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Intercontinental Summit on Aging & Gerontology

A Virtual Conference

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Screening of Physical Fitness in Community Dwelling Elderly : A Cross Sectional Study

Megha Mehta

SumandeepVidyapeeth an Institution deemed to be University, India

Background: In India, individual above 60 years is considered senior citizen/elderly. Quality of life (QOL) in elderly mainly depends on being able to continue to do what they want, without pain and discomfort, as long as possible. Being physically fit helps in achieving better QOL in elderly. The purpose of the present study was to screen physical attributes that plays significant role in fitness of elderly.

Method: Community dwelling individuals above 60 years were invited to participate in the study. Total 20 elderly with mean age of 63.6 years were screened for their fitness. Among them, males were 70 % (n=14) and females were 30 % (n=6). The fitness screening included anthropometric measurements, Physical Activity Readiness Questionnaires (PAR-Q), vitals, posture, deformities, Unipedal Stance time (UST), grip strength with JAMAR hand dynamometer, and Senior Fitness Test (SFT).

Results: 5 elderly were overweight (27.46 ± 1.41 kg/m²), 3 were underweight (17.16 ± 1.37 kg/m²) and 2 were obese (34.47 ± 2.52 kg/m²). UST was reduced in 17 (Rt = 9.12 ± 6 Sec, Lt = 12.29 ± 8.56 Sec). In 10 elderly, postural deviation/deformity was observed (8 genuvarum, 1 lordosis, 1 kyphosis). Grip strength was reduced more on left side (n=17; 18.54 ± 6.27 kg) compared to right (n=15; 21.37 ± 6.14 kg). On SFT, 16 reported less upper body strength score (10.19 ± 2.45), 12 had less lower body strength score (10.33 ± 2.23), 13 had less upper body flexibility, 9 had less lower body flexibility, 11 had less agility/dynamic balance (10.32 ± 1 Sec) and 6 had less aerobic capacity (72 ± 14.4 steps).

Conclusion: Among the screened ones, strength, endurance and balance were more affected then flexibility. The quick screening (including PAR-Q, UST, Posture assessment, Grip strength and SFT), was feasible and helpful to know physical fitness level of elderly.

Key words: Physical Fitness, Elderly, Community dwelling elderly, senior fitness test

Biography: Megha Mehta is a Neurophysiotherapist who is passionate in treating patients with neurological impairments. Her another field of interest is physical fitness as she strongly believes in "Prevention is better than cure". She has 13 years of experience in the field of physiotherapy. She has completed her Bachelor of Physiotherapy from renowned M. S. University, Vadodara, India and Master of Physiotherapy from famous Manipal Academy of Higher Education, India. Since past 7 years she is working as an Assistant Professor in College of Physiotherapy, SumandeepVidyapeeth Deemed to be University, India. As being a Neurophysiotherapist, her majority of patients belong to elderly community who suffers from stroke, Parkinson's disease, diabetic neuropathy, MSA etc. She is keen in helping the geriatric community by working on their locomotor disabilities to improve their quality of life.

Falls Risk Assessment Scales in Elderly – A Scoping Review

G Palani Kumar

SumandeepVidyapeeth an Institution deemed to be University, India

Health care professional involved in Geriatrics are often unaware of the many existing scales for identifying fall risk and are uncertain about how to select an appropriate one. The purpose of this review is to summarize existing fall risk assessment scales to enable more informed choices regarding their use. Articles published from 1984 through till date describing fall risk assessments were reviewed to identify the scales. The scales classified based on various factors like the i) setup where the scale is used acute care, long term care (hospital or nursing home) and community dwelling ii) professional using the scale like nursing specific, physiotherapists and geriatric clinician, iii) age group within Geriatrics like elderly or frail elderly, iv) Questionnaire based or assessing functional status and v) assesses which component of ICF impairment, activity limitation or participation restriction. The speech will cover the demographic characteristics of the scales that assess the risk of falls, their validity and reliability, scales that can be used for pre-existing diseases and comorbidities in elderly and the scales that can be used for fall prevention program. It is essential to know the above things so that a health care professional can make an informed choice of a specific tool that is appropriate. A wrong choice may be counterproductive as the scales are not applicable and comparable across facilities.

Biography:

G Palani Kumar (Author) is a Clinician as well as an Academician in Physiotherapy, having served in various academic positions for the past 22 years. Currently pursuing Ph.D. in Physiotherapy and the PhD research involves in developing an India specific Falls Risk assessment tool as the available literature are not applicable to local Indian population. Have published research papers in reputed journals, gave given talk on various topics in Physiotherapy, and guided Physiotherapy post graduate students. Have interests in innovating devices that are cost effective and therapeutically useful.

Androgen Deprivation Therapy for Prostate Cancer Care and Diagnosis of Dementia

Ravishankar Jayadevappa

University of Pennsylvania, United States

Objective: The association between androgen deprivation therapy (ADT) exposure and dementia is uncertain. We analysed the association between ADT exposure and diagnosis of Alzheimer's or dementia in elderly men with prostate cancer.

Methods: Retrospective cohort study using Surveillance, Epidemiological, and End Results (SEER)-Medicare linked database. Eligible patients were elderly men newly diagnosed for prostate cancer between 1996 and 2003. We identified those receiving androgen deprivation therapy (ADT) within two years of prostate cancer diagnosis. Using logistic regression, we assessed the association between ADT exposure and diagnosis of Alzheimer's or dementia in the follow-up period. Propensity score and instrumental variable approaches were used to minimize measured and unmeasured selection bias. We also examined this effect by dose of ADT.

Results: Of the 180,282 patients who met the study criteria, 59,935 received ADT within two years of prostate cancer diagnosis, and 91,759 did not receive ADT. Exposure to ADT was associated with a diagnosis of Alzheimer's (odds ratio (OR) = 1.30, 95% confidence interval (CI)=1.26, 1.35), and dementia (OR=1.34, 95% CI=1.30, 1.38). The effect was stronger for higher doses of ADT. On average, 18 (95% CI 17 - 19) or 10 (95% CI 9.5 - 11) men with prostate cancer needed to receive ADT for one diagnosis of Alzheimer's or dementia, respectively.

Conclusions: Among elderly prostate cancer patients, ADT exposure was associated with subsequent diagnosis of Alzheimer's or dementia over follow-up period of at least 10 years. Providers must carefully weigh the long-term risks and benefits of exposure to ADT in patients with a prolonged life expectancy, and risk-stratify patients based on dementia risk prior to ADT initiation.

Biography: Ravishankar Jayadevappa is a Research Associate Professor at the University of Pennsylvania's Perelman School of Medicine. Dr. Jayadevappa is also a member of the Abramson Cancer Center, and Fellow at the Institute of Aging. His primary areas of research interests are: urologic outcomes, prostate cancer, bladder cancer, overactive bladder, aging, health services research, health outcomes, regulatory economics, comparative effectiveness, patient centered care, patient reported outcomes, preference assessment, environmental economics, international trade, health economics, cost-effectiveness, health disparity, global health, resource economics, and health-related quality of life and equity issues in health care policy. In particular, his research goal is to analyze the tradeoff between economic efficiency, equity and quality. This has significant implications for understanding and eliminating health disparities due to race, ethnicity, income and age. Dr. Jayadevappa's current research focuses on micro/macro level health policy issues of elderly; epidemiology of urologic diseases; patient centered care; preference assessment; comparative effectiveness; and cost-effectiveness of medical care.

Nutrient Sensing Ghrelin Signaling: A Critical Metabolic Pillar of Inflamm-Aging and Meta-Inflammation

Yuxiang Sun

Texas A&M University, USA

Immunometabolism is an emerging frontier in metabolic research, which is closely linked a series of metabolic dysfunctions. Chronic low-grade inflammation is prevalent in obesity and aging, coining the terms of “meta-inflammation” in obesity and “inflamm-aging” in aging. Growth Hormone Secretagogue Receptor (GHS-R) is the receptor for nutrient-sensing hormone ghrelin. Ghrelin signalling has been shown to have multifaceted roles in metabolism, known to promote obesity and insulin resistance. We have observed that GHS-R expression in macrophages increases with high fat diet (HFD)-feeding, endotoxin lipopolysaccharides (LPS) treatment and normal aging. To determine whether GHS-R has a role in immunometabolism, we generated myeloid-specific GHS-R knockout mice and studied them under chronic and acute inflammatory conditions of diet-induced obesity (DIO), LPS-induced endotoxemia and aging. Inactivation of GHS-R in myeloid cells attenuated DIO-induced inflammation/insulin resistance and LPS-induced inflammation, showing reduced circulating pro-inflammatory cytokines and reduced tissue inflammation in liver, fat, gut, heart and brain. To investigate the underlying mechanism, we studied bone marrow-derived macrophages (BMDM). GHS-R deficient BMDM showed reduced pro-inflammatory polarization, exhibiting decreased anabolic but increased catabolic cellular signatures. These in vivo and ex vivo findings indicate that GHS-R is involved in macrophage reprogramming. Our studies suggest that GHS-R is a critical mediator linking nutrient sensing with immunity and metabolism, and GHS-R antagonists may have promising beneficial effects for health, disease and aging.

Biography:

Dr. Sun is an expert on “hunger hormone” ghrelin. She generated the first ghrelin knockout mice, and discovered ghrelin’s novel roles in diabetes, thermogenesis and macrophage polarization. Her laboratory uses state-of-the-art tools to study ghrelin in energy sensing, intake, and expenditure. Her work suggests that ghrelin might be a promising drug target for obesity, diabetes, inflammation, and aging. Her Research Interests are Glucose-homeostasis, energy-homeostasis, lipid metabolism, neuroendocrine regulation, pathogenesis and pathophysiology of obesity, diabetes, inflammation, and aging. The ultimate goal of Dr. Sun’s team is to understand the pathogenesis and pathophysiology of obesity and diabetes, inflammation and aging, and to develop novel interventions for combating obesity and diabetes, thus improving quality of life.

Occupational Stress and Job Satisfaction of Long Term Care Workers: The Impact of the Social Working Environment

Frances M Hawes

University of Wisconsin-Eau Claire, United States

The need for long-term care workers (LTCW) will grow significantly as the American population ages. Understanding the factors that impact job satisfaction of this workforce has important implications for policy and practice. Previous research has demonstrated the effect of occupational stress and organizational social capital on the job satisfaction of these workers; however, there is no consensus on the conceptualization of the constructs developed to measure organizational social capital and occupational stress. In addition, much less is known about the impact of race/ethnicity and immigration status on these relationships.

For this research, data was extracted from the National Nursing Assistant Survey (2004), and exploratory factor analysis was utilized to examine if the constructs developed to measure organizational social capital and occupational stress were supported empirically. To examine relationships between variables of interest, both bivariate and multivariate analyses were conducted. In addition, the interactive effects of race/ethnicity and immigration status were explored.

This study supports prior research that reducing occupational stress and increasing organizational social capital is important to improving job satisfaction. In particular, findings show that supervisory roles can play an important part in achieving this balance. Management should pay particular attention to immigrant workers (specifically Resident/Alien) employee's satisfaction. By understanding relationships with supervisors and immigrant CNAs and using them to guide nursing home management practices, we can improve CNA job satisfaction, and decrease staff turnover rates. This would not only be beneficial to LTCW, but also to nursing home residents and to long-term care in its entirety.

Biography:

Frances Hawes earned both her master's and doctoral degrees in Gerontology at UMass Boston's John W. McCormack Graduate School of Policy and Global Studies and has a bachelor's degree in Psychology from Merrimack College. She is an Assistant Professor in Health Care Administration at the University of Wisconsin, Eau Claire. The health care administration program is one of only nine in the country accredited by the National Association of Long-Term Care Administrator Boards. She was also employed for eight years as an adjunct instructor at Quincy College and Massasoit Community College in Massachusetts and has an extensive background in long-term care services.

Characterization of Retinal Microvasculature and its Relations to Cognitive Function in Older People

Hong Jiang

University of Miami, United States

Aging increases the likelihood of neurodegeneration and altered hemodynamics such as hypoperfusion in the tissue, mostly affecting neural tissues (i.e., brain and retina) with high metabolic demand. With advancing aging, cerebral blood flow decreases in older adults. In age-related neurodegenerative diseases such as Alzheimer's disease (AD), global and focal changes of the cerebral blood flow are reported, indicating the presence of brain tissue hypoperfusion. With the co-existence of neurodegeneration and vasculopathy in AD patients, the decrease of the cerebral blood flow was more severe compared to the controls of similar age. As a window to the brain, the retinal vasculature shows similar changes during aging, such as loss of microvessels, thinning of the retinal nerve fiber layer and ganglion cell layer. This talk will review the quantitative characterization methodologies of the retinal microvasculature and discuss the preliminary data of aging related microvascular alteration and its relation with cognitive function.

Biography:

Hong Jiang, M.D. Ph.D. is an Assistant Professor of Neurology and Ophthalmology at the University of Miami, Miller School of Medicine. She earned her undergraduate medical degree from Zhejiang University in Hangzhou, China. She received her Ph.D. at the University of Hong Kong in Hong Kong, China. Dr. Jiang completed her Neurology residency training at Jackson Memorial Hospital/University of Miami, and her Neuro-ophthalmology fellowship at Bascom Palmer Eye Institute, University of Miami. As a neuro-ophthalmologist at the Bascom Palmer Eye Institute, Dr. Jiang specializes in the diagnosis and treatment of various neuro-ophthalmologic disorders, such as vision loss due to brain tumor or dementia, optic neuritis and double vision. In the Department of Neurology, Dr. Jiang provides expertise in the evaluation and treatment of various neurologic diseases such as memory disorders, headaches, spine diseases and Multiple Sclerosis. Dr. Jiang's research interest is to study the ocular microvascular dysfunction in ocular and central nervous system diseases, such as dry eye, dementia and multiple sclerosis. She has multiple publications in ocular microvascular function studies. She is interested in studying the vascular pathway in the pathogenesis of Alzheimer's disease. With support from both the McKnight Brain Institute and North American Neuro-Ophthalmology society (NANOS), she and her team at Bascom Palmer Eye Institute recently found that decreased retinal microvascular network density and blood flow volume in patients with Alzheimer's disease compared to normal controls. Dr. Jiang is a member of the North American Neuro-Ophthalmology Society (NANOS), the American Academy of Neurology (AAN), the American Academy of Ophthalmology (AAO) and the Association for Research in Vision and Ophthalmology (ARVO).

The Molecular Implications of Tau Phosphorylation and Caspase-2-Mediated Tau Cleavage in Neurodegenerative Disorders

Peng Liu

University of Minnesota, United States

A primary focus of current experimental treatments for neurodegenerative disorders is to modulate the microtubule-associated protein tau. Tau is a highly soluble, neuronal protein that dynamically interacts with numerous structural and functional biomolecules. Over a dozen PTMs including truncation and phosphorylation, combined with alternative splicing, confer on tau its enormous structural heterogeneity, which subserves its physiological and pathophysiological functions. Here we discuss the impact of a tau cleavage event on synaptic and cognitive function in neurodegenerative conditions. Caspase-2 catalyzes the cleavage of human tau (htau) at aspartate-314 (D314), which generates Δ tau314, a C-terminally truncated, soluble cleavage product. Levels of Δ tau314 are elevated in the brain of individuals with Alzheimer's disease (AD)-type dementia and mild cognitive impairment, Lewy body dementia, and Huntington's disease, and predict cognitive impairment, suggesting an association between Δ tau314 and multiple neurological indications. Caspase-2-mediated htau cleavage at D314 contributes to synaptic dysfunction as it is required for tau to accumulate excessively in dendritic spines, an early pathophysiological change in synaptic function. Together with tau phosphorylation, this cleavage leads to reduction in excitatory synaptic transmission through internalization (i.e., deactivation) of functional α -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid (AMPA) receptors from the post-synaptic membrane. Furthermore, caspase-2-mediated htau cleavage at D314 causes cognitive deficits in mice modeling frontotemporal dementia in that either lowering levels of caspase-2 by morpholino antisense oligonucleotides or rendering htau resistant to caspase-2 cleavage by mutating D314 to glutamate reverses cognitive deficits. Our findings support a pathological role for caspase-2 cleavage of tau and targeting caspase-2 as an effective strategy for improving synaptic transmission in neurodegenerative disorders.

Biography:

Dr. Peng Liu is Assistant Professor of Neurology at the University of Minnesota Medical School. He received his bachelor of science in biotechnology from Peking University, China, and his Ph.D. in biochemistry and molecular biology from the University of Florida, Gainesville, FL. He currently works as a faculty in the N. Bud Grossman Center for Memory Research and Care and Department of Neurology, University of Minnesota, Twin Cities, MN. His research interests mainly focus on understanding the molecular mechanisms underlying cognitive deficits mediated by β -amyloid oligomers and post-translationally modified tau proteins in Alzheimer's disease and related tauopathies.

Longevity in the Era of Telemedicine

Sajad Zalzala

AgelessRx, United States

AgelessRx is the first of its kind telemedicine platform dedicated to providing therapies that have the potential to help humans live longer and healthier. The Medical Director and co-Founder of AgelessRx, Dr SajadZalzala, will discuss trends in medicine in response to the COVID-19 pandemic, including the history of telemedicine, adoption of telemedicine in response to the pandemic, and the future of preventative medicine. Discussed will also be the application of longevity therapies through telemedicine including the challenges and opportunities. Virtual clinical trials will also be discussed and their role in introducing new therapies via telemedicine.

Biography:

Dr.Zalzala (or "Dr. Z") is renowned in the world of functional medicine as an expert in autoimmune disorders and chronic inflammation. He works behind the scenes, advising Jade and Shawna regarding lab orders and interpretations, as well as stepping in occasionally on more complicated cases. He is the founder of LDN Direct where he provides direct to patient consults for Low Dose Naltrexone and AgelessRx, where he offers biohacking services to those looking to increase their longevity. Dr. Z is licensed in all 50 states as well as Ontario, British Columbia, and Manitoba, affording him the ability to treat patients regardless of location. Dr. Z also served as Chairmen of the 2016 and 2019 conferences for the International College of Integrative Medicine, bringing his exceptional knowledge forth to other practitioners.

Elucidating the Novel DNA Methylation Changes in Cancer and Age Associated Disorders

Kumaraswamy Naidu Chitrala

Temple University, United States

Aging and cancer share some of the common hallmarks such as genomic instability, telomere attrition, epigenetic alteration, proteostasis, and cellular senescence. Breast cancer is one such cancer type which shares such hallmarks with the age-associated disorder such as metabolic syndrome (MetS). Recent reports showed that MetS among women was associated with postmenopausal breast cancer. However, only limited studies have been shown on how MetS and breast cancer show a common methylation pattern. I will present how these DNA methylation changes differ among African Americans and the white population. I will also discuss how these DNA methylation changes in MetS are influenced by the covariates among the African Americans and the white population.

Biography:

Dr. Kumaraswamy Naidu Chitrala is an Assistant Professor (Research) at Fels Institute for Cancer Research and Molecular Biology, Temple University Lewis Katz School of Medicine. He is currently leading the Bioinformatics core facility at Fels. His research interests mainly focus on bioinformatics, epidemiology, epigenetics, computational Biology, breast cancer biology, metabolic syndrome, neurological disorders, aging, molecular modelling and dynamic simulations, drug designing, data mining and analysis, machine learning, database development, high performance supercomputing.

Adapting to Sheltering-in-place at Home during the 2020 Pandemic: Analysis of Infodemiological Data

Celia M. Ross

Founder, Delaware Gerontology Institute, USA

Infodemiology (information epidemiology: assessment of health-related topics through analysis of web-based data) has been gaining increased attention over the past few years. (1 - 5) Infodemiology has been applied to the study a range of health topics including infectious disease outbreaks and trends in health behaviors. In early March, 2020, news reports began advising the elderly and those with certain medical conditions to stay home as much as possible due to their increased risk from COVID-19. (6, 7) Infodemiology can provide clues as to how American people adapted to sheltering-in-place at home during the 2020 pandemic. For the elderly, and others with medical conditions, who wanted to avoid crowded spaces while also maintaining wellbeing, various activities of daily living became problematic – thus the need to adapt. Google Trends data on internet searches related to various aspects of wellness and wellbeing at home saw an increase in interest. These included home delivery of food topics, home exercise topics, gardening topics, staycation topics, faith topics, and virtual gathering topics. When placed in the context of a review of the literature about behavioral responses to past crises, this infodemiological data can contribute to our understanding of ways in which humans adapt to a sudden change in the environment. (8, 9)

Study Weaknesses

Although the Google Trends data included in this presentation did not breakdown searches by age group, it covered a period of time when the elderly were advised that they were more vulnerable to COVID-19 and thus should be particularly diligent about social distancing.

Biography:

Dr. Celia Ross' interests include: gerontology, wellness, nutrition, molecular health, and sharing what she has learned over the years. She is the Founder of the Delaware Gerontology Institute, LLC (www.DEGerontology.com). After listening to elders who greatly missed reading due to very low vision, she began a line of extra-large print books, such as classic poetry books, to empower elders to enjoy reading again.

Psycholinguistic Criteria in the Development of Tasks and Batteries for Language Assessment: Evidence from Clinical Applications

Lilian Cristine Hubner

Pontifical Catholic University of Rio Grande do Sul (PUCRS), Brazil

Language assessment is an important tool to assist linguistic and cognitive patterns indicative of impairment. It can assist the early diagnose of cognitive decline in aging, as well as indicate levels of language impairment and preservation following a brain tumor, brain traumatism, or cerebrovascular disease, among other clinical and educational applications. However, for this assessment to be effective, psycholinguistic criteria should be observed in the design of tasks and batteries. These criteria encompass from the phonetic/phonological aspects to the discursive/pragmatic ones. This communication aims at presenting some of these psycholinguistic aspects and discussing experimental evidence on their application in the diagnoses of clinical populations, emphasizing neurodegenerative diseases.

Trauma Exposure and PTSD from A Lifespan Developmental Perspective: Diagnosis, Assessment, and Treatment among Older Veterans

Anica Pless Kaiser

VA Boston Healthcare System, United States

Understanding issues that impact older adults and military veterans is important. The numbers of older adults in the general population, and in veteran populations, are increasing. Over half of all U.S. military veterans are aged 65 or older. Exposure to potentially traumatic events is a nearly ubiquitous experience among older adults, and veterans are more likely to have experienced multiple traumatic events over their lives. The majority of people who are exposed to traumatic events do not experience clinically severe symptoms. A minority of people develop posttraumatic stress disorder (PTSD). Older adults and veterans are less likely to meet diagnostic criteria for PTSD than their younger counterparts. However, those who do meet the diagnosis, and those who have some PTSD symptoms but don't meet full criteria, experience impairment in functioning across life domains. This talk will briefly define trauma and PTSD according to the DSM-5, discuss prevalence of PTSD in late life, risk factors for re-emergence of symptoms, and provide a brief description of assessment tools and considerations. In addition, a brief review of treatment approaches and clinical considerations for addressing PTSD at end-of-life will be provided.

Biography:

AnicaPless Kaiser, PhD, is a Clinical Research Psychologist in the Behavioral Science Division of the National Center for PTSD at VA Boston Healthcare System, and is an Assistant Professor of Psychiatry at Boston University School of Medicine. Her research interests include the effects of earlier life trauma on later life mental health functioning and intervention development for older adults and veterans with trauma exposure and PTSD.

Maximizing Activity of Daily Living Performance in People with Alzheimer's disease and Related Dementias

Carrie A Ciro

University of Oklahoma Health Sciences Center, United States

Background: Progressive disability in activities of daily living (ADL) is inevitable for people with Alzheimer's disease and related dementias (ADRD). Attempts to slow or prevent ADL disability have been unsuccessful despite making progress in behavioral training methods. Missing from this research is an emphasis on how we maximize a patient's engagement during training and the rigorous examination of implementation protocols (dosing and training methods) which may advantage learning in people with ADRD. Our team addressed this gap with the development of the STOMP (Skill-building through Task-Oriented Motor Practice) intervention which creates methods for obtaining and practicing ADL goals that support personhood and tests high-intensity protocols that appear to advantage learning as well as sustained learning over time.

Methods: Randomized-controlled trial with 32 participants with dementia assigned to either the original, intensive STOMP protocol (3 hours/day, 5 days/week for 2 weeks) or a less-intensive STOMP protocol (1 hour/day, 2 days/week for 2 weeks) delivered by an occupational therapy assistant in the home. Inclusion criteria: English speaking, adults 50-90 years old that live with a legally-authorized representative that can provide consent, who can follow a one-step command, have three ADL goals they want to address and can participate in an intense therapy protocol. Exclusions include diagnoses of Creutzfeldt-Jakob Dementia, delirium or receptive/ global aphasia. Blinded occupational therapists completed baseline, post-intervention and 3-month follow-up assessments in the home. Repeated measurements included the Goal Attainment Scaling (GAS) of observed activities of daily living. Repeated measures ANOVA and graphs were used to interpret and display results.

Results: There were no differences between the groups for age, gender, education, type of dementia or mean MMSE at baseline. Post-intervention GAS scores for high intensity group (M=65.4; SD: 11.2) and low intensity scores (M=60.2; SD 13.3) were significantly higher than baseline within groups ($p < 0.0001$) but not significantly different between groups ($p = .91$). Ninety-day follow-up scores were significantly higher than baseline and post-intervention ($p = 0.025$). There is a trend for the 90-day follow-up scores for the high intensity group to be higher than the lower-intensity group.

Conclusions: People with ADRD receiving the STOMP intervention improve significantly in observed ADL performance at post-intervention and the improvements are sustained at the 90-day follow-up. While there was no benefit from the high vs. low intensity, there is a trend for higher 90-day follow-up scores in the high intensity group which may inform how to delay decline in ADL.

Biography:

Carrie Ciro, PhD, OTR/L, FAOTA is an Associate Professor and Elam-Plowman Chair of Rehabilitation Sciences at the University of Oklahoma Health Sciences Center. Her research interest lies in developing an individualized, but systematic rehabilitation intervention for improving performance in daily living while also reducing the rate of decline in people with Alzheimer's disease and related dementias.

Multidisciplinary Approach for Sexual Health in Older Adults

Renee J. Flores

The University of Texas Health Science Center at Houston, United States

Addressing health concerns using a multidisciplinary approach plays an essential role in providing support to older adult patients. This approach is just as important when addressing sexual health concerns, yet it is less collaborative secondary to the comfort of the discipline and insufficiency of skills necessary to provide clinical care for older adults with sexual health concerns. Older adults desire conversations about sexuality and intimacy, and health care professionals often lack training in breaching this topic. It is essential to be familiar with normal and abnormal sexual physiological changes in older adults to address these issues, in addition to communication tools to address these issues. This session will discuss sexual health from a multidisciplinary approach to improve sexual health for older adults.

Biography:

Dr. Renee J. Flores is a geriatrician who is board-certified in internal medicine, geriatrics, and hospice and palliative medicine. Dr. Flores is a Clinical Associate Professor at University of Texas Health Science Center in Houston, and oversees medical education for learners in medical school, residency, and geriatric fellowship training. She has expanded her role to include sexuality and intimacy for older adults, completing two additional sexual health training courses at the University of Michigan and at the European School of Sexual Medicine in Budapest, Hungary; and, she is an AASECT certified sexual counselor and sexual educator. She values sexual health as a salient part of comprehensive health care, and works in collaboration with patients to address sexual desire, pain, performance, and relationship challenges. She has been recognized with the Dean's Excellence Teaching awards for her devotion to life-long learning and education.

Using Assistive Technology to Achieve Better Outcomes while Reducing Long Term Care Costs

James Bulot

University of Massachusetts Boston, United States

The last 40 years has seen significant changes in how individuals receive long term care. Since the 1981, the United States has experienced slow but steady progress toward providing long term care in home and community based settings. Nationally at least 50% of funding for long term services and supports is now being spent on community based care. The most significant advancement since this time has been the emphasis on person centered care and self-directed services. However, these changes still rely largely upon in person caregivers. Over the past 10 years, we've seen the consumer technological landscape change rapidly; however, this adoption among LTSS has been slower, yet maybe even more promising. This session provides an overview of assistive technology and how it is beginning to be used as a service within LTSS planning. This session also demonstrates the actual and potential cost savings resulting from the use of assistive and adaptive technology.

Biography:

Dr. Jay Bulot has his PhD from the University of Massachusetts Boston, was a Tenured Associate Professor of Gerontology and Director of the Institute of Gerontology. He was the State Director for Elderly and Disabled Services in both Louisiana and Georgia. He is the Chief Gerontologist at WellSky Corporation. He has published more than 60 papers and presentations in numerous journals, national and international conferences.

Palliative Care in Chronic Obstructive Pulmonary Disease: The Case for Early Integration

Helen Senderovich

University of Toronto, Canada

Background: Chronic obstructive pulmonary disease is a devastating, incurable disease, and is the only major worldwide cause of mortality that is currently increasing in prevalence. These patients experience significant symptom burden that would often benefit from a palliative approach to care.

This review investigated differences in palliative care between patients with chronic obstructive pulmonary disease and other illnesses, as well as possible explanations for these differences. We also searched for innovative models of palliative care provision that may address any identified gaps for patients with chronic obstructive pulmonary disease.

Methods: MedLINE and PubMed databases were searched for relevant articles using terms palliative care, chronic obstructive pulmonary disease, and integrat*, and additional relevant articles were identified through the references of chosen articles.

Results: Compared to cancer patients, chronic obstructive pulmonary disease patients experience similar symptom burden and have a worse quality of life, but have comparatively little access to palliative care. When these patients do receive palliative care, they tend to be referred later than patients with cancer. Many disease-, patient-, and provider-related factors contribute to this phenomenon. Integrated models of palliative care introduce palliative care early in the disease trajectory. Successful implementation of such a model will require education of healthcare professionals and the general public, increased acceptability of advanced care planning discussions, and likely increased funding.

Conclusion: Patients with Chronic obstructive pulmonary disease often have unaddressed palliative care needs. Integrated models of palliative care would address many of the barriers these patients experience, but cultural shifts in perceptions of palliative care are required before these models can achieve their potential.

Biography:

Senderovich is a physician at Baycrest Health Science System with practice focused on Palliative Care, Pain Medicine and Geriatrics. She is a lecturer at the Department of Family and Community Medicine, and Division of Palliative Care at the University of Toronto who actively involved teaching medical students and residents. She has a broad international experience and a solid research background. Her research was accepted nationally and internationally. She is an author of multiple manuscripts focused on geriatrics, patient's centered care, ethical and legal aspect of doctor patient relationship, palliative and end-of-life care.

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