

## Book of Abstracts

# The 6<sup>th</sup> International Conference on Gerontology and Geriatric Medicine

(SilverAge 2025)

10<sup>th</sup> - 11<sup>th</sup> October 2025 | Bangkok, Thailand | Hybrid (Online and In-Person)

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Book of Abstracts of the 6<sup>th</sup> International Conference on Gerontology and Geriatric Medicine (SilverAge 2025)

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## MESSAGE FROM THE CONFERENCE CHAIRPERSON SilverAge 2025



It is my great honor and privilege to welcome you to the Silver Age Conference 2025, held under the theme “Ageing in a Changing World: Tackling Global Challenges in Gerontology and Geriatric Health.” This theme resonates deeply with the realities of our time, as societies across the globe face the complex and dynamic challenges of demographic shifts, increasing longevity, and the urgent need for sustainable policies and practices that uphold the dignity and wellbeing of older adults.

The Silver Age Conference provides a vital platform where scholars, practitioners, policymakers, and stakeholders converge to share knowledge, research, and innovative practices. By engaging in meaningful dialogue and cross-disciplinary collaboration, we can collectively address the pressing issues that accompany ageing in today’s rapidly changing world. Together, we have the opportunity to examine global perspectives, highlight best practices, and foster solutions that will positively shape the future of gerontology and geriatric health.

This year’s conference brings together a wide range of important tracks, from theories of ageing, mental well-being, nutrition, and elderly-friendly environments to innovations in technology, risk reduction of cognitive decline, and the social, economic, and legal aspects of ageing. Equally significant are the sessions on geriatric medicine, dementia care, osteoporosis and bone health, palliative care, and the management of chronic conditions such as cancer and diabetes. By addressing such a comprehensive spectrum, the conference reflects the interdisciplinary nature of gerontology and geriatrics, while underscoring the urgency of building resilient and compassionate systems of care.

As Chairperson, I am deeply encouraged by the participation of distinguished keynote speakers, dedicated researchers, and committed professionals. I am equally grateful to the organizing committee for their unwavering dedication in bringing this conference to life.

On behalf of the organizing committee, I warmly welcome you and wish you a productive, inspiring, and memorable conference experience.

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 ACADEMIC PARTNER SilverAge 2025**



**International Institute on Ageing  
United Nations - Malta**

It is with great honour and sincere appreciation that I extend my warmest greetings to all participants of the 6th International Conference on Gerontology and Geriatric Medicine, held under the theme ‘Ageing in a Changing World: Tackling Global Challenges in Gerontology and Geriatric Health’, from 10<sup>th</sup>–11<sup>th</sup> October 2025 in the vibrant city of Bangkok, Thailand.

This significant event, organised by Silver Age with the International Institute on Ageing United Nations – Malta (INIA) as one of the academic partners, brings together experts, practitioners, policymakers, and stakeholders from across the globe to address the ever-evolving challenges and opportunities presented by population ageing.

The world is undergoing profound demographic transitions. By 2050, it is projected that the number of older persons aged 65 and above will surpass 1.5 billion. While this reflects remarkable progress in public health and socioeconomic development, it also places unprecedented pressure on health systems, long-term care structures, social protection schemes, and the broader fabric of societies. The theme of this year’s conference could not be more timely or relevant. In a world marked by rapid technological advancements, shifting socioeconomic dynamics, and the lasting impact of global crises such as the COVID-19 pandemic, it is essential that we adopt comprehensive, inclusive, and sustainable approaches to ageing and health in later life.

INIA has long been committed to building capacity and promoting policies and practices that enhance the quality of life of older persons worldwide. Through partnerships such as this one with Silver Age, we continue to support the development of training, research, and policy initiatives tailored to the needs of low-income countries and countries with economies-in-transition. This conference serves as a critical platform to exchange best practices, foster international cooperation, and advance dialogue on integrated gerontological and geriatric care models.

I commend the organisers for curating a robust and forward-thinking programme that addresses the diverse aspects of ageing. May this conference inspire new partnerships, generate actionable strategies, and reinforce our collective commitment to promoting the dignity, rights, and wellbeing of older persons around the world.

Warm regards,

Rosette Farrugia-Bonello

Deputy Director

International Institute on Ageing United Nations – Malta (INIA)

## MESSAGE FROM THE ACADEMIC PARTNER SilverAge 2025



The John Richards Centre for Rural Ageing Research, La Trobe University, Australia, is honoured to join the 6th International Conference on Gerontology and Geriatric Medicine (SilverAge 2025) as an Academic Partner. This partnership reflects our shared commitment to advancing knowledge, innovation, and collaboration in the field of ageing.

Based in regional Victoria, Australia, the Centre was established to address the unique challenges and opportunities associated with ageing in rural and regional communities. Our research focuses on health, wellbeing, and social participation in later life, with particular attention to equity of access, workforce sustainability, and the lived experiences of older people in non-metropolitan settings. We are proud to contribute evidence that informs aged care practice, health policy, and community development—always with the aim of improving quality of life for older adults and their families.

SilverAge 2025 offers a vital forum to exchange ideas, highlight emerging evidence, and strengthen international collaborations. The complexity of population ageing demands perspectives that cross borders, disciplines, and contexts. For us, the opportunity to bring rural voices and insights into this global conversation is especially important.

As the world's older population grows, we face a pressing responsibility to ensure that ageing is not only longer, but healthier, more inclusive, and more dignified. Conferences such as SilverAge foster the dialogue and partnerships that make this possible. The John Richards Centre is delighted to partner with colleagues, practitioners, and communities worldwide in working toward these goals. We look forward to contributing to the discussions, learning from international experiences, and building enduring collaborations that will shape the future of gerontology and geriatric medicine.

Associate Professor Sean MacDermott  
Director,  
John Richards Centre for Rural Ageing Research,  
La Trobe University,  
Australia

**MESSAGE FROM THE ACADEMIC PARTNER SilverAge 2025**



It is a privilege to support the Silver Age Conference as an academic partner this year. As a geriatrician, I see the importance of bringing together eminent clinicians and researchers to address the complex and evolving needs of older adults. This conference stands out as a vital forum for exchanging ideas, sharing evidence-based practices, and exploring innovative approaches to ageing and care.

The sessions ahead promise to be both illuminating and engaging—offering new insights, challenging assumptions, and inspiring collaboration across disciplines. I am confident that the knowledge shared here will not only enrich our professional practice but also contribute meaningfully to the quality of life of the populations we serve.

My sincere thanks to the organizers, speakers, and participants for their dedication to advancing the field of ageing. I look forward to the collective momentum we will build together during this important event following the discussions at the Silver Age conference.

Prof Surekha V MD(Med), FRCP  
President,  
Indian Academy of Geriatrics

### ABSTRACTS OF KEYNOTE SPEAKERS

- 01 Cognitive Health and Dementia Risk Reduction: Emerging Perspectives and Future Directions 02  
*Subramaniam, P.*

### ABSTRACTS OF ORAL SESSIONS

#### DETERMINANTS OF HEALTHY AGEING: FUNCTION, COGNITION, AND METABOLIC HEALTH (C)

- A1 02 The Role of Core Strength in Sit-to-Stand Performance in Older Adults: A Literature Review 05  
*Leonarto, E., Putri, V.U., Kurniarobbi, J.*
- A2 03 Duration and Quality of Sleep as Risk Factors for Cognitive Impairment; An Umbrella Review of Systematic Reviews 06  
*Harbishettar, V., Ramachandra, P., Tenagi, S., Srivastava, S., PN, R., Rajkumar, R. P., Leroi, I., KS, S., Gupta, R.*
- A3 04 Meta-Analysis and Systematic Review of the Association Between Hypertriglyceridemic Waist Phenotype and Hypertension 08  
*Saedon, I.S.*
- A4 05 Improving Bone Health in a Frailty Department: A Quality Improvement Project on Frax Utilisation 09  
*Hamzelou, H., Ong, E.T.*

**FROM EMERGENCY CARE TO CULTURAL INTERVENTIONS:  
MULTIDIMENSIONAL INSIGHTS INTO AGEING (B)**

B1	06	Geriatricians in ED (GED) Amongst Older Patients Presenting Post Falls <i>Kaur, A.</i>	11
B2	07	Exploring Perceptions of Healthy Ageing in Malaysia <i>Sharma, S.</i>	12
B3	08	Semi-Professional Training for Older Volunteers: Comparing Peer and Intergenerational Learning Approaches <i>CAI, X., YI, X., BAI, X.</i>	13
B4	09	The Association Between Mild Behavioral Impairment, Subjective Cognitive Decline, Activities of Daily Living, Mood and Objective Cognition Among Older Adults <i>Tang, S., Subramaniam, P., Siau, C.S., Chong, A.S.S., Liu, F., Zhang, G.</i>	14
B5	10	The Impact of Cultural-Based Cognitive Interventions for Older Adults with Neurocognitive Conditions: A Systematic Review <i>Tuneesha, R., Ponnusamy, S., Shazli Ezzat, G., and Noh, A.</i>	15
B6	11	<b>A Pilot Study on Improving Geriatric Patient(s) and Caregiver(s) Comprehension of Discharge Summary</b> <i>Sahetya, P. N., Sharma, A., Pereira, P., Siddappa, N.</i>	16

**ADVANCING HEALTHY AGEING: CLINICAL INSIGHTS AND COMMUNITY APPROACHES (C)**

- C1 11 All-Cause and Cause-Specific Mortality in Elderly People with Mental Illness During and After the COVID-19 Pandemic: A Cohort Study 17  
*Giri Shankar, V., Perera, G., Stewart, R.*
- C2 12 The Community Home Model – An International Balinese Resort for People Living with Younger Onset Dementia 17  
*Jilek, R.M.*
- C3 13 Statin-Induced Toxic Myopathy Masquerading as Recurrent Falls and De-Conditioning in an Older Adult 20  
*Asuka, E.S.*
- C4 14 Measuring Impact of Public Health Talks on Healthy Ageing: Development of Feedback and Behaviour Change Tools 21  
*Harbishettar, V., Komala, T.Y., Tripathi, R., Harbishettar, A.S., Sinha, P., Sivakumar, P.T.*
- C5 15 State, Family and Charity Social Resources for Families with Dementia Relatives in Russian Province 22  
*Golubeva, E.*

## ABSTRACTS OF POSTER SESSIONS

## INNOVATIONS AND PERSPECTIVES IN GERIATRIC CLINICAL CARE (P)

- P1 16 Sex Disparities in Cardiovascular Risk Among Older Adults: Insights from the Tehran Cohort Study 24  
*Shafiee, A., Narimani Javid, R. Jalali, A. Sadeghian, S. Karimi, A. Boroumand, M.*
- P2 17 Smart-CGA: Use of an Online Pre-Consult Questionnaire to Improve Efficiency in Geriatric Outpatient Clinics 25  
*Chew T.L.T., Foo W.T., Arifin T., Fang L.W.S., Foo W.C., Lee, J.H.M., Yang, C.*
- P3 18 Improving Discussions About Resuscitation with Frail Older Adults: Clinicians' Perspectives 26  
*Techache, R., Kirkham, F., Xenofontos, P., Jamil, S., Tomkow, L.*
- P4 19 Understanding Dementia in Tamil Communities: A Narrative Literature Review of Awareness, Risk, and Cultural Barriers to Care 27  
*Selvanayagam, S., Yogaparan, T.*
- P5 20 Effects of Anxiety, Stress and Perceived Social Support on Depression and Loneliness Among Older People During the COVID-19 Pandemic: A Cross-Sectional Path Analysis 28  
*Farhang, M.*

# **ABSTRACTS OF KEYNOTE SPEAKERS**

[01]

**COGNITIVE HEALTH AND DEMENTIA RISK REDUCTION: EMERGING  
PERSPECTIVES AND FUTURE DIRECTIONS*****Subramaniam, P.***

Centre for Healthy Ageing & Wellness, Faculty of Health Sciences, Universiti Kebangsaan  
Malaysia, Malaysia

Population ageing is a defining global phenomenon of the 21st century. By 2050, the number of people aged 60 years and above is projected to exceed 2 billion worldwide, creating profound implications for health systems, social structures, and economies. Among the most pressing challenges associated with this demographic shift is the rising prevalence of dementia and cognitive decline, which represent not only medical concerns but also major public health priorities across regions. In this context, advancing brain health and implementing dementia risk reduction strategies are essential to ensuring quality of life, independence, and dignity for older adults. This presentation examines the concept of successful cognitive ageing, defined not merely as the absence of neurocognitive disorders but as the preservation of resilience, social connectedness, purpose, and functional independence in later life. Current evidence highlights the significance of modifiable lifestyle factors physical activity, cognitive stimulation, balanced nutrition, vascular risk management, and social engagement in promoting cognitive resilience and delaying functional decline. For example, regular exercise, cognitively enriching activities, healthy dietary practices, and maintaining social networks have all been shown to reduce dementia risk and strengthen brain health across the lifespan. Special emphasis is placed on life-course approaches, recognizing that interventions initiated in midlife or even earlier can substantially increase resilience against cognitive impairment in later years. Emerging findings also demonstrate how education, socioeconomic status, and community environments shape long-term brain health outcomes. In addition, culturally tailored strategies, including dietary practices rich in polyphenols and antioxidants, illustrate the importance of adapting prevention efforts to diverse populations worldwide. Looking ahead, emerging perspectives and future directions such as digital health tools, precision prevention, community-based innovations, and culturally adaptable models of care hold significant promise for advancing brain health. By integrating clinical, behavioral, and societal strategies, societies can mitigate the impact of dementia and ensure that ageing in a changing world is marked by resilience, independence, and meaningful participation.

**Keywords:** Cognitive ageing, dementia, health promotion, risk reduction, life course approach

# **ABSTRACTS OF ORAL SESSIONS**

## **SESSION (A)**

# **DETERMINANTS OF HEALTHY AGEING: FUNCTION, COGNITION, AND METABOLIC HEALTH**

A1

[02]

## THE ROLE OF CORE STRENGTH IN SIT-TO-STAND PERFORMANCE IN OLDER ADULTS: A LITERATURE REVIEW

*Leonarto, E.<sup>1</sup>, Putri, V.U.<sup>1</sup>, Kurniarobbi, J.<sup>1,2</sup>*

<sup>1</sup>Sports Medicine Study Program, Faculty of Medicine, University of Indonesia, Indonesia

<sup>2</sup>Center for Sports and Exercise Studies, Indonesian Medical Education and Research Institute (IMERI), Faculty of Medicine, University of Indonesia, Indonesia

The ability to stand from sitting is essential human capabilities. With age, skeletal muscle volume decreases, affecting older adults' ability to move independently. The core functions to stabilize and control the trunk during limb movements. Given the involvement of multiple muscle groups in the sit-to-stand (STS) process, the role of core strength in this movement needs further exploration. This study aims to evaluate evidence regarding the relationship between core strength and STS and to identify areas requiring further study. A systematic review was conducted following PRISMA guidelines using PubMed, Scopus, and PEDro databases, with additional manual searches for studies involving individuals aged 60 and above. Results: This review highlights that core strength significantly impacts STS capability. Stronger core strength is consistently associated with faster transition and improved mobility, while weaker strength leads to compensatory movements such as forward trunk flexion and increased angular velocity, especially from lower seats. These compensations may increase the risk of strain and falls. Core strength is vital for safe STS in older adults, supporting mobility and reduces fall risk. Future studies should standardize assessment and develop effective core training programs for this population.

**Keywords:** Aging, core strength, sit-to-stand, compensation, risk

A2

[03]

**DURATION AND QUALITY OF SLEEP AS RISK FACTORS FOR COGNITIVE IMPAIRMENT; AN UMBRELLA REVIEW OF SYSTEMATIC REVIEWS**

**Harbishettar, V.<sup>1</sup>, Divyashree, N.S<sup>1</sup>; Komala, T.Y.<sup>1</sup>; Tripathi, R.<sup>2</sup>, Harbishettar, A.S.<sup>3</sup>, Sinha, P.<sup>1</sup>**

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The Lancet Commission report on dementia (2020), updated in 2024, did not include sleep-related conditions among the 14 identified risk factors for dementia. However, sleep is a fundamental component of lifestyle, occupying a significant portion of the human lifespan. Emerging evidence, including recently published systematic reviews, highlights the growing interest in exploring the relationship between sleep and cognitive decline. With the evolving research, there is a compelling need to systematically re-examine the association between sleep duration and quality with cognitive impairment and, more specifically, with the risk of developing dementia. Given the growing number of recently published systematic reviews on this topic, conducting an umbrella review was deemed a more suitable approach than updating a single systematic review. Therefore, it was decided to undertake an umbrella review of systematic reviews to re-evaluate the hypotheses that duration and/or quality of sleep lead to progressive or irreversible cognitive impairment. This PROSPERO registered umbrella review (CRD420250655199) followed PRISMA guidelines and PRIOR checklist. Databases used included PubMed, Ovid MEDLINE, PsycINFO, and Google Scholar for peer-reviewed publications; ProQuest and BASE were used for grey literature. Searches were also carried out in PROSPERO and Open Science Framework for relevant registered protocols and followed up with authors for results and publications. All searches were carried out until the end of February 2025. The included systematic reviews with or without meta-analyses were on observational studies (cohort, cross-sectional, or case-control study designs), where either sleep duration or its quality parameters were the exposure(s) and irreversible type of cognitive decline or dementia were the outcomes. Reviews focused predominantly on parasomnias or sleep apnoeas were excluded. Quality assessment was done with Critical Skills Appraisal Programme (CASP) checklist. From the 786 records initially identified, thirteen systematic

reviews published between 2016 and 2024 met the eligibility criteria for this umbrella review, of which eleven incorporated a meta-analysis. Of thirteen reviews, four (Xu 2020; Howard 2024; Wang 2024; Yang 2024) reported a significant association between sleep duration and cognitive impairment; three of these linked longer sleep duration to increased dementia risk. Among five reviews based solely on cohort studies, three (Wu 2024; Yang 2024; Howard 2024) concluded that abnormal sleep duration may contribute to cognitive decline. The two highest-quality reviews (Howard 2024; Yang 2024), as per the CASP checklist, also supported this association. Overall, sleep duration was significantly related to both cognitive impairment and dementia, while evidence for links between sleep quality and cognitive outcomes was limited. This review found that sleep duration was significantly associated with irreversible cognitive impairment or dementia, whereas the evidence for sleep quality as a contributing factor remained insufficient. It addresses a critical gap in the literature and offers timely and relevant evidence that supplements the Lancet Commission's 2024 report on dementia.

**Keywords:** Cognitive impairment, dementia, insomnia, polysomnography, risk factors, sleep, systematic reviews, umbrella review

A3

[04]

**META-ANALYSIS AND SYSTEMATIC REVIEW OF THE ASSOCIATION  
BETWEEN HYPERTRIGLYCERIDEMIC WAIST PHENOTYPE AND  
HYPERTENSION***Saedon, I.S.*

University Malaya, Malaysia

The hypertriglyceridemic waist (HTGW) phenotype, characterized by elevated waist circumference and triglyceride levels, may be closely associated with the development of hypertension. To systematically evaluate the association between the HTGW phenotype and the risk of hypertension. A comprehensive search was conducted in PubMed, Medline, Embase, Web of Science, Proquest, and Cochrane Library to identify observational studies examining the relationship between the HTGW phenotype and hypertension. Odds ratios (ORs) with 95% confidence intervals (CIs) were extracted. Meta-analysis was performed using fixed or random-effects models, with heterogeneity assessed via  $I^2$  and publication bias evaluated through funnel plots and Egger's test. Six studies involving 32,284 participants were included. The pooled OR was 1.92 (95% CI: 1.54–2.39,  $P < 0.001$ ), indicating a significant positive association between the HTGW phenotype and hypertension. Subgroup analyses yielded consistent results, with no significant publication bias detected (Egger's test,  $P = 0.21$ ). The HTGW phenotype significantly increases the risk of hypertension, suggesting its potential value in early screening and intervention strategies for hypertension.

**Keywords:** Hypertriglyceridemic waist phenotype, hypertension, meta-analysis

A4

[05]

## IMPROVING BONE HEALTH IN A FRAILTY DEPARTMENT: A QUALITY IMPROVEMENT PROJECT ON FRAX UTILISATION

*Hamzelou, H., Ong, E.T.*

*Blackpool Victoria Hospital, United Kingdom*

Fragility fractures are a major source of morbidity and mortality in frail, older adults (1). Early identification of osteoporosis risk allows for timely referral, investigation, and management. Baseline practice in the Frailty Department showed no use of FRAX (fracture risk assessment tool), resulting in missed opportunities for prevention (2). To increase use of FRAX within the Frailty Department to guide referrals to rheumatology, dual-energy X-ray absorptiometry (DEXA) scanning, or initiation of immediate treatment. Baseline data collection was undertaken to measure FRAX usage and referral rates. Two interventions were introduced:

1. Departmental teaching sessions to raise awareness of FRAX and its clinical application.
2. Posters placed around the department as visual prompts.

Data was re-collected following each intervention to monitor impact.

After initial interventions, FRAX use improved, with more patients being assessed and appropriate referrals made. However, repeat data collection revealed subsequent decline, with FRAX use falling. This highlights that while educational and visual interventions can generate short-term improvements, they were insufficient to embed sustained practice change. This QIP demonstrates the challenges of implementing and maintaining use of risk assessment tools in a busy clinical environment. While simple interventions increased initial uptake, long-term improvement requires structural change. Future work should focus on integrating FRAX into existing departmental pathways, such as admission proformas, particularly in patients presenting with falls. This could ensure consistent and sustainable assessment of bone health in frail patients.

**Keywords:** FRAX, osteoporosis, fragility fractures, bone health, secondary prevention

**PAPER SESSION (B)**

**FROM EMERGENCY CARE TO CULTURAL  
INTERVENTIONS: MULTIDIMENSIONAL INSIGHTS  
INTO AGEING**

**B1****[06]****GERIATRICIANS IN ED (GED) AMONGST OLDER PATIENTS PRESENTING POST FALLS*****Kaur. A.***

Monash Health, Victoria, Australia

Geriatric medicine in the Emergency Department (ED) represents an advancing field that integrates the principles of geriatric care into urgent care settings. Several studies have evaluated the impact of geriatrician consultations in ED's on reducing hospital admissions, promoting safe discharges directly from the ED, and ensuring timely admissions to geriatric wards when necessary. However, to our knowledge, there have been no studies to assess the effectiveness of this intervention amongst those patients presenting after falls. To evaluate the impact of geriatrician reviews in ED amongst older patients presenting after falls in reducing ED 30-day readmission rates, length of stay (LOS) and disposition. A single-centre case control study was undertaken at Monash Medical Centre ED, Victoria. Participants included patients above the age of 65 that presented after a fall from February to August 2022. A total of 1029 patients were identified, out of which 66 cases were seen by geriatricians and 139 controls who received standard care were randomly selected. Retrospective data regarding patient characteristics and outcomes were collected from electronic medical records. Demographic comparison between both groups revealed that most patients seen by geriatricians were multi-morbid, frail and had polypharmacy. There was a trend towards reduction in 30-day representation in the geriatrician group compared to control group (6% vs 13%,  $p>0.05$ ). The geriatrician cohort had a longer LOS in ED ( $p=0.002$ ). On discharge, 85% of controls were only referred to their primary care providers, whereas 35% of the geriatrician cohort were referred to hospital-led services, 18% to community-led services and 9% to ambulatory admission programmes ( $p<0.001$ ). 47% of geriatrician cohort were referred to care coordinators compared to 18% of controls ( $p<0.001$ ). Geriatricians are an important part of the front-line hospital team for complex, multi-morbid older patients presenting post falls. This study demonstrated improved utilization of out-of-hospital-based services and allied health referrals, with likely improved patient outcomes and provide support primary care providers.

**Keywords:** Elderly, falls, emergency department, geriatrician, outcomes

B2

[07]

**EXPLORING PERCEPTIONS OF HEALTHY AGEING IN MALAYSIA***Sharma. S.*

Faculty of Health Sciences, Universiti Kebangsaan Malaysia, Malaysia

Malaysia is projected to become an ageing nation by 2030, presenting unprecedented challenges and opportunities for healthcare systems and social services. Despite extensive research on healthy ageing in Western contexts, a notable knowledge gap exists within Malaysia's unique cultural landscape, where rapid societal changes in family structures, urbanization, and technological advancement are significantly redefining healthy ageing. Understanding these perceptions is crucial for developing contextually appropriate policies during this demographic transition. This research examines how cultural, social, and economic factors shape perceptions of healthy ageing in Malaysia; identify successful strategies to enhance health and well-being among older adults; and develop culturally appropriate frameworks to inform evidence-based policy development during this critical period of change. This ongoing study employs a comprehensive mixed-methods approach incorporating quantitative surveys (n=1000) using stratified random sampling across age groups, genders, and urban/rural areas; semi-structured interviews (n=30) with purposively selected participants; and age-segmented focus group discussions. Assessment dimensions include physical and mental health, social interactions, lifestyle habits, independence, emotional well being, purpose, healthcare access, financial security, and environmental factors. Findings will elucidate the multidimensional perceptions of healthy ageing within Malaysia's diverse sociocultural context, revealing how these perceptions are influenced by demographic variables and societal changes across physical, psychological, social, and spiritual dimensions. The investigation will contribute theoretical frameworks specific to the Malaysian context while offering evidence-based policy recommendations. Results will inform the development of culturally sensitive interventions promoting health among older Malaysian adults, potentially improving health outcomes, enhancing quality of life, and reducing healthcare expenditure as the nation navigates this significant demographic shift.

**Keywords:** Healthy ageing, Malaysian demographics, mixed-methods research, sociocultural

B3

[08]

**SEMI-PROFESSIONAL TRAINING FOR OLDER VOLUNTEERS: COMPARING PEER AND INTERGENERATIONAL LEARNING APPROACHES***CAI, X., YI, X., BAI, X.*

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Older volunteers may address workforce shortages in social services in ageing societies. We evaluated whether semi-professional, learning-by-practice programs could equip older adults to deliver services in: (1) family communication for couples, (2) later-life planning, and (3) physical and mental exercise for nursing home residents. Two approaches were compared: peer-learning among older adults and intergenerational-learning where older adults and university students co-trained and co-designed service projects. This explanatory sequential mixed-methods study assigned older adults to either a peer-learning group ( $n = 73$ ) or an intergenerational group ( $n = 47$ ). All participants completed training in one area and co-developed and implemented a service project in small teams. Surveys at pre-training, post-training, and post-service assessed volunteering abilities, knowledge mastery, well-being (loneliness, happiness, life control), and social relationships. Twelve participants later joined focus group interviews. Repeated measures ANOVA showed improved volunteering abilities ( $p = .004$ ) and knowledge mastery in peer-learning group ( $p < .001$ ); a significant time  $\times$  group interaction for knowledge mastery ( $p < .001$ ) also favored peer-learning. Intergenerational learning showed greater reductions in loneliness ( $p = 0.010$ ) and improved well-being outcomes by MANOVA. Thematic analysis found older adults were intrinsically motivated to build skills and contribute to social services. Peer-learning enhanced outcomes through shared, practice-based experiences, while intergenerational settings shifted motivation toward mentoring and collaboration, yielding less learning progress but greater well-being gains. Aligning older volunteer training program goals with thoughtful program design is essential. Involving older adults in co-designing policies fosters inclusive solutions grounded in lived experiences.

**Keywords:** Older volunteer training, semi-professional volunteer, peer learning, intergenerational learning, explanatory sequential mixed-methods study

B4

[09]

**THE ASSOCIATION BETWEEN MILD BEHAVIORAL IMPAIRMENT,  
SUBJECTIVE COGNITIVE DECLINE, ACTIVITIES OF DAILY LIVING, MOOD  
AND OBJECTIVE COGNITION AMONG OLDER ADULTS**

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Mild behavioral impairment is a late-life syndrome defined by emergent, persistent behavioral or personality changes signaling heightened dementia risk, yet its epidemiology and correlates in Chinese community-dwelling older adults remain underexplored. This study investigated MBI prevalence, demographic associations, and links with subjective cognitive decline, mood, activities of daily living, and objective cognition, evaluating whether MBI-SCD co-occurrence predicts cognitive function more robustly than either alone. Specific objectives included estimating prevalence, identifying correlates, mapping inter-variable relationships, and testing interactive effects. In Nanyang City, Henan Province, China, a cross-sectional design recruited 316 community-dwelling adults ( $\geq 60$  years; mean age 68.4 years; 58% female) via convenience sampling. Validated measures assessed MBI (Mild Behavioral Impairment Checklist), SCD (Cognitive Function Instrument-New), mood (Geriatric Depression Scale), ADL (Barthel Index), and cognition (Montreal Cognitive Assessment). Analyses used Spearman correlations, linear regression, and hierarchical regression for interactions. MBI prevalence was 23.73%, elevated in 60–64-year-olds and linked to lower education, unstable income, and certain marital/living statuses. MBI correlated positively with SCD, depressive symptoms, and ADL impairment, and negatively with cognition. The MBI $\times$ SCD interaction explained additional variance in global cognition, memory, language, visuospatial, and executive domains. Affirming MBI as an early cognitive vulnerability marker, this work highlights its synergy with SCD in Chinese contexts, addressing self-report biases via multi-method validation. Integrate dual MBI-SCD screening into community care, prioritizing low-education and unstable-income groups with tailored behavioral interventions for proactive decline management. Longitudinal extensions could broaden generalizability, informing scalable aging policies.

**Keywords:** Mild behavioral impairment, subjective cognitive decline, older adults, cognitive function, community-dwelling

B5

[10]

## THE IMPACT OF CULTURAL-BASED COGNITIVE INTERVENTIONS FOR OLDER ADULTS WITH NEUROCOGNITIVE CONDITIONS: A SYSTEMATIC REVIEW

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Neurocognitive disorders, including dementia and mild cognitive impairment, are a major global health burden among ageing populations. Non-pharmacological strategies such as cognitive activities show lasting benefits, and culturally tailored interventions may further enhance engagement and therapeutic relevance. Reviews of these approaches remain scarce. To evaluate the effectiveness of culturally based cognitive interventions in enhancing cognition, mood, and well-being among older adults with neurocognitive conditions. Systematic searches of PubMed, Scopus, Web of Science, and ScienceDirect identified 16 studies with 13,616 participants using randomized controlled or quasi-experimental designs. Validated outcome measures included the Mini-Mental State Examination, Montreal Cognitive Assessment, Neuropsychiatric Inventory, Geriatric Depression Scale, and Clinical Dementia Rating. Interventions incorporated culturally relevant activities such as mahjong, Tai Chi, mental abacus training, GO, Ska, and virtual reality delivered individually, in groups, or virtually. Data were narratively synthesized to assess cognitive, psychosocial, and functional outcomes. Most interventions showed significant gains in attention, memory, and executive function. Mahjong and Tai Chi improved and sustained cognitive benefits for up to nine months. Tai Chi and Tai Ji Quan also enhanced physical performance. Ska produced superior memory and executive function outcomes, while virtual reality showed mixed effects. Interventions reduced depressive symptoms, improved quality of life, and increased brain-derived neurotrophic factor levels. Culturally tailored cognitive interventions are feasible, engaging, and effective for older adults with mild cognitive impairment and dementia. Larger trials with long-term follow-up are recommended for more effective benefits.

**Keywords:** Cultural interventions, cognition, dementia, mild cognitive impairment, older adults

B6

[11]

**A PILOT STUDY ON IMPROVING GERIATRIC PATIENT(S) AND CAREGIVER(S) COMPREHENSION OF DISCHARGE SUMMARY***Sahetya, P. N.<sup>1</sup>, Sharma, A.<sup>2</sup>, Pereira, P.<sup>3</sup>, Siddappa, N.<sup>4</sup>*<sup>1</sup>Quality Assurance Department, JSS Hospital, Mysore,<sup>2</sup>Department of Geriatrics, JSS Hospital Mysore,<sup>3</sup>Department of Geriatrics, JSS Hospital, Mysore,<sup>4</sup>Assistant Medical Superintendent, JSS Hospital Mysore, India

For many elderly patients, being discharged from the hospital brings more confusion than comfort. Managing multiple health conditions, depending heavily on caregivers, and struggling to understand medical terms can make the shift from hospital to home overwhelming. Complicated discharge instructions, limited literacy, and communication barriers often result in missed medications, skipped follow-ups, and avoidable readmissions. These challenges underscore the importance of clearer, more compassionate communication to support safer recovery and smoother transitions for elderly patients. To assess the comprehension of discharge instructions among geriatric patients and caregivers, identify communication gaps, and develop practical, patient-friendly interventions to enhance understanding and reduce readmissions. A pilot study (N=5 discharges/day) will be conducted among geriatric patients (≥65 years) discharged from the Geriatrics Department of JSS Hospital, Mysore, between November and December 2025, following institutional ethics approval. A bilingual (English–Kannada) survey tool, developed and validated by a multidisciplinary team, will assess patient and caregiver comprehension of medications, warning signs, follow-up schedules, and key aspects of home care. Based on the pilot findings, interventions such as simplified discharge summaries, AI-generated bilingual formats, and short audio-visual guides will be implemented in early 2026. Preliminary analysis indicates a 17% readmission rate among geriatric patients, closely linked to inadequate comprehension of discharge instructions. Based on pilot findings, targeted interventions will be implemented, and subsequent re-evaluation of readmission rates will measure their effectiveness. Enhancing discharge communication through simplified, bilingual, and technology-supported methods can empower patients, reduce caregiver stress, and significantly lower readmission rates.

**Keywords:** Geriatric care, discharge communication, patient comprehension, hospital readmission, health literacy

**PAPER SESSION (C)**

**ADVANCING HEALTHY AGEING: CLINICAL  
INSIGHTS AND COMMUNITY APPROACHES**

C1

[12]

**ALL-CAUSE AND CAUSE-SPECIFIC MORTALITY IN ELDERLY PEOPLE WITH MENTAL ILLNESS DURING AND AFTER THE COVID-19 PANDEMIC: A COHORT STUDY***Giri Shankar, V.<sup>1</sup>, Perera, G.<sup>1,2</sup>, Stewart, R.<sup>1,2</sup>*<sup>1</sup>South London & Maudsley NHS Foundation Trust, London, United Kingdom<sup>2</sup>Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom

Psychiatric patients have higher mortality compared with the general population. There is a knowledge-gap about the effect of COVID19 on the excess mortality in psychiatric patients based on age, gender and diagnosis. This study seeks to understand the impact of COVID19 on mortality trends during and post-pandemic. To investigate standardised mortality ratio (SMR) for all causes, specific psychiatric diagnosis, gender and age among patients who had contact with South London and Maudsley NHS Trust (SLaM) from 1st Jan 2020 until 30th September 2024 compared with mortality rates from 2015 to 2019. Data collected from SLaM electronic patient records. Indirect method of standardisation was used to estimate all-cause, diagnosis-specific, age- and gender-standardised mortality ratios (SMRs). We compared deaths with diagnosis, age and gender structure adjusted in the target population to the reference population. Total patient population varied from 316,543 in 2020 to 414,864 in 2024. 24,166 deaths occurred. Mortality was highest in patients above 65 years with greatest numbers among females aged 85+ and males aged 75-84. Mortality was highest in dementia sub-group followed by psychosis, mood disorders and substance misuse sub-groups. Psychiatric patients were at 1.5 times more risk of death compared to the general population. SMR stabilised after COVID19 returning to pre-pandemic trends. The study shows that there is a disproportionately adverse outcome for the elderly psychiatric population especially with dementia. In a decompensated healthcare system health inequities are exposed. Prioritization for vaccination, early prevention, continuity of care and assertive outreach are potential short-term measures to protect mentally ill geriatric patients. In the longer term, increased investment in mental health and collaboration of healthcare systems to provide integrated care can reduce health inequities. These results show that it is important to build a resilient healthcare system that can withstand increased demands from not only pandemics but also disasters, global aging, humanitarian crises and climate change that maybe inevitable in the future.

**Keywords:** Standardised mortality ratio (SMR), mental health, COVID-19 pandemic, health inequities, geriatric, dementia, elderly

C2

[13]

**THE COMMUNITY HOME MODEL – AN INTERNATIONAL BALINESE RESORT FOR PEOPLE LIVING WITH YOUNGER ONSET DEMENTIA**

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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. 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. The model has now been implemented at Aashaya Jasri resort in Bali, Indonesia which is a fully accessible resort capable of delivering supports to ensure that people living with dementia and disability can experience the wonders of international travel. The organisation purchased an existing tourist resort on the island of Bali and has undertaken renovations and enhancements to improve accessibility for all. Staffing has been increased to including qualified nurses and we have established strong links with local hospitals and health services. People now travel from around the world, secure in the knowledge that their support needs can be catered for in a mainstream resort setting. By design, the model aims to exceed the minimum standards set by regulators for both aged care and disability support services and delivers world-class, person-centered care for people living with younger onset dementia with both a residential component and a day therapy program component. At its very heart, the model incorporates the fundamental mental health principal of ‘least restrictive environment’. In practice, the model has achieved three years of service delivery in Australia with the first cohort of those living with dementia receiving community embedded support and continuing to actively participate in their local community despite their deteriorating cognitive status over this time. We have been able to deliver a highly desirable model of care which is both financially sustainable and exceeds all current aged care and disability standards. Aashaya Jasri resort has been operating since September 2024. It is hoped that through collaboration and sharing of knowledge, we will see more providers enter this space and diversify their current offering. We are currently working with several aged care and healthcare providers in several states of Australia to adapt their care delivery models to incorporate the Community Home Model into their business and are always open to sharing.

**Keywords:** Younger onset dementia, dementia care, community, deinstitutionalisation

C3

[14]

**STATIN-INDUCED TOXIC MYOPATHY MASQUERADING AS RECURRENT FALLS AND DE-CONDITIONING IN AN OLDER ADULT***Asuka, E.S.*

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Statins, introduced in 1987, are the most widely prescribed lipid-lowering agents due to their efficacy and tolerability. However, statin-induced myopathy, characterised by symptoms such as myalgia, myositis, rhabdomyolysis, and elevated creatine kinase, affects 1.5–13% of users, with mechanisms linked to muscle membrane disruption, coenzyme Q10 depletion, and isoprenoid interference. Older adults may present atypically, with falls as a key symptom. Falls account for 684,000 global fatalities annually, highlighting their clinical importance. Symptoms often emerge 6.3 months post-initiation and improve after discontinuation. This underscores the need for early recognition and tailored management in at-risk populations, particularly older individuals. This case study investigates the atypical presentation of statin-induced toxic myopathy in the elderly, particularly its manifestation as recurrent, unexplained falls. It underscores the importance of timely recognition and intervention to minimize the devastating consequences of falls, such as fractures and intracranial injuries, in a demographic already vulnerable to multifactorial risks. An 83-year-old man, recently discharged following an ST-elevated myocardial infarction, presented with frequent, unexplained falls and profound fatigue after starting Atorvastatin 80mg daily. The falls, described as the legs "giving way" without loss of consciousness, were accompanied by elevated creatinine kinase levels. Imaging and cardiac assessments revealed no structural or neurological abnormalities. Suspecting statin-induced toxic myopathy, Atorvastatin was discontinued, and supportive measures—including intravenous hydration, physiotherapy, and VTE prophylaxis—were initiated as well as an outpatient Lipid clinic referral for considering for alternative anti-lipid agents. The patient showed remarkable improvement after discontinuing statin therapy. Muscle strength and mobility were regained with physiotherapy, and creatinine kinase levels normalized. By the time of discharge, the patient was ambulating confidently with a walking frame. At follow-up, his quality of life had improved significantly, and alternative lipid-lowering therapy was considered to address his cardiovascular risk.

This case highlights that statin-induced toxic myopathy may present atypically in older adults as recurrent falls, a symptom that could easily be overlooked or misattributed to other geriatric syndromes. Early recognition and withdrawal of statin therapy can prevent potentially catastrophic complications and restore functional independence. The findings emphasise the need for regular medication reviews and the development of personalised statin regimens to enhance safety and outcomes for high-risk populations. This case also calls for further research to refine risk stratification tools, paving the way for more tailored lipid management strategies in the elderly.

**Keywords:** Statin myopathy, elderly, falls, creatinine kin

C4

[15]

**MEASURING IMPACT OF PUBLIC HEALTH TALKS ON HEALTHY AGEING:  
DEVELOPMENT OF FEEDBACK AND BEHAVIOUR CHANGE TOOLS**

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Globally rising ageing population is causing a huge demand for the need to expand in health care delivery and a change in approach. Public Health Education talks are an easily deliverable, cost-effective way offered through ongoing public engagement and promoting behaviour change to further promote health. A review of the literature found that feedback and quality assessment tools for health awareness talks done digitally were lacking. The Institute-funded research project (Reference no NIMH/PROJ/C-11/INTRA/VSH/2024-25) was aimed at developing feedback and behaviour change tools following online talks by a qualitative study design. As an initial step to develop a quality assessment tool, a feedback tool, and another tool to measure behaviour change in person, to examine the impact of the online healthy ageing public awareness talk. Through Focus Group Discussions and interviews with the consenting stakeholders, namely the experts, speakers, and public participants of previous talks led by investigators. The VayoManasa Sanjeevani is a platform developed by the Geriatric Psychiatry Unit of NIMHANS, offering healthy ageing awareness talks online by experts every week, attended by elderly people, their caregivers, and also any professional who is interested in geriatrics. A simple one-page tool, each for feedback and behaviour change, was developed and validated by experts and investigators. This was a unique research project that attempted to explore the gap in the research in health education and address it, which now needs dissemination to the scientific community for wider adaptation, so as to meet the demands of elderly health care worldwide. Tools for assessing the magnitude of behaviour change for promoting health following health awareness talk for elderly were developed. The authors recommend using these tools to understand the impact of talks, so improve the quality of the talks.

**Keywords:** Health education, digital, feedback tool, behaviour change, elderly

C5

[16]

**STATE, FAMILY AND CHARITY SOCIAL RESOURCES FOR FAMILIES WITH  
DEMENTIA RELATIVES IN RUSSIAN PROVINCE***Golubeva, E.*

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Progressive cognitive functions decline especially memory, and spatial orientation ultimately leads to one of the most common geriatric syndromes—dementia, with which more than 2,000,000 Russians are already living. The relatively rapid aging of the population and the overall increase in life expectancy are leading to a significant increase in the need for medical care and long-term care for the elderly. According to World Health Organization (WHO, 2024), in 2021, 57 million people had dementia worldwide, over 60% of whom live in low-and middle-income countries. Every year there are nearly 10 million new cases. The limitation of the older adult's ability to care for themselves and control their behavior leads to the need to get assistance from third parties, which may include family members, friends (informal care) or healthcare and social service providers (formal care). In accordance with the Strategy for Action in the Interests of Senior Citizens until 2030 in Russia (Strategy, 2025), one of the directions is to implement and expand measures for the prevention and treatment of cognitive impairment of older citizens. A long-term care (LTC) system is actively developing in Russia from 2019 by national project "Demography", each region has some specific determinate by climatic, social-economic and cultural traditions. This system involves the inclusion of relatives in the care of an older relative. In this situation, collaboration between the state care system and family members is crucial, as long-term care is complex by its technological nature and involves constant interaction between formal and informal care. The use of collaborative methods ensures a higher level of care, increases the competence of those involved, and enhances control over the care process. Severe cognitive impairment also negatively affects the quality of life of relatives, often forcing them to change their usual lifestyle and, in some cases, to cease or reduce their professional activities. In addition, charitable foundations, non-profit organizations, and the Orthodox Church are also taking part in long-term care in local community, strengthening and facilitating the care of families with dementia. The main organizational forms of work with relatives of recipients of social services can be as follows: conducting rehabilitation and leisure work; implementing educational and awareness programs ("Schools of Care"); facilitating the creation of public associations of relatives of specific recipients of social services; implementing "respite" programs for relatives; publishing various informational materials for relatives; providing social and psychological support.

The role of families in caring for older adults with dementia remains significant in many countries, but the extent of government involvement varies. Supporting informal caregivers through short-term caregiving, information and counseling, and specialized training is crucial.

## **POSTER SESSION (P)**

P1

[17]

**SEX DISPARITIES IN CARDIOVASCULAR RISK AMONG OLDER ADULTS:  
INSIGHTS FROM THE TEHRAN COHORT STUDY***Shafiee, A.,* Narimani Javid, R. Jalali, A. Sadeghian, S. Karimi, A. Boroumand, M.

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Cardiovascular disease (CVD) is the leading cause of death in Iran, accounting for over 40% of mortality, with rates expected to rise due to population aging. Despite this burden, sex-specific data on CVD risk and risk factors in older Iranian adults are limited. This study investigated sex differences in the prevalence of established CVD, cardiovascular risk factors, and predicted 10-year risk of CV events among older adults in Tehran. We analyzed data from 1,791 adults aged  $\geq 65$  years enrolled in the cross-sectional phase of the Tehran Cohort Study. The 10-year risk of CV events was estimated using SCORE2 for non-diabetic individuals aged 65–69 and SCORE2-OP for those aged  $\geq 70$ . Sociodemographic variables were also evaluated for associations with CV risk. The cohort had a mean age of  $72.4 \pm 6.5$  years; 52.5% were male. Men had a higher prevalence of established CVD than women (26.6% vs. 14.0%,  $p < 0.01$ ). Women exhibited higher rates of hypertension, diabetes, dyslipidemia, obesity, central obesity, physical inactivity, and metabolic syndrome, whereas smoking, opium use, and alcohol consumption were more common in men. Risk scores were calculated for 1,154 individuals. The mean 10-year predicted CV risk was  $20.5 \pm 12.0\%$  overall, higher in men than women ( $20.8 \pm 10.2\%$  vs.  $20.1 \pm 13.5\%$ ,  $p < 0.01$ ). High-risk status (CV risk  $> 15\%$ ) was more prevalent in men (62.8% vs. 53.9%,  $p < 0.01$ ). Higher educational attainment was associated with significantly lower CV risk ( $p < 0.01$ ), while no differences were observed by ethnicity or marital status. This study highlights significant sex-based differences in cardiovascular risk among Tehran's elderly, with women showing higher rates of metabolic risk factors and men exhibiting greater disease prevalence and high-risk profiles. The average 10-year risk exceeded 20%, emphasizing the need for targeted prevention. Education level was inversely related to risk, while ethnicity and marital status showed no impact. These findings support more tailored approaches to cardiovascular risk assessment in aging populations.

**Keywords:** Elderly, cardiovascular disease, epidemiology, coronary artery disease, risk assessment

P2

[18]

### **SMART-CGA: USE OF AN ONLINE PRE-CONSULT QUESTIONNAIRE TO IMPROVE EFFICIENCY IN GERIATRIC OUTPATIENT CLINICS**

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A comprehensive geriatric assessment (CGA) is a multidisciplinary process integral to the assessment of the older adult. However, it is resource intensive and challenging within the time constraints of a busy geriatric clinic. An online pre-consult questionnaire completed prior to clinic consult could reduce time spent per CGA performed at the outpatient geriatric clinic. To develop an online pre-consult questionnaire to reduce the median time spent per new case consult in an outpatient Geriatric clinic by 30% over 4 months. We designed an online pre-consult questionnaire incorporating key CGA elements, to be completed by patients or caregivers before the first geriatric appointment in Singapore General Hospital. From October 2024 to January 2025, registered contacts of new patients received appointment reminders with the questionnaire link. Completed responses were transcribed to electronic health records prior to consultations. Consult times were recorded before and after questionnaire implementation. The baseline median consultation time was 55 minutes (range: 41–75 minutes). After implementation, median time reduced to 48 minutes across all patients (range: 32–72 minutes) and further decreased to 38 minutes among those who completed the questionnaire—representing 12% and 30% reductions, respectively. Clinicians reported that pre-consult information enhanced pre-clerking efficiency. However, response rates to the questionnaire were low. Transcribing responses took an average of 3 minutes per patient, and patient/caregiver satisfaction levels remained stable. Online pre-consult questionnaires may effectively reduce new consult durations, improve clinician workflow, without compromising patient and caregiver satisfaction. Optimising response rates and automating workflows could further enhance clinic efficiency.

**Keywords:** Comprehensive geriatric assessment, pre-consult questionnaire

P3

[19]

**IMPROVING DISCUSSIONS ABOUT RESUSCITATION WITH FRAIL OLDER ADULTS: CLINICIANS' PERSPECTIVES***Techache, R., Kirkham, F., Xenofontos, P., Jamil, S., Tomkow, L.*

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Frailty is a poor prognostic indicator following cardiopulmonary resuscitation (CPR). Discussions about Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions are often contentious. While existing research focuses on patients' and relatives' perspectives, there is a lack of in-depth studies exploring clinicians' experiences of DNACPR discussions. This study aims to explore how clinicians' personal and professional beliefs and experiences influence their approach to DNACPR conversations with frail, older adults. Ninety clinicians from primary and secondary care across the UK, all experienced in resuscitation discussions with frail older patients, participated in either semi-structured interviews (n=45) or focus groups (n=5). Participants included doctors of various grades, nurses, and advanced practitioners. Data was analysed using thematic analysis. Four key clinician-related themes emerged: professional experience, speciality culture, emotional response, and personal values. Some junior clinicians reported a lack of confidence in leading DNACPR discussions. Participants described how speciality culture shaped approaches, with geriatricians and palliative care teams most likely to initiate discussions. Some clinicians reported agreeing to CPR decisions that contradicted their medical judgment to avoid conflict with patients or families. Many expressed a personal preference for non-resuscitation in similar circumstances, influenced by professional exposure. A lack of formal training and a reliance on an informal "apprenticeship model" were also commonly reported. Clinician-specific factors appear to be important in DNACPR conversations with frail older adults. Addressing the personal and emotional aspects of these discussions is essential to improving clinician confidence and the overall quality of resuscitation decision-making.

P4

[20]

**UNDERSTANDING DEMENTIA IN TAMIL COMMUNITIES: A NARRATIVE LITERATURE REVIEW OF AWARENESS, RISK, AND CULTURAL BARRIERS TO CARE**

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As of January 2025, an estimated 771,939 individuals in Canada are living with dementia, with projections suggesting this number will approach one million by 2030. South Asians represent the largest visible minority group in Canada and face elevated dementia risk due to disproportionately high rates of diabetes, hypertension, and cardiovascular disease. Tamil-speaking communities form a substantial and rapidly aging subset of this population, yet limited research explores how dementia is perceived, understood, and managed within these communities. This review aimed to synthesize existing literature on cultural beliefs, stigma, caregiving patterns, and diagnostic barriers affecting dementia awareness and care-seeking among Tamil and South Asian populations. A narrative review of peer-reviewed studies published between 2010 and 2024 was conducted using targeted search strategies. Of 978 records screened, 43 full texts were reviewed, and 15 met the inclusion criteria. Thematic analysis identified five recurring patterns: cognitive decline was often attributed to spiritual causes, delaying diagnosis; stigma led families to conceal symptoms and avoid formal care; caregiving roles were highly gendered, contributing to caregiver burden; vascular dementia risk was elevated but rarely addressed in community education; and existing cognitive screening tools in Tamil were limited in accessibility and visibility. This review highlights significant gaps in dementia literacy, diagnosis, and culturally tailored care among Tamil communities. The findings support the development of community-informed educational interventions and provide a replicable framework for improving dementia awareness in other underserved ethnocultural groups in Canada.

**Keywords:** Dementia awareness, stigma, caregiving, Tamil communities, south Asian populations, cultural beliefs

P5

[21]

**EFFECTS OF ANXIETY, STRESS AND PERCEIVED SOCIAL SUPPORT ON DEPRESSION AND LONELINESS AMONG OLDER PEOPLE DURING THE COVID-19 PANDEMIC: A CROSS-SECTIONAL PATH ANALYSIS**

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During the COVID-19 pandemic, older people were particularly vulnerable to heightened levels of anxiety and stress, which contributed to increased feelings of loneliness and symptoms of depression. The present study aimed to examine the impacts of anxiety, positive coping, perceived social support, and perceived stress on depression and loneliness among older people during the COVID-19 pandemic. This was a cross-sectional online/telephone survey. A non-probability convenience sampling method was used. Participants were 112 people aged 60 years and above, without cognitive impairment, who experienced confinement (from March 2020 onward) and had access to the internet or telephone. A path analysis model showed a direct significant effect of anxiety on both, depression ( $\beta = .68$ ,  $P < .001$ ) and perceived stress ( $\beta = .65$ ,  $P < .001$ ), as well as an indirect effect of anxiety on loneliness via perceived stress ( $\beta = .65$ ) \* ( $\beta = .40$ ); and social support ( $\beta = -.21$ ) \* ( $\beta = -.20$ ). The model showed adequate fit  $\chi^2(df = 4) = 5.972$ ,  $P = .201$ ; RMSEA = 0.066 (0.000, 0.169), CFI = 0.992; TLI = 0.970. Anxiety had a significant effect on depressive symptoms as well as on loneliness via perceived social support and perceived stress. According to our findings, in order to reduce depressive symptoms and perceived loneliness, it is essential to develop timely interventions that decrease levels of anxiety and stress and increase levels of perceived social support in older people, particularly when there are any restrictions, physical or contextual, that prevent face-to-face contact. This can be achieved by implementing preventive community-based programs, enhancing accessibility to mental health services, and collaborating with local support groups, among others.