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POSITIVE AGEING

It's never too late


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 **DCRC**
Dementia Collaborative Research Centres

 **UNSW**
THE UNIVERSITY OF NEW SOUTH WALES

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“the healthy personality is a topic approaching which the expert becomes a fearful angel”

Erik Erikson (1950)

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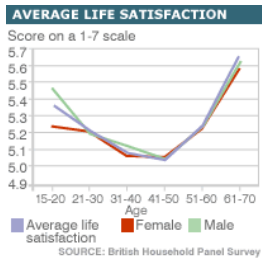
‘Whoever said money can’t buy happiness simply didn’t know where to go shopping.’

bo derek

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Across the Lifespan “Satisfaction Paradox”



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The Silver Tsunami

- Increasing emphasis on models of successful (and positive) ageing



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Happiness is

$$\underline{u} = A + \beta_1 S_1 + \beta_2 S_2 + \dots + \gamma Y + \theta' X + \varepsilon$$

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Rowe & Kahn (1987, 1995)

1. Low risk of disease and disease-related disability,
2. high mental and physical functions, and
3. active engagement with life (i.e., relating to others and continuing productive activities)

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Baltes & Baltes (1990)

1. Subjective well-being,
2. positive emotions, and
3. absence of feelings of loneliness


“Selective optimisation with compensation”


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Palmore (1995)

1. survival (longevity),
2. health (lack of disability), and
3. life satisfaction (happiness)



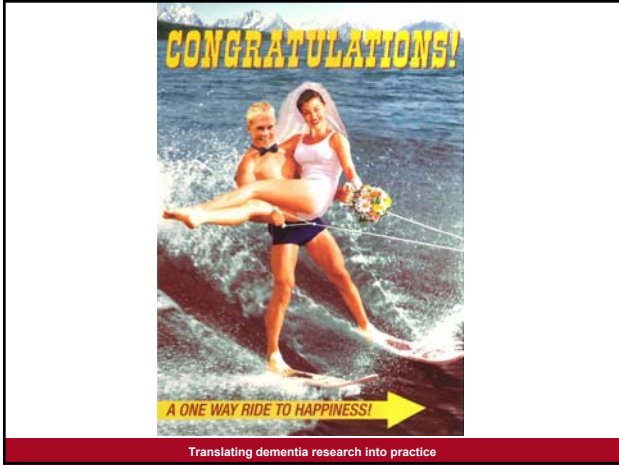


"I could cry when I think of the years I wasted accumulating money, only to learn that my cheerful disposition is genetic."

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Happy people are more likely to....

- Have better self-, not objective, ratings of health
- Participate in a variety of social & physical activities
- Have a sense of meaning derived from religion
- Have better quality housing e.g., in good repair, amenities, safe etc

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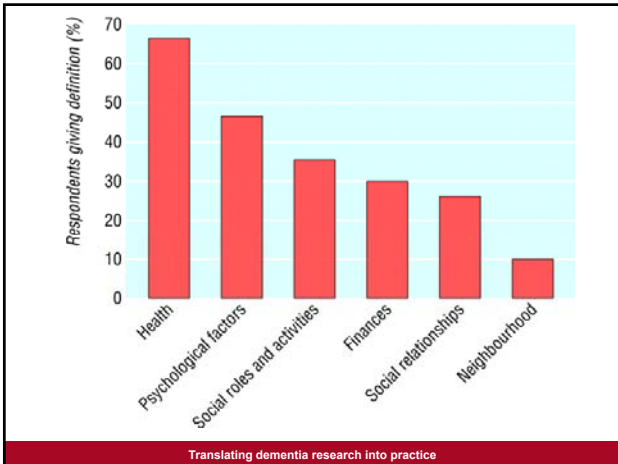



Table 1. Percentage of Participants Mentioning Each Theme Associated with Successful Aging at Least Once and Response Examples

Theme	% of participants mentioning theme N = 60	Example of responses for each theme
Health	53.3	I suppose being really healthy is the main thing.
Activity	50	Keep yourself occupied, definitely keep yourself occupied. Don't just sit.
Personal growth	36.7	I think the main thing is to have some aims . . . to have something that you're doing.
Happiness/contentment	31.7	To feel a sense of contentment and fulfillment with your life as it is.
Relationships	25	Your family relationships . . . that's number one.
Independence	20	I think if you can keep in your own home and keep as active as you can—not being reliant on anyone else.
Appreciation/value of life	18.3	I think you've got to forget about thinking too much about the past and you've got to slay with coming things. You've got to acquaint yourself with what's going on around the world.
Longevity	3.3	I think people are living longer now because we've got medication now that we didn't have before.

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Relevance to Residential Care?




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Positive Ageing in Residential Care

“Life is given meaning by what we do”



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Physical Health and Activity

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GROWING OLD IS NOT FOR SISSIES II
 PORTRAITS OF SENIOR ATHLETES
 ETTA CLARK

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HELEN ZECHMEISTER

Weight lifter, age 91

They called me from Italy last week to compete there, but I was too busy and could not go. The greatest pleasure in my life is my marriage. I have been married sixty-eight years to the same guy, Joseph, and we have done everything together from the moment we met, at a dance at the University of Vienna, Austria. He and my coach, Norman Manouglou, have been my greatest fans.

—Helen Zechmeister

At the age of ninety-one, Helen works out three times a week and deadlifts 200 pounds. She is limber enough to do a full split, and she can touch the palms of her hands flat on the floor without bending her knees.

Helen Zechmeister, age 81

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Exercise for people with dementia?

- Mild to severe dem in resi care
- 1 hr exercise twice weekly
- Stretching warm up
- Brisk walking ++
- Strength, flexibility & balance training stations
- Music
- ↑ function, gait

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Benefits of Exercise for People with Dementia

30 exercise trials

- ↑ strength
- ↑ physical fitness
- ↑ function
- ↑ cognition
- ↑ mood & ↓ behaviours




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Mental Health and Wellbeing

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Nola Ochs, 95 years



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Staff Satisfaction in RACFs

- Leadership of managers & senior staff pivotal - close, supportive relationship; cohesive, friendly environment
- Ongoing education
 - = staff retention
 - = resident satisfaction

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Resident Satisfaction in RACFs

- Good staff care vital
- Independent residents: physical comfort & social interaction
- Dependent residents: meals = staff contact = social interaction



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Resident Satisfaction in RACFs

- Respect, feeling needed, sense of control
- Stable staff-resident assignment & good staff-resident communication ↑↑ QOL
- Ask about work life, close relationships, interests & hobbies
- Encourage more able persons to help

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Social Engagement and Relationships

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Mary Sims Elliott, age 105

- **Writer, musician, artist**
- **Active in politics, social issues & the church**
- **In addressing the Georgia legislature “it’s important to love all people of all sizes, shapes and colours. That’s what really matters”**



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Social Contact

- **Vital for quality of life**
- **Resi care = ~60% time not engaged**
- **Activities = routine & social connectedness**
- **Respond positively to being involved in own care e.g., helping set table for meals (autonomy, purpose, sense of home, social)**

Mozley et al., 2000; Mozley, 2001; Bundgaard, 2005

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Social Relationships

- Balance b/w social needs & privacy
- Residents with “friends” within the facility & positive r’ships with staff = highest QoL & sense of feeling at home



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Environment

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Older People’s Experiences of Resi Care

- Pervasive fear
- Changed living space, daily patterns, social networks
- Usually at time of crisis & distress
- Promotion of community care reinforces negative perceptions
- Accepted if voluntary, legitimate, reversible, active & positive choice

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beyond
50.05

A Report to the Nation on
Livable Communities:
Creating Environments
for Successful Aging

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“One of the most important aspects of a liveable community is the high level of engagement of its residents, ranging from participation in social activities & relationships, to volunteering, to civic participation in community planning & the political process.”

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International Awards for Liveable Communities

Ipswich = world's most liveable mid-size community

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Dementia-Friendly Environments - the Open City



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Apartments for Life, Waverley – Benevolent Society



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Feeling Valued and Productive

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Jack Tamis, 95 years




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Montessori Methods

- *“first the education of the senses, then the education of the intellect”*
- Familiar objects, cog and sensory stimulation and rely on non-declarative memory (better for dementia)

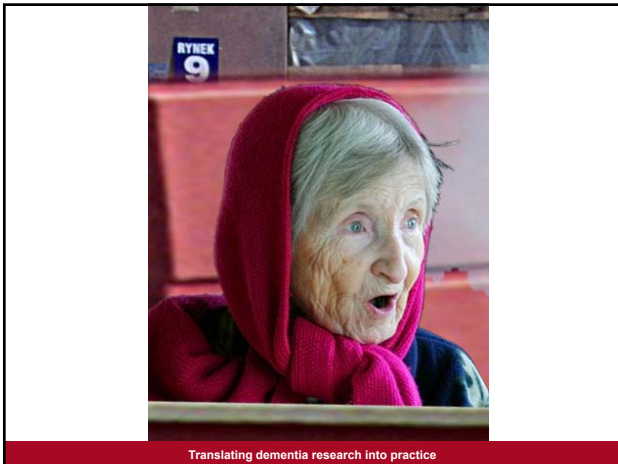


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Montessori-Based Dementia Programming

- Earlier stage dementia = helpers, bingo callers
- Group sorting e.g., coloured golf balls, happy vs sad faces
- Can be given by visitors or volunteers e.g., cake vs not cake ingredients



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Montessori-Based Dementia Programming



- ↑ in positive engagement & affect
- ↓ passive engagement, sleeping, boredom, agitation, negative affect
- For BPSD & apathy

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Dementia Positive

- www.dementiapositive.co.uk
- Creativity, communication
- Felting
- “Memories in the Making”
- Musical expression
- Dementia Services Development Centre



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- People have common needs across the lifespan
- These needs do not diminish when placed in care
- Meeting these needs = positive ageing
- Engagement with life is vital

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Thank you!
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Sydney, Australia | 18-19 September, 2008
National Dementia Research Forum
Translating Research into Practice

- Wesley Conference Centre
- Guest speakers Prof Alistair Burns, Prof Karen Ritchie, Prof Murna Downs & Prof John Hodges
- Call for abstracts now open
- <http://www.dementia.unsw.edu.au>

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