



Title	Living alone but not lonely: a selection, optimisation, and compensation analysisist
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Citation	The 18th Annual Congress of Gerontology of the Hong Kong Associaiton of Gerontology, Hong Kong, 27 November 2010. In Asian Journal of Gerontology and Geriatrics, 2010, v. 6 n. 1, p. 53-54
Issued Date	2010
URL	http://hdl.handle.net/10722/136730
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FREE PAPER SESSION I: COMMUNITY CARE

Learning through interacting: nursing students visiting seniors in an outreach programme

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Background: Caritas Hong Kong (Caritas), the Yuen Yuen Institute (YYI), and the School of Nursing (SN) of the Hong Kong Polytechnic University (PolyU) decided to institute a project that undergraduate nursing students were trained to visit recruited seniors on a regular basis. The purpose of the programme was to promote and build up a network for these disadvantaged seniors who have a poor social network and live alone. Through the project, students could also develop their capabilities in both personal and professional aspects. This paper reports how students grew in maturity in terms of their communication abilities and other skills when working with seniors. **Methods:** 54 first- and second-year undergraduate nursing students were recruited. They were paired up with 37 seniors from the YYI and Caritas. They were invited to submit 3 reflective journals in different periods on a voluntary basis to inform us about their learning. The reflective journals are analysed using a content analysis approach to identify patterns and themes to better understand students' learning experience. **Results:** The analysis of findings revealed that communication with seniors as the main theme of students when they worked on this project. Many students expressed that they needed to interact with disadvantaged seniors which was at big challenge for them. However, many students appreciated the project as it offered them opportunities to communicate with seniors, and they believed that the experience helped them in their interactions with elderly patients in hospitals. The second theme was recognising the need for training and preparation for visits. Some students would like to receive training in dealing with unusual behaviours or particular diseases such as dementia. Showing care and love to disadvantaged seniors was the third theme identified. Last, the majority of students reflected that this project motivated them to put in more efforts in order to better understand the seniors' needs, and to offer help and care to them. **Conclusion:** Interacting with seniors seems to be an effective means for nursing students to learn in a deeper sense about the life situations of elderly people living in the community. It would be worthwhile to

further expand the project to other years of undergraduate nursing students, so that they can be better prepared to care for elderly people.

Services to hidden elders in rural villages

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Caritas Services for the Elderly

Introduction: In 2008, an additional financial resource from Social Welfare Department was injected to 156 elderly centres in Hong Kong to enhance their outreach programmes to hidden and vulnerable elders. After a year of attempt, Caritas services for the Elderly conducted a preliminary study in 2008 to the services rendered in 12 elderly centres. The study is on a report basis by concerned social workers and mainly covered the general profile of the hidden elderly, the analysis of the services needs, the related input with difficulties encountered. The study reviewed that in the pool of 721 identified hidden elders, majority of elders (69%) were having difficulties in addressing related resources and networks with 114 elders (15.8%) suspected having mental health issues. **Work experience in rural villages:** Meanwhile, due to social isolation and lack of motivation of the hidden elders, interventions remained in the rapport and support network building as well as referral of services. Yet, it is particularly difficult in contacting those hidden elders living in rural villages resulting from the remoteness of these villages. Community work approach was employed for this mission at Yuen Long district. After 2 years' effort, 11 mutual help support groups were organised stressing on human potential, encouraging participation and promoting social consciousness. It witnesses changes in hidden elders and the stakeholders involved. The hidden elders could regain companionship, brotherhood and assurance of support in their isolated years of life. With collaborative support, a case on the fatal destiny of a hidden elder who had lived in a pigsty with primitive environment for over 25 years would be shared in the presentation.

Elders' personal wellbeing in relation to public benefit

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Introduction: The elder's wellbeing is a priority for public policy for promotion. As regards this promotion, the government or public sector plays a crucial role of a

provider or regulator. This means that the elder's wellbeing is an important indicator to represent the accountability of the government or public sector. In this connection, the government or public sector is responsible for providing public benefits to elders, and the benefits tend to signify a vital condition for elders' wellbeing. One such benefit particularly pertinent to elders is that to health care. Some elders are heavy users of health care services, notably those requiring hospitalisation. Health care also manifests a bearing on the elder's work capability, and reliance on healthcare would result in the elder's unemployment, underemployment, and retirement. In other words, health care would be a means to tackle the elder's low wellbeing, as indicated by hospitalisation and unemployment. Hospitalisation, unemployment, and low prior wellbeing therefore combine to define the elder's need for public benefit to health care. This need is likely to underlie the contribution of the healthcare benefit to wellbeing, according to need fulfilment theory. Generally, the theory posits that a benefit is salutary when it satisfies the recipient's need. The theory thus implies that a benefit is not salutary when the recipient does not have a need for the benefit. This theory serves as a guidepost for investigating the accountability of the healthcare benefit to the promotion of the elder's wellbeing. **Methods:** A random sample residential telephone survey interviewed 517 Hong Kong Chinese elders (60+) in 2010. Personal wellbeing was the criterion variable, measured as a composite of satisfaction with 7 life domains. The domains were the standard of living, health, achievement, relationships, safety, community, and future security. Personal wellbeing was in 2 fold, one about current status, and another about the condition in 6 month before, which was a necessary predictor of the former. Reception of public benefit to healthcare was the predictor of concern, together with need. The latter was a composite of hospitalisation, unemployment, and low prior personal wellbeing. Both hospitalisation and unemployment were in terms of the number of times happening in the preceding 6 months. In addition, another predictor of paramount concern was the interaction between need and healthcare benefit received. Regression analysis then estimated the effects of various predictors on current personal wellbeing, controlling for a host of significant background characteristics. **Results:** The elder's personal wellbeing was at a modest level (~50) of the scale, on average. However, this already showed that the elder's personal wellbeing was relatively low, because it was lower than a moderately high level (>60). Promotion of wellbeing was therefore required. However, reception of public healthcare benefit did not appear to promote wellbeing unconditionally. In support of need fulfilment theory, the contribution of healthcare benefit was contingent on the elder's need. That is, the interaction

between need and healthcare benefit generated a significant positive effect on wellbeing. **Conclusion:** The public benefit to healthcare appears to be salutary when it fulfils the elder's need. Matching the benefit to the elder's need, in terms of hospitalisation, unemployment, and low prior wellbeing is a way to raise the usefulness of the benefit. Essentially other words, the healthcare benefit embodies public accountability to elders.

How I feel lonely: interviews with Japanese aged males

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Objectives: Do elderly males run into more serious lonely situation than females? Preceding studies indicate that elderly males' life span, especially single males with no person living together, are shorter than those otherwise. This study aims to clarify from the interview results several aspects of the elderly males' personal self-fulfilment: how they become intimate with females, and how they build their individual identity and networks in old age.

Subjects and method: Six males and 9 females of 60s-70s years. The study method is semi-structured interview per person. Each interview took approximately 2 to 3 hours. The interviews were done during October and December 2009. **Conclusion:** This study may suggest a few insights. There is difference in the sense of intimacy between elderly males and females. However, both males and females seek to have sexual relationships. Having relations with the opposite sex is strongly correlated with their life satisfaction.

Towards healthy lifestyle in later life: findings on district-based sleep pattern study

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Introduction: Recent studies suggested that many persons are not sleeping well. This paper discusses the findings from 137 elderly persons voluntarily recruited for a healthy sleeping pattern programme from 2 elderly service units, namely a district-based elderly community centre (DECC) and a neighbourhood elderly centre (NEC), located in 2 districts in Hong Kong in 2009. **Method:** The study evaluated a 6-weekly "cognitive-behavioural" programme aimed to improve sleep patterns of elderly persons in Hong Kong. The Pittsburgh Sleep Quality Index (PSQI) was used to measure pre-and-post intervention changes of 3 groups, i.e., 2 intervention and 1 control

groups. Independent variables include age, education, living conditions. Dependent variables include pre-and-post group changes and any concurrent treatment to improve sleep disturbance. **Results:** Analyses from the pre-and-post intervention scores suggested that there were positive changes in the hours of sleep and sense of satisfaction. The participants' feedback also suggested that mutual support in the group intervention was an essential factor. Between the 2 districts studied, lifestyle difference was observed. The "new territories" reported early bedtime, wake time as well as a consistent less hours of sleep, than the "Kowloon" group. **Conclusions:** Environmental factors apparently did not affect sleeping patterns as much as the psychological and behavioural factors. The teaching and group sharing on brain functioning sleep activities, diet and relaxation contributed to the sense of mastery and adoption of individual strategies to enhance better sleeping. The role of social work in psycho-education and facilitation of healthy lifestyle will be discussed.

FREE PAPER SESSION II: MENTAL HEALTH / END-OF-LIFE CARE

Conceptualising the spirituality of Chinese older adults: a Delphi study

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Introduction: Service provision in geriatric health and social care is increasingly guided by holistic principles, in which many aspects, including physical, psychological, social, and spiritual aspects, are equally emphasised to enhance well-being and enrich life. However, little is known about the degree of consensus among multidisciplinary professionals in the Chinese context on the central components of spirituality that most promote spiritual well-being among Chinese older adults. This study is intended to identify the core components of spirituality regarded by health and social care professionals as being the most important in terms of promoting spiritual well-being among Chinese older adults. Based on a thorough literature review, a non-religious, dynamic approach to the conceptualisation of spirituality was adopted as the theoretical framework. **Method:** A Delphi study with 2 rounds was performed with the participation of 16 panellists from 3 Chinese communities, i.e., Hong Kong, Shanghai, and Taiwan, in the months of May to July of 2010. The panellists represented several professional

backgrounds, including medical practitioners, nurses, a palliative care specialist, a psychologist, counsellors, social workers, and academicians. Eight key components of spirituality divided into a total of 102 separate items were generated from qualitative interviews in Hong Kong and Shanghai. Panellists were asked to rate the degree of relevance of each item on a 5-point Likert-type scale and provide their comments/suggestions to detail what they personally considered to be the core components. **Results:** 63 to 100% of the panellists agreed that the 8 key components of spirituality (i.e., meaning of life, transcendence, spiritual well-being, spiritual distress, relationship with self, relationship with others, relationship with environment, and relationship with life and death) were the most or the second most spirituality relevant to Chinese older adults. Consensus between panel members was generally moderate, but some modest differences in prioritised items under each key component were observed. **Conclusion:** The most consistently highly rated key components of spirituality as related to Chinese older adults were meaning of life and relationship with life and death. Key components of spirituality among Chinese older adults must be understood in relation to a collectivist cultural context that emphasises family values, responsibility, and an interdependent self-construct.

Demographic pattern among community elders referred for cognitive assessment service in occupational therapy department

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Backgrounds: Cognitive impairment (CI) highly influences a person's ADL and family's quality of life. Occupational therapist (OT) in Caritas Medical Centre provides cognitive assessment service (CAS) for patients. This study aimed to explore patient's characteristics received CAS in our outpatient department and review service directions. **Methods:** Patients with potential CI referred from SOPD and GOPD for CAS from June 2009 to August 2010 were included. Cognitive and functional assessments were conducted. **Results:** 507 patients (310 female and 197 male) were referred. Their average age and MMSE were 76 and 18 while 55% scored below cutoff. Most of them were living with their family receiving adequate social support (80%) while others living alone (16%) or receiving residential care (4%). Forgetfulness (79%) was the upmost common problem that elderly encountered in their daily living while IADL dependency (62%) became the second. 23% of patient or their family members even perceived that CI has affected patients' ADL ability. 85% of patients were on regular drugs.

However, 43% of them found it difficult to follow drug regime and require other's assistance. 14% of patients had difficulties finding way home. Same proportion of patients suffered from BPSD including hallucination (8%), nighttime behaviour (7%) and agitation (6%). The most common OT treatments after CAS were compensatory strategies reinforcement including aids prescription (56%), carer education (52%), and environmental safety recommendation (28%). **Conclusions:** OT can help in early detection of CI and facilitate physician on diagnose differentiation and treatment decisions including pharmacological dosage prescription and adjustment. Patient's living pattern hinted OT's importance on carer education upon overcoming the deteriorating cognitive and self care function of their loved parents or relatives. Clinically, carer stress can be reduced through learning compensatory strategies and environmental safety tips in an earlier stage. It is essential for OT to continue CAS, conduct related studies and provide better quality of care for our community elders.

Promoting filial piety through intergenerational programme: a storytelling approach

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Abstract: One of the global policy concerns about population ageing is how to maintain care sustainability. In Asian societies, we have put emphasis on family care. The driving force for the everlasting care obligations is filial piety. However, follow similar social developmental trajectory of the West, it has increasingly reported the cases of family conflicts, age divide, elderly abuse and neglects in Hong Kong. Many research also found that there are widening the cultural gap between generations in particular the grandparents-grandchildren generation. In response to rapid population ageing in next 2 decades, it is getting important to strengthening traditional social norms and values, i.e. filial piety, in the community. Intergenerational programmes emerged from USA since 1960s, have been regarded as an effective interventional strategy to tackle social problems and bring along many positive outcomes to the participants. There is also growing number of intergenerational programmes to be implemented in Hong Kong for the past 10 years. Nevertheless, very few of them have put stressed on cultural elements such as filial piety, when organising activities for the young and the old in the community. Also, few have provided comprehensive discussions and evaluations of their programme outcomes. This is a one-year project launched in mid of 2009 for a group of older storytellers (n=25) and kindergarten children (n=45). The primary

aim is to provide a demonstrative model of implementing a storytelling-intergenerational programme. The study adopts mixed-methods (i.e. participant observations, pre-post tests and literature reviews) to investigate the extent to which storytelling is an effective approach to promote filial piety, quality of intergenerational relationships and explore its potential benefits. Some policy suggestions would also be discussed.

10 years on: our experience of end-of-life care service in a nursing home in Hong Kong

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Haven of Hope Nursing Home

Abstract: There has been a call for good palliative care provided in old-age residential homes in Hong Kong for many years 1-7. With the support from CGAT and Palliative Consultation Team of Haven of Hope Hospital, the first case of end-of-Life (EOL) care in nursing home (NH) in Hong Kong was provided and was reported as a breakthrough in the service a decade ago. In this presentation the resident profiles of such care service in past decade was reported. Of the 74 residents who passed away in NH under this EOL care service, the average age was 88 and female accounted for 76%. 77% of cases were non-cancer and 86% of all cases carried diagnosis of dementia. Over 75% of residents had no hospital admission after receiving the EOL care service. For those who had hospital admission, the average of cumulative length of hospital stay was 20 days. There were only 5 residents had hospital utilisation in their last 2 weeks of life. Reasons for hospitalisation include: PR bleed, pleural effusion, pneumonia, hip fracture, gastric ulcer, foot ulcer. In providing EOL care in elderly residential home for previous 10 years, the authors echoed the views from local experts that good palliative care is needed in our ageing population. At beginning of our EOL care service in NH, the fundamental goals were (1) providing effective symptom control, (2) respecting residents/ families choices, (3) good psycho-social and spiritual support to residents and families, and (4) reducing unnecessary hospital admission. In addition to meeting these goals, it was found that in providing such care service, we have witnessed and experienced the growth in family members and also in staff members. Families have shown the enhancement in their unity. Staff has gained knowledge and experience. Teamwork and cohesiveness were also fostered through the training and care service. A more efficient care delivery and hence financial sustainability were also promoted. It is hoped that our experience-sharing may help build up

the culture of 'ageing in place, dying in place and a good death' a reality.

FREE PAPER SESSION III: HEALTH

Effects of an evidence-based foot and toenail care protocol in geriatrics patients

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Background: Foot and toenail problems are prevalent among older people, particularly those who require assistance in care. The importance of foot care, however, is often overlooked as they are usually deemed as minor problems. These 'minor' problems eventually result in unnecessary distress and complications for the older people. This study aims to examine the effects of an evidence-based care protocol in promoting foot health in geriatric patients. **Method:** The study was conducted in a subacute geriatric ward using prospective quasi-experimental study with non-equivalent comparison group design. The care protocol was developed by a multi-disciplinary panel with geriatricians, podiatrists, nurses and academics and was grounded on extensive literature review and clinical judgments. It covers various aspects of care, including a systematic foot and toenail assessment, foot hygiene, toenail care, advanced care for foot and toenail complications, and patient education. **Results:** A total of 72 and 78 patients from the control and intervention groups completed the assessment at baseline (day 0) and post-test (day 6), respectively. Of them, the most common foot problems were thickened nails (41.3%), hallus valgus (28.7%) and corn/callus (24%). More than half of them did not have the appropriate footwear initially. By adjusting the potential confounding variables in the generalised estimating equations model, there are significant improvements in toenail problems as well as patient's level of satisfaction towards foot care in the intervention group ($p < 0.001$). Improvements in health-related quality of life were also noted, though they were not statistically significant. **Conclusion:** The findings showed that the care protocol was well received by the geriatric patients and it can also increase their awareness towards foot care. Long-term effects of the care protocol have yet been demonstrated due to the limited length of stay of study subjects.

What do elderly residents living in senior citizens residence (SEN) scheme in Hong Kong expect from a wellness programme guided by health care professionals?

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Elderly Resources Centre, Hong Kong Housing Society

Introduction: In Hong Kong, the total population over 65 years will double from 14.1% in 2016 to 26.4% in 2036. The Hong Kong Housing Society (HKHS) is an independent housing development organisation in Hong Kong. It has over 60 years of history in providing housing by constantly identifying the housing and related needs of Hong Kong people. Since early 70s, HKHS has already providing independent subsidised rental flats for the senior tenants. In view of the growing ageing population in its housing estates, HKHS has realised the need to provide wellness programme to help elderly residents maintaining and/or improving their well-being. In order to understand elderly resident's expectation of a wellness programme, a focus group was carried out by health care professionals from Housing Society Elderly Resources Centre to understand elders' concerns on the topics and elements of a wellness programme. **Method:** A single focus group session was conducted in 2010 with 10 healthy elderly residents living in SEN scheme (Jolly Place). The group was a small-group discussion guided by 2 occupational therapists. The discussion was audiotaped and transcribed for further analysis. **Results:** From the discussion, 3 major topics for a wellness programme were identified from participants' perspective: fall prevention (physical condition and home environment), cognitive deterioration, updated knowledge and technology related to health, ageing, and safety living. Participants had also identified 4 elements for a wellness programme: education, individual assessment, practice sessions for physical and cognitive maintenance measures, continuous connection by telephone contact. **Conclusion:** The findings help to develop wellness programmes for Hong Kong seniors guided by health care professional in the future.

Effectiveness of occupational therapy prescribed home programme for stroke patients in geriatrics day hospital

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Introduction: Intensive, sequential, functional based and task-specific training are key factors for successful stroke

rehabilitation because these factors results in greater activation of brain cortex associated with the function towards which the therapy is directed. In reality, duration of therapy spent with therapist is limited. Occupational therapy prescribed home programme, taking into account of those key factors is an alternative to enhance stroke rehabilitation outcome in GDH. **Method:** This was a pilot study with a randomised controlled design. 49 subjects who had acute stroke within 90 days were randomised to intervention or control group. Outcome of measures were functional level for hemiplegic upper extremity (FTHUE-HK), motor functions in accordance with motor recovery and quality of movement (FMA), level of spasticity (MAS), fingers dexterity (NHPT) and self-perceived improvement on motor recovery. **Result:** From October 2009 until March 2010, 40 out of 49 subjects completed the study. The age range was 60 to 93 years old. The mean age was 68.7 in intervention group and 74.9 in control group. The means of FTHUE-HK of 2 groups were 4.9 and that of FMA were 37.7 and 35.7 in intervention and control group respectively. The mean of MAS in intervention group was 0.70 and that in control group was 0.80. There were significant differences in motor recovery and coordination of upper extremity between 2 groups at week 4 ($p<0.000$), week 8 ($p=0.002$) and upon discharge ($p=0.002$) especially for patients with higher severity of functional deficit. The spasticity level of upper extremity was significantly decreased in home programme group at week 4 ($p<0.05$) that subjects with home programme achieved tone normalisation at faster rate. Subjects with home programme also showed higher satisfaction level on upper extremity function ($p<0.000$), lower perceived spasticity level ($p=0.001$) and higher subjective improvement of upper extremity ($p=0.005$) in self-perceived improvement questionnaire. **Conclusion:** The occupational therapy prescribed home programme training was proved to be significantly more effective for enhancing motor recovery of upper extremity on stroke patients than conventional training since it was interactive, individualised and progressively monitored. As a conclusion, home programme training with occupational therapist guidance emphasising sequential graded and function based training, with monitoring are crucial in stroke rehabilitation.

The effectiveness of the depression care management programme on diabetic and hypertensive patients

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Background: The prevalence of depressive symptoms among older adults in Hong Kong has reached an alarming figure. The current treatment to depressive older adults in Hong Kong causes the labelling effect leading to refrain from addressing the issue to their primary health practitioners or even family member. **Objective:** This study aims to evaluate the effectiveness of the depression care management (DCM) programme on diabetic and hypertensive patients who regularly attend follow-up at Sai Wan Ho Health Centre. **Method:** Patients were invited to fill up a depressive assessment tool, Patient Health Questionnaire (PHQ9). Patients whose PHQ9 score were between 10 and 20 were recruited into the DCM programme. They received counselling from a trained depression care manager. Questionnaires were conducted to the subjects before the commencement of the service and 3 months after receiving the service. Their physical health and mental health were assessed by SF-12. The depression, anxiety and stress level were assessed by the short Depression Anxiety Stress Scales (DASS21) while the degree of social support was assessed by the Lubben Social Network Scale (LSNS). Paired t-tests were used to compare the mean differences of these variables. **Results:** There are 43 participants in the programme. After receiving counselling, patients' depression level (mean difference=-9.59, $p<0.001$) was significantly reduced. There is also a significant improvement in their mental health (mean difference=13.42, $p<0.001$) and the level of social support (mean difference=4.06, $p=0.017$). Their anxiety level (mean difference=-6.65, $p<0.001$) and stress level (mean difference=-9.94, $p<0.001$) were significantly reduced. **Discussion and conclusion:** DCM programme seems to reduce diabetic and hypertensive patients' depression, anxiety and stress level and improve their social network. A larger scale study with randomised design will be warranted to further investigate the effectiveness of depression care management service.

Effectiveness of occupational therapist prescribed computerised programme in promoting active participation

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Introduction: Motivation and active participation were the key elements for successful rehabilitation. However, motivational deficit was a common hindrance to geriatric

rehabilitation. Occupational therapist tailor-made computerised training equipped with unique features like life-role and cultural specific context, real-time and interactive feedback, and flexible grading, was used to compare with conventional remedial training, intended to compare their effectiveness in promoting patient participation, as well as rehabilitation outcomes. **Method:** Computerised or conventional training programme consisted of 3 identical upper limb functional activities was randomly assigned to participants. In each session, patient participation was rated by using the 6-point Likert-type measure Pittsburgh Rehabilitation Participation Scale (PRPS). Subjective experience was also rated by subscales (interest/enjoyment) of Intrinsic Motivation Inventory. **Results:** From November 2009 to March 2010, 86 M&G in-patients aged 65 to 99 (mean=79.5) were recruited. Stroke was the primary diagnosis (51.4%), followed by deconditioning (13.5%) and COPD (12.2%). 74 participants completed the 5-session programme. Majority of participants had very good (PRPS 5) or excellent (PRPS 6) participation. The percentage was significantly higher ($p<0.050$) in computerised group (96.3%) than in conventional group (78.3%). From session 1 to 5, percentage of excellent participation was increasing in the computerised group (from 15.8% to 44.7%) while conventional group did not show any trend. Enjoyment level in computerised group was higher than the counterpart by 17.7%. Post-enjoyment level was significantly higher than pre-enjoyment level in both groups ($p=0.033$; $p=0.020$). **Conclusion:** Both computerised and conventional training were proved to be effective in promoting active participation of geriatric patients. While computerised training was significantly more effective than conventional training, it was worth to note that computerised programmes used was tailor-made by occupational therapist but not commercial available computer games. The tailor-made programme not only provided a role and cultural relevant context, also offered just-right challenge with flexible grading for geriatric patients. It suited different needs and abilities for the heterogeneous geriatric patients, facilitated sense of achievement and motivation. Besides, results of rehabilitation outcomes like upper limb strength and functional improvement would be presented in future papers.

FREE PAPER SESSION IV: LONG-TERM CARE

An evidence-based 'Geri-Artist' programme for Chinese elderly persons

Zarina LAM

Chinese Therapeutic and Applied Art Services

Introduction: In Chinese society, the use of music, chess, calligraphy and drawing are 4 major art activities commonly considered to enrich life at all stages. In 2002, the HKU Centre on Ageing provided the first cross-disciplinary art therapy training programme for dementia clients. An application of western therapeutic art for Chinese elderly persons with dementia was recognised to provide cognitive stimuli as well as benefits to quality of life in recent Asian Art Therapy Conference. To further such potentials of life enrichment in later life, this paper shares subjective clinical experience as well as provides documentations of pre-and-post intervention measures of an elderly art programme, designed for those who are often frustrated with their frailty or decline in memory or attention span. **Method:** The study compared 2 groups of elderly persons attending the 'Geri-Artist' programmes, conducted on hourly basis in small group settings of 5 to 8. The '4E' pre-and- post intervention measures on 'exploration, experience, expression and enjoyment' were analysed with their age, gender, standardised cognitive scores ranged from low to severe. Feedbacks from staff and family were also collected. **Results:** The series of drawings from the elderly participants illustrated some changes from the 'Geri-Artist' programmes. The evidences suggested that a semi-structured art programme intended to facilitate active involvement would increase sense of enjoyment, courage and flexibility to express thoughts, experiencing new and satisfying achievement. **Conclusions:** Traditional drawing programmes seemed to place emphasis on technical craft skills. Some Chinese elderly persons perceived drawings as a 'privilege' to the educated groups. The unlimited artistic potentials for elderly persons when promoted should enhance a healthier lifestyle through the 'self-directed' and empowerment activities.

Living alone but not lonely: a selection, optimisation, and compensation analysis

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Introduction: One observation of the ageing population in Hong Kong is the increasing percentage of older adults living alone over the past few decades. Although the image of older adults living alone is often associated with feelings of isolation and loneliness, not every older adult who lives alone feels lonely. This paper is intended to answer the following question: "How can older adults live alone and not feel lonely?" Specifically, the text examines the orchestrating process adopted by those in Hong Kong for living alone without generating feelings of loneliness; this examination is guided by a selection,

optimisation, and compensation framework. **Method:** In early 2010, qualitative, in-depth interviews of 12 older adults were conducted by a trained research assistant who used a semi-structured interview guideline. Following are the inclusion criteria for interviewees: (1) age 60 years or above, (2) currently living alone in the community, and (3) cognitively intact according to a screening by the Mini-Mental State Examination (MMSE). Following are the exclusion criteria: (1) history of treatment with an antipsychotic or antidepressant medication, (2) often feels lonely during the past 2 weeks according to a self-report, and (3) is often alone for more than 9 hours or longer in a day during the past 2 weeks according to a self-report. An illustrative method was used for the data analysis, which aims to examine whether the identified themes support the selection, optimisation, and compensation process by using NVivo 8. **Results:** The themes emerging from the data confirmed that the orchestrating process of selection, optimisation, and compensation was supported as an explanation for how older adults can live alone without feeling lonely. When the antecedent conditions (i.e. living alone) were experienced by older adults due to age-related changes, interviewees become selective in their life tasks, choosing to focus more on daily chores, self-care, health cautious activities, and non-kin network and resources building. These activities enabled interviewees to optimise their energy and allowed them to have meaningful engagement with others on a day-to-day basis. Finally, interviewees adopted compensation techniques, and even though they may not have close kin-networks nearby or even a weak kin-network, interviewees used other ways (e.g. a non-kin network) to make up for the lack of familial contact. In case of crises or urgent needs (e.g. health concerns or financial constraints), interviewees tried to use community resources (e.g. social workers at elderly centres or neighbours) or approach family members who still cared for them, often resulting in solutions that even provided help from multiple sources if necessary. **Conclusion:** For older adults living alone, selection, optimising, and compensation was observed as a mechanism that helps them adapt to an environment in which they live alone and fight the risk of feeling lonely and isolated. Policy and service implications were discussed.

Evaluating the effectiveness of cognitive-behavioural treatment for Chinese elderly in Hong Kong: a preliminary study

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Introduction: A survey conducted by the Chinese University of Hong Kong found that 31% of the 1433 seniors with an average age of 75 years suffered from different levels of depression, such as being irritable, having difficulty concentrating and low self-esteem. They further suggested that depressive symptoms could seriously lead to the deterioration of the elderly's self-acceptance, emotional control, interpersonal relationships, and ability in coping with change. Some overseas studies have found that cognitive-behavioural treatments (CBT) are effective in reducing the symptoms of depression suffered by the elderly. However, very little documentation is found regarding the effectiveness of CBT for non-English speaking elderly populations, such as the Chinese. **Method:** Based on the SET model (service, evaluation and training), Professor Daniel Wong provided a one-year CBT training and supervision for 12 social work colleagues of the Caritas Services for the Elderly. Throughout the year, colleagues had provided CBT individual treatment for 12 elderly. Regular supervision was rendered to colleagues to help them integrate CBT framework and practice. Evaluation adopted a pre-test and post-test and matched pair-comparison design, and the measuring instruments included GDS, ADL and IADL. **Results:** Findings reveal that elderly in the CBT treatment group showed improvement in GDS, ADL and IADL, although the improvement did not reach statistical significant levels. On the other hand, the participants in the comparison group did not make as much improvement in GDS as those in the CBT treatment group and fared much worse in ADL and IADL.

Changing health professional trainees' attitudes towards older adults through service learning: a randomised controlled trial

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Background: Medical and nursing students should be trained up with good understanding of the needs of older adults. However, it may not be easy to do so by lecturing and class discussion. Out-of-classroom learning experience may reinforce students' knowledge in ageing and older adults' needs. The purpose of this study was to explore the effect of a service learning project on medical and nursing students' knowledge in ageing and their attitudes towards older adults. **Methods:** 134 students were recruited and randomised into intervention group (IG) and control group (CG). A pre-and-post-intervention design measured students' knowledge in ageing (using

modified Palmore's Fact on Aging Quiz) and attitudes towards older adults (using Kogan's Old People Scale) after 10-week interactive activities. **Results:** There was no significant difference in demographics between the 2 groups (IG and CG). Controlling the pre-intervention scores, IG students' overall knowledge about ageing ($\beta=2.504$, $p<0.05$) were significantly higher than those of the CG after the intervention. The IG students' negative attitude towards older adults ($\beta=-6.287$, $p<0.001$) was significant lower than that of the CG. However, such effects diminished after 1 month upon the completion of the programme. **Conclusions:** Service learning activities were proved to enhance students' knowledge in ageing in general and reduce their negative attitude towards older adults. However, considering the effect did not last long and we recommend the arrangement of repeated contacts with community-dwelling older adults.

Effectiveness of prompted voiding in treating urinary incontinence in a nursing home: a pilot study

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Background: Urinary incontinence (UI) is a common problem among elderly people. One common solution used by healthcare providers is the use of adult diapers, which impinges on wearers' dignity. Prompted voiding (PV) has been found to be an effective non-invasive measure in managing UI. However, there are no reported studies examining its efficacy in the local population.

Objective: To examine the effectiveness of PV in promoting continence for nursing home residents with UI. **Design:** This was an intervention study adopting a quasi-experimental design. **Setting and sample:** Residents with UI who met the sampling criteria were referred to the researchers by nursing home staff in a local old age home. 12 elderly residents joined the study voluntarily and were randomised into the intervention and control (usual continence practice) groups. **Intervention:** All nursing home staff who was involved in delivering the intervention was trained and assessed to ensure that the staff could correctly deliver the intervention. The intervention programme was carried out during day time (from 9 am to 7 pm) for 4 weeks. **Outcome measures:** Physical checks for wetness and measurement of voided volume were performed at 2-hourly intervals from 9 am to 7 pm for 3 days at the baseline and for 3 days post-intervention. The main outcome measures were (1) the incontinence rate, (2) the number of self-initiated toileting, (3) the number of continent voids, and (4) wet episodes. **Results:** The median number of continent voids per day of the subjects

in the treatment group was 1.50 and that of the control group was 0. There was thus a significant difference between the 2 groups ($p=0.02$). There were no significant differences between the groups in the 3 other parameters.

Conclusion: Only continent voiding showed a significant improvement in this study. There were positive trends of small decreases in incontinence rate and wet percentage, as well as an increase in self-initiated toileting but did not reach a level of significance. We recommend further studies with larger samples to investigate the effect of PV in managing UI in a Chinese population.

POSTER PRESENTATIONS

Evidence-based practice in life review service 'My Present for You' video shooting services for the elderly in Chinese context to enrich their golden ageing

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Aims: Life story approach encourages clients to find out pieces of detailed life histories, and integrate important events, achievements and regrets to conclude a new meaning to life. Eight stages of human development of psychosocial perspective mentions elders' need to fulfil the task of life review to integrate their life or they will fail with despair. When old people face the process of end of life, they have wishes, dreams, and fears to be shared, but seldom have chance to say. **Method:** 'My Present for You' video shooting service is implemented for elders in Hong Kong to encourage them to review their lives and collect important incidents, events and messages to be shared with their loved ones in the preparation of video shooting. Chinese elders are not used to express their love and feelings verbally and directly, with the intervention of the social worker in pre-shooting interviews, elders are facilitated to recall their important life histories and the important messages to their loved ones, and feel comfortable to express hidden love and messages 'by themselves' without having to stand in front of their loved ones, with the content 'of themselves' to make a gift 'for themselves and families'. Besides elders, the impressive effect also implies to their families who are excited to receive this ever-lasting record. Finally, it is a good means for staff/caregivers to express blessings to the elders during the process. **Results:** Based on the empirical case study of Mr Wang, we found significant effect on life review process in the interviews which assisted elder to recall many important incidents in his life journey. The intervention of case worker also inspired Mr Wang to think

and express important messages and blessings such as 'I love you' and 'sorry' to his children, which were deep in his heart. The children showed gratitude to receive this clip which recorded the important incidents of the elders, and understand the love and blessings deep in elders' heart, which is also a precious present in their life. Therefore, the service was found to be beneficial to the elders and their families to enhance communication and relationships.

Public attitude toward the Chinese translation of dementia in Hong Kong

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Introduction: *Chi-dai-zheng* is the commonly used Chinese translation of dementia in Hong Kong. It literally means 'idiotic and dull-witted disease'. Not only does the term not describe the early stage of the disease accurately, the negative connotations invoked by this translation unfairly stereotype and stigmatise patients living with dementia. The survey is targeted to understand public attitude toward the Chinese translation of dementia. **Method:** The Asia Pacific Research Centre of the Chinese University of Hong Kong was commissioned to conduct the phone survey in March 2010. A total of 1001 members of the general public aged 18 years or above were interviewed. Questions about the impressions toward the term *chi-dai-zheng* were asked. The response rate was 49%. **Results:** 97% of the people surveyed had heard of the Chinese term for dementia, yet high level of misconceptions was observed. 54% of the respondents felt that patients with dementia behaved exactly as the Chinese term described. 61% thought that the patient would rapidly lose their memories, and 38% believed that dementia affected the elderly only. 50% agreed that the Chinese term would lead to stigmatisation of patients. After presenting a brief yet accurate description of dementia, the percentage of respondents who thought that the Chinese term should be changed soared from 33% to 50%. **Conclusion:** The public has limited knowledge about dementia. They exhibited misconceptions and had skewed image about people with dementia, because of the biased Chinese term *chi-dai-zheng*. Fortunately, as the study showed, people's attitude can be transformed by simply presenting a very short overview of dementia. This result calls for public educational programmes to improve their understanding of dementia. A renaming campaign was thus launched in April 2010, with hopes to raise public awareness, reduce the stigma associated, and promote a positive attitude toward dementia.

Usage of day care service by persons with dementia in Hong Kong

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Introduction: As incidence of dementia increases with age, the demand of day care service is on a rising trend. However, there is no official data about the day care need of this vulnerable group hitherto. The survey aims to investigate the usage of day care service by people with dementia, and the perceived difficulties of day care staff towards caring for people with dementia who are mobile or immobile. **Method:** The survey was conducted between April and July 2010. A questionnaire was distributed to 59 government-subsidised day care centres for elderly in Hong Kong. It consisted of self-constructed items about the composition of day care users and the difficulties perceived by staff when caring for mobile and immobile people with dementia. 55 completed questionnaires were filled by centre-in-charges and returned by mail. The response rate was 93%. **Results:** 44% of the day care users had dementia, and about 74% of them were still in good mobility. Aggressive behaviour or language and wandering behaviour were identified as the 2 behavioural problems most difficult to handle when looking after people with dementia and good mobility. The respondents found it more challenging to care for mobile people with dementia than immobile people with dementia. They also revealed that the most-relevant factors limiting the quality of care to mobile people with dementia were manpower shortage, lack of space, and environmental design. **Conclusion:** A large proportion of day care users are afflicted by dementia. This creates a concern whether the day care centres have enough capacity to accommodate the client's versatile needs, such as handling the occurrence of physical aggression and wandering behaviour. Provision of sufficient manpower and space with dementia-friendly design is recommended to safeguard the users. More staff training is also needed to ease the caregiving difficulty.

Chronic pain among community-dwelling older persons: does it relate to physical and psychological well-being?

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Aim of study: To examine the pain situation among community-dwelling older adults and the relationship

of pain with physical and psychological well-being. **Methods:** It was a cross-sectional study. Two community elderly centres were approached and older adults were invited to join the study. Demographic data and information on pain situation, the use of pain-relieving methods, physical and psychological parameters were collected. **Results and discussion:** 173 participants (25 males and 148 females) joined the study; the mean age was 73.2 years. 85% of them suffered from chronic disease, mainly hypertension and arthritis. Around 90% had suffered from pain in the previous 3 months; the common pain sites were knee, shoulder and hip. The average pain intensity was 3.97 ± 1.80 on a 10-point scale, which reflected moderately high pain intensity. In term of pain relief, around 50% used oral analgesic drugs, and 86% used non-pharmacological methods including topical ointments and hot pads. 10.2% of participants did not use pain-relief methods of any kind in spite of having moderately high pain intensity. Psychological parameters including the mean score of the Subjective Happiness Scale (4-28 scale) was 20.72 ± 4.60 ; State-Trait Anxiety Inventory (20-80 scale) was 38.28 ± 10.17 (State) and 37.00 ± 9.55 (Trait); UCLA Loneliness Scale (20-80 scale) was 38.78 ± 9.74 . These results suggested a moderate level of anxiety and loneliness. Participants with pain had significantly lower happiness score as compared to the no pain group (5.11 ± 1.61 vs. 5.73 ± 0.85 , $p < 0.05$). The SF-12 Questionnaire (0-100 scale) was 39.83 ± 9.64 (physical) and 52.27 ± 10.27 (mental); and the Elderly Mobility Scale (0-20 scale) was 18.32 ± 2.30 . Pain was negatively correlated with physical quality of life ($p < 0.05$) and mobility ($p < 0.05$); participants who reported higher pain intensity had a poorer physical quality of life, and became less mobile. **Conclusion:** The prevalence of pain was high among community-dwelling older adults, affecting their quality of life and level of mobility. Every effort should be made in providing pain management education programme for older adults, so as to control pain and lead to successful and healthy ageing.

Personal and environmental safety awareness initiative for community-dwelling older elders

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Background: Home injuries are an important cause of death and morbidity of elderly people in developed countries and cities. Falling is the most common cause of injuries in the elderly, whereas risks of fire and scalding are also high. **Objectives:** (1) To increase awareness of actual and potential hazards in daily living and the surrounding environment, (2) to learn safety measures in

activities of daily living, and (3) to formulate suggestions and solutions to overcome actual and potential hazards in the living and surrounding environments. **Method:** This was an experimental study conducted in 2 elderly community centres. 40 older adults participated in the study. Information regarding demographic characteristics, cognitive status, balance, function mobility and vision acuity were collected; also, a personal safety awareness test was administered in weeks 1 (pre-test) and 4 (post-test) by asking participants to review a set of photos and 3 video clips and identifying the immediate and potential hazards in the photos and video clips. The Personal & Environmental Safety Awareness Programme (PESA) was a 4-week programme with content covering home and community safety and identifying potential hazards. Facilitators used a variety of newspaper clippings, photos and video clips from the internet and reality- and scenario-based case studies to enhance teaching and discussion. **Result:** Upon completion of the PESA, there was significant improvement in participants' knowledge regarding personal safety awareness ($p < 0.05$), and a similarly significant increase in their home and community safety awareness ($p < 0.05$). **Conclusion:** Empowerment through the 4-week programme had a significant impact on the level of home and environmental safety awareness among participating older adults. The use of information technology, video demonstrations of information, and visualisation of local news are beneficial both to the well-educated and those with low levels of literacy in understanding environmental hazards. The collaboration of community partners in providing a safety awareness programme would be effective for older adults in their progression towards healthy ageing.

Elder participation: new power in the community

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Abstract: User participation refers to different levels of involvement by service users in decisions affecting them. Advantages of user participation includes enhancement of independence, increase in service accountability, fulfilment in respect for human dignity, actualisation of self-determination and improvement in service quality. Elderly are often assumed to be too old or frail to meet together with the objective of seeking change. Nevertheless, at any period of rapid social change, the contribution and wisdom of the elderly to the functioning of society may be undermined. In fact, how administrators perceive elders' ability may affect their approaches in involving

them in the service process and hence affect their level of participation. Yau Matei Multi-Service Centre for Senior Citizens has long history in advocating user participation. Since 1985, the centre began to encourage its members to participate in the service-provision process. Thereafter, the centre extended the scope of participation to district level. Through launching of seminars, survey and focus group discussion, the elders' consciousness was aroused. Meanwhile, the centre has been aware the significance of alliance partners in mobilising elders' participation within local district. Starting from 2004, the centre liaised with 6 local elderly service units to work together for the establishment of Yau Tsim Committee for Senior Citizens. Since its establishment, the committee has focused on various issues, such as long waiting time of elderly health centres, difficulty encountered by aged flat-owners in repair and maintenance, health care financing reform, etc. Being recognised by the District Council, the committee holds meeting with the District Council annually to share views on community environment, facilities, security and transportation issues. The committee helps to enhance elders' confidence and capacity in social participation, and facilitates their exercise of citizen right in influencing the decision and implementation of district affairs. Elderly participation is becoming an influential new power in the community.

Trunk Impairment Scale is a reliable tool for measuring trunk dysfunction in subjects with stroke

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Introduction: A common problem in subjects with stroke is the impairment of their trunk control, which could affect their sitting balance and functional activities. The trunk impairment scale is a clinical tool to assess the degree of trunk dysfunction in this patient population. The test contains 3 domains: static sitting balance, dynamic sitting balance and trunk co-ordination in sitting position. However, the intra-rater, inter-rater and test-retest reliability of are not clear with chronic stroke in the community. **Objective:** To examine the intra-rater, inter-rater and test-retest reliability of the Trunk Impairment Scale in subjects with chronic stroke in the community. **Method:** A cross-sectional clinical study designed was used. A convenience sample of 16 subjects (mean age=69.5±10.7years; 10 men, 6 women) with history of stroke were recruited in a local elderly day care centre. The trunk dysfunction was measured by trunk impairment

scale simultaneously by 2 registered physiotherapists for inter-rater reliability. Each subject was reassessed by the same physiotherapists within 1 week for intra-rater and test-retest reliability. The intraclass correlation coefficients (ICCs) were calculated as measures of intra-rater, inter-rater and test-retest reliability of trunk impairment scale. **Results:** Excellent reliability with very high intraclass correlation was found for intra-rater ($ICC_{3,1}=0.950-0.953$), test-retest ($ICC_{2,1}=0.950-0.953$) and inter-rater ($ICC_{3,2}=0.966-0.990$) tests in the total score of trunk impairment scale. **Conclusion:** The trunk impairment scale is a reliable clinical tool to measure trunk dysfunction in subjects with chronic stroke in the community. This knowledge would be important in using trunk impairment scale as an outcome measure in designing the rehabilitation programme and conducting clinical research in the stroke population.

The effectiveness of telephone-delivered psycho-educational intervention to caregivers taking care of people with dementia in Hong Kong

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Introduction: The Health and Welfare Bureau has addressed the needs of carer support services in Hong Kong since 2000. However from clinical experience, many caregivers are unable to join the services because of time constraint and the cost in attending training. Telephone-delivered intervention can be one of the practical, low-burden, and low-cost methods to deliver supportive services to family caregivers. This study aims at exploring the effectiveness of telephone-delivered psycho-educational intervention to family caregivers who are taking care of people with dementia in Hong Kong. **Method:** The telephone-delivered intervention was conducted between March and September 2010. A trial was done with a sample size of 10 family caregivers. Five of them were randomly allocated into intervention group and the other 5 in control group. Pre- and post-tests' results were compared using the Revised Scale for Caregiving Self-Efficacy (RSCSE) and Zarit Burden Inventory (ZBI). **Results:** All participants were female and 6 out of 10 were aged 31 to 50 years. Among them, 6 were caring for people with moderate dementia. In the intervention group, the ZBI score decreased significantly from 42.6 (SD=7.57) at pre-test to 33.6 (SD=8.38) at post-test [$t(4)=7.35$, $p=0.002$]. However, in the control group, the ZBI score increased

significantly from 36 (SD=11.73) to 40.2 (SD=12.7) [$t(4)=-3.38$, $p=0.028$]. Therefore, the carers showed reduced level of stress with the intervention. Also, the RSCSE score rose significantly from 52.9 (SD=17.8) to 57 (SD=16.4) in the intervention group [$t(74)=-4.96$, $p<0.001$]. No significant change of RSCSE was found in the control group. Moreover, the intervention group showed improvement in 2 out of 3 subscores of RSCSE: 'obtaining respite' [$t(24)=-3.06$, $p=0.005$] and 'responding to disruptive patient' [$t(24)=-4.59$, $p<0.001$]. **Conclusion:** This pilot study is an initial step in providing evidence to the effectiveness of telephone-delivered psycho-educational intervention in the community. The intervention is worthwhile to be developed as it was convenient to implement and the phone operators who provided direct intervention appeared to be useful in supporting the caregivers. Further study will be done in confirming the benefits to family caregivers of dementia.

Health promotion interventions used to reduce social isolation and loneliness among elderly: which ones works? which ones don't work?

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Introduction: Social isolation and loneliness in older people is associated with low quality of life, life satisfaction, elevated blood pressure and has a tendency toward to dementia, suicide, impaired physical and mental health problems. Besides, they also tend to increase morbidity and mortality. In some prospective studies, loneliness is also a good predictor for dementia, increasing use of health services and early institutionalisation. In Hong Kong, over 10% of the elderly are living alone, on low income and without adequate social support. **Purpose:** The purpose of this study is to evaluate the different health promotion strategies and interventions that have been used in tackling social isolation and loneliness among the elderly. The effectiveness of health promotion programmes or health strategies and practice could prevent social isolation and loneliness in our community-dwelling aged people. **Methodology:** The literature was reviewed to identify the use of different health promotion interventions and strategies among elderly who were socially isolated and feeling loneliness. This study summarised all the recommendations reported for their use in health promotion programmes. Searching was done through MEDLINE, CINAHL, PubMed, Proquest, ISI Web of Science and the British Nursing index. The search was limited to meta-analysis, randomised controlled trials, quantitative study, systematic review and quasi-experiential study published papers from

year 2000 onwards. Older adults/people, social isolation, intervention, loneliness, evaluation, review, older people and ageing were the keywords or medical subject heading (MeSH) terms. **Results & conclusion:** Eight studies met the inclusion criteria. All these studies had used different health promotion interventions among older people to improve social isolation and loneliness, such as; psychosocial group rehabilitation programme, social support with peers ($n=1$), telephone support services, home visiting, educational activities, creative and social initiative and friendship enrichment programme. They reported that the participants were statistically significant improvements in reduce loneliness, increase social contact and functioning, well-being which was more likely to positively affect their health, quality of life and life satisfaction. However, all projects in this review were mainly initiated from top level rather than to get the participants (loneliness and social isolation's elder people) involvement. It seems to lack clarity of these older people's needs. Further studies to test the appropriateness and effectiveness of those interventions or programmes to the elderly is necessary.

C-reactive protein and white cell counts as markers of bacterial infection in elderly

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Introduction: Diagnosis of bacterial infection is challenging due to the non-specific symptoms; blunted fever response; blunted leukocytosis response; and the low quality specimen for microbiological diagnosis. C-reactive protein (CRP) can help but no clinical cut-off for elderly identified. **Objective:** (1) To find the cut-off level of CRP for diagnosing bacterial infection, (2) to compare the diagnostic performance of different laboratory parameters. **Methods:** We prospectively investigated CRP and white cell counts (WCC) with differentials for patients aged ≥ 75 admitted to acute medical wards for 6 weeks. Immunosuppressed individuals and diarrhoea patients were excluded. We used McGeer's criteria for the diagnostic standard of clinical infection symptoms. Patients were classified as non-infection group, probable infection and confirmed infections groups. Probable infections mean positive clinical infection symptoms with physician's intention to treat with antibiotic; confirmed infections were those probable infections with correlated microbiological cultures. **Results:** 487 admitted during the study period, 181 had CRP/WCC with differentials done, 135 records traced, 1 case excluded (1 leukaemia). $N=134$; mean age 86.3; 96 female; 88 from long-term care facilities. Median Charlson's comorbidity index=2 (range,

0-7); Median admission modified early warning score=2 (range, 0-6). Non-infection=80; possible infections=41; confirmed infections=13. The CRP cut-off values were 24.65 mg/L and 42.2 mg/L for possible and confirmed infections respectively. CRP with cut-off value 24.65 can be used for those afebrile, 'normal' WCC/ANC patients. A low CRP of <3.6 mg/L had high negative predictive value to exclude bacterial infection. **Conclusion:** CRP with a cutoff 42.2 mg/L is highly suggestive of bacterial infection in aged elderly ≥ 75 . CRP can help the diagnosis in afebrile, normal WCC/ANC patients and low CRP <3.6 mg/L can rule out bacterial infection and guide antibiotic therapy.

Promoting intergenerational solidarity: Hong Kong's experience with intergenerational programming

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Background: Population ageing and the changes in family intergenerational relations such as lack of communications, age segregations and conflicts, have led to policy concerns about how to maintain intergenerational solidarity and welfare sustainability. The promotion of intergenerational solidarity is regarded as one of the main policy initiatives in the past 2 decades especially

among the western welfare states. How to promote intergenerational solidarity in practice is an important policy question for many developed countries and specific programmes are seen as a legitimate tool. **Purpose and method:** This paper aims to provide a review of intergenerational practice in Hong Kong and finds out the extent to which the current intergenerational programmes have responded to promoting intergenerational solidarity. The approach taken by this study is to review and analyse existing literature as well as to interview a group of social practitioners (n=22) in 2006 to explore their ideas about promoting intergenerational solidarity and suitable features for the intergenerational programmes. **Results:** The paper shows that intergenerational programmes in Hong Kong are mainly a new label for community service programmes. Intergenerational practice is done primarily through volunteering programmes or school-based (university) service-learning programmes. The key function of Hong Kong's intergenerational programmes is to provide a platform for interaction and learning. The ultimate goal is to promote traditional values of 'self-help and mutual help' as well as cross-sectoral partnerships. The promotion of intergenerational solidarity is largely a by-product of the programmes. A central database should be set up to help to explore the ways that the concept of intergenerational solidarity is operationalised in practice.