, direct phone communication was made with practices via phone and an informational poster was distributed via email to be displayed and discussed in frailty meetings. A second 4-month data collection period followed to evaluate the impact of the intervention on referral rates. A significant increase in urgent referrals were made by general practices rising from 2.13% (n=2) prior to intervention to 36% (n=52). Overall referral volume data was skewed due to the clinic's service expansion from three to five days a week one month into post-intervention analysis. Despite this, a notable increase in referrals from several practices that had not that had not engaged with the service before could be appreciated. These findings suggest that targeted communication can enhance the use of frailty pathways by general practice. It would be recommended for the service to make twice yearly contact with practices in the catchment area to maintain engagement.

Keywords: