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BC PAGES

Newsletter of the B.C. Psychogeriatric Association

President's Report

Aging Well in British Columbia – A Report Worth Reading

Government-initiated consultative processes are often viewed with scepticism – and rightly so. Seeking input from the electorate can be perfunctory and have little real impact on policy or legislative undertakings. However, one consultative process and its findings appear to have the possibility of being different. I am speaking about the recently released report – *Aging Well in British Columbia* (2006). Prepared by Dr. Patricia Baird, Chair of the Premier's Council on Aging and Seniors' Issues, the report provides critical information and recommendations for all those working toward health, wellness and appropriate services for older adults in this province.

After listening to several hundred presentations received from individuals and organizations across the province (I had the good fortune to be invited to address the Council with reference to rural and northern issues for seniors), the Council's report successfully captures many of the critical issues and concerns facing citizens in British Columbia as they age. Of course, the real test will be whether or not the government initiates policy and legislative changes that reflect these findings.

Despite the uncertainty about implementation, I think the recommendations of the Council are worthy of close attention and consideration. On the surface, the document might seem of less relevance to those of us working in the area of psychogeriatrics. However, a closer look reveals the contrary – recommendations with very specific links to our work and to meeting the needs of those we serve and their families.

The report summary calls on the provincial government to embrace the following needs/changes:

1. **Participating in Society**
   - End mandatory retirement
   - Make culturally appropriate services accessible to all older adults
   - Make information services and outreach a priority
2. **Transforming Work**
   - Promote increased workplace flexibility and greater individual retirement savings
3. **Reshaping Neighbourhoods**
   - Make available a range of housing options to allow ongoing independence and quality of life
   - Address transportation needs of older citizens
4. **Staying Healthy**
   - Enhance healthy living initiatives focused on older adults and customized for our diverse population
5. **Ensuring Sufficient Incomes**
   - Ensure adequate incomes for all older people

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6. **Supporting Independence**
   - Introduce a new, broader and more widely available home support system
   - Recognize the contribution of informal caregivers
7. **Providing Medical Services**
   - Implement aggressive quality improvement initiatives across the health care system, in a culturally appropriate way
   - Move to more objective, transparent, evidence-based decision-making regarding what health care treatments, services and devices – both mainstream and alternative care – should be funded by the publicly supported health system.
8. **Making it Happen**
   - Appoint a Minister of State and secretariat to lead the changes outlined above as well as to monitor and report on progress

The full report provides the context and much more detail with respect to these recommendations. But clearly all the recommendations seek to ensure that government adopts the policy directions and service planning that supports older British Columbians to maintain their health and good quality of life well into their later years.

While all the recommendations play a role in the mental health and well-being of older adults, several relate directly to advocacy initiatives currently being undertaken by the BC Psychogeriatric Association. Perhaps the most critical overarching issue is ensuring that older citizens have an adequate income. Without financial means, it can be difficult for anyone to maintain optimum physical and mental health

Another key issue is the need to create a range of housing options to meet the particular needs of adults as they age and as their physical and cognitive needs shift. Critical to ensuring that older adults can stay in their homes in their later years is improving the home support system and making it available for a broader range of services. Equally important is acknowledging the work of family and other unpaid caregivers in some tangible way - perhaps via tax credits, increased access to respite or other concrete measures of support. And finally, in the broadest sense, there is a need to improve the quality of the publicly-funded health system so that it better meets the very specific and individual needs of older British Columbians.

These recommendations and directions proposed by the Premier's Council on Aging and Seniors' Issues may seem self-evident. But the fact that the Council has reached the conclusion that these must become priorities for the provincial government if our citizens are going to age well is a significant step. The report did not gloss over the difficult topics but addressed them head on.

Of course, the report is only words and the true test will be in seeing if the government takes these recommendations up seriously for implementation. Perhaps a first step would be to act immediately on the final point in the report summary: that is, to appoint a Minister of State Responsible for Healthy Aging along with a secretariat, with a membership that includes older adults, family members and service providers, and that has the power and resources to turn the Council's recommendations into reality.

Perhaps a tall order, but one that is necessitated by the demographic shift that will see more than 25% of the population of this province over 65 years of age in the not too distant future. The BC Psychogeriatric Association is ready to play its part. We hope you can join us at our annual conference – May 10th to 12th ¨ in Victoria to plan how we can best contribute to this important work.

Best to all…..
Dawn Hemingway, President, BCPGA

The British Columbia Psychogeriatric Association (BCPGA) is a professional, multi-disciplinary, non-profit interest group.

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Notice of AGM & Call for Nominations

The Annual General Meeting of the BC Psychogeriatric Association will be held Friday May 12, 2007 at 5:00 PM at the Harbour Towers Hotel, Victoria BC. All members of BCPGA are invited to attend.

Three vacancies on the Board of Directors will be filled as part of the AGM business. Please forward nominations to BCPGA President Dawn Hemingway (hemingw@unbc.ca). Nominations can also be made from the floor at the AGM.

Other items of new or old business for the AGM may also be forwarded to Dawn.

ADVOCACY AT WORK

Key National and Provincial Advocacy Initiatives

The following comes from the Canadian Coalition for Seniors Mental Health website: www.ccsmh.ca.

CCSMH collaborates with multiple organizations to ensure seniors' mental health representation within specific projects and to partner with relevant provincial and national strategic projects. Below is a list of key current projects that the CCSMH is involved in:

Canadian Collaborative Mental Health Initiative

The goal of the Canadian Collaborative Mental Health Initiative (CCMHI) was to improve the mental health and well-being of Canadians by increasing collaboration among health care providers, consumers, families and caregivers - so that Canadians in need of mental health care services, as well as their caregivers and families, would have improved access to mental health care prevention, promotion and services through their primary health care provider. For more information please visit: http://www.ccmhi.ca

Canadian Alliance on Mental Illness and Mental Health (CAMIMH):

The CCSMH continues to be a key member of the CAMIMH group CAMIMH"s mission is to facilitate and promote the establishment and implementation of a "Canadian action plan on mental illness and for mental health" that reflects a shared national vision for meeting the needs of persons with mental illnesses and enhancing the potential for the positive mental health of Canadians. Through its membership with CAMIMH, the CCSMH is actively involved in the following projects and activities, representing seniors' mental health in Canada. For more information please visit: http://www.camimh.ca

Best Practice in Seniors' Mental Health Program and Policy Design Project:

Objective: (1) To develop the capacity of communities across Canada to promote and support seniors' mental health through adoption of the Seniors Mental Health Policy Lens (SMHPL) as a best practice in seniors mental health program and policy design. (2) To positively affect knowledge, practice and policy. For more information please visit: http://www.seniorsmentalhealth.ca

Post Falls Support: Enabling Seniors CAOT Project:

The Canadian Association of Occupational Therapists and the University of Ottawa, Occupational Therapy Program, have received funding from the Population Health Fund, Public Health Agency of Canada for the project: Post-Fall Support: Enabling Seniors. This project will develop a Post-Fall Support Model and component strategies for seniors who have experienced a fall to enable them to maintain or resume engagement in meaningful activities in the context of home and community. The Post-Fall Support project will address fear of falling, and personal, environmental, and activity-related risk factors for subsequent falls, and strategies to safely resume daily occupations. For more information, please visit http://www.caot.ca/default.asp?pageid=1385

Older Persons Mental Health and Addictions Network (OPMHAN):

The CCSMH has become actively involved in partnering with OPMHAN and sits as an advisory member on the

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LINKS & LEADS

Some New Publications of Interest

BCPGA member Holly Tuokko is co-editor of a recently published book on mild cognitive impairment. *Mild Cognitive Impairment: International Perspectives* (2006) is co-edited by University of Victoria researchers Holly Tuokko and David F. Hultsch and is published by Psychology Press. The book brings together articles from different perspectives and different countries to provide a comprehensive and international overview of mild cognitive impairment. Key findings, technical issues in research and the implications of different conceptions of mild cognitive impairment for interventions are covered in this collection of research studies. This book will be a useful resource for anyone involved in the detection, treatment and rehabilitation of people with mild cognitive impairment.

The Gerontology Research Centre at Simon Fraser University has released the fourth edition of the *Fact Book on Aging in BC*. The *Fact Book* uses 2001 census data and other sources to provide a profile of the elderly in BC. Cost of the book is $25; it can be ordered on-line through SFU's Gerontology Research Centre: www.sfu.ca/grc/.

The February 2007 issue of the Archives of General *Psychiatry* features an article about a new US study that suggests there is a strong link between loneliness and Alzheimer's in old age. An excerpt from the abstract for the article states: Social isolation in old age has been associated with risk of developing dementia, but the risk associated with perceived isolation, or loneliness, is not well understood. To test the hypothesis that loneliness is associated with increased risk of Alzheimer disease (AD), 823 older persons free of dementia at enrolment were recruited from senior citizen facilities in and around Chicago, Ill. Loneliness was assessed with a 5-item scale at baseline (mean ± SD, 2.3 ± 0.6) and annually thereafter. At death, a uniform post-mortem examination of the brain was conducted to quantify AD pathology in multiple brain regions and the presence of cerebral infarctions. During follow-up, 76 subjects developed clinical AD. Risk of AD was more than doubled in lonely persons (score 3.2, 90th percentile) compared with persons who were not lonely (score 1.4, 10th percentile), and controlling for indicators of social isolation did not affect the finding. Loneliness was associated with lower level of cognition at baseline and with more rapid cognitive decline during follow-up. There was no significant change in loneliness, and mean degree of loneliness during the study was robustly associated with cognitive decline and development of AD. In 90 participants who died and in whom autopsy of the brain was performed, loneliness was unrelated to summary measures of AD pathology or to cerebral infarction. Loneliness is associated with an increased risk of late-life dementia but not with its leading causes. For the full article, see Robert S. Wilson, Kristin R. Krueger, Steven E. Arnold, Julie A. Schneider, Jeremiah F. Kelly, Lisa L. Barnes, Yuxiao Tang, David A. Bennett (2007): "Loneliness and Risk of Alzheimer Disease", *Archives of General Psychiatry*; 64:234-240.

NEWS FROM THE REGIONS

Raising Awareness and Sensitivity about Seniors' Issues In the Interior Health Region

Elisabeth Antifeau is excited about filling the newly created position of Clinical Coordinator, Seniors' Care, in the Interior Health Authority. The purpose of this new position, she says, is to focus on program planning and systems issues to better support the operational or direct care services for seniors. Located within Performance Management of Interior Health, Elisabeth works with various managers, educators and health providers within Home and Community Care and Mental Health and Addictions. The primary focus of her position is to look at Best Practice standards of care for seniors across the Interior Health system and in doing so, identify quality and performance indicators for seniors care. "What is fascinating," she says "is helping different stakeholders see the common issues in providing care for seniors, and promote working collaboratively across program lines to improve care." As well, Elisabeth -- an RN who also has a Masters of Science in Nursing and a Geriatric Nursing Certificate (Canada) – provides advice, information, clinical consultation and support to professional caregivers within the region.

Elisabeth is currently involved with a particular project, the Phased Dementia Project, which identifies and develops dementia "best practices" (evidence-informed practice) aimed at addressing the 'clinical pinch-points" or special care needs and issues which arise for clients, caregivers and clinicians. Meetings with client and caregiver groups as well as with the professional care providers were held to ask what areas in care provision concern them. The Project has also looked at research studies and has graded them according to the levels of evidence each study provides. All the information gathered will guide the development of interdisciplinary clinical practice recommendations and provide nurses, social workers, occupational and physiotherapists, mental health clinicians and other health care professionals with the direction and knowledge needed to address these clinical issues at any point in the disease course. A website (http://www.interiorhealth.ca/Health+Services/Senior+Care/Dementia/) provides family, clients and professionals with information about this project as well as general information about dementia and resources available for clients, families and professionals.

In addition to the Phased Dementia Project, Elisabeth serves as Interior Health's representative to two provincial groups: the BC Dementia Services Framework Group, operating under the Chronic Disease Management branch of the BC Ministry of Health, and the Geriatric Mental Health Initiative, an interest group for professionals in the field of psychogeriatric educational services. A recent initiative at the local level is the development of a networking resource for seniors' mental health professionals in the Interior Health region. Meeting face-to-face in February for the first time in many years, "people couldn't stop talking to each other – they were so excited to be able to exchange information and concerns about their work." Because of the geographical nature of the region with workers scattered about in distant towns, the professionals often feel isolated, she says.

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The hardest years in life are those between ten and seventy.
Helen Hayes

In summarizing her work, Elisabeth identifies three main components: 1) Providing practice support: The development, coordination and promotion of best practice and standards of care for seniors across the continuum of care. An example is the IH Phased Dementia Pathway (website as above); 2) Education support: Best practice and standards of care for seniors in any setting; collaboration with staff educators on matters related to seniors health. At present she is working with various educators on implementing the clinical practice recommendations within the Phased Dementia Pathway; and 3) Research support: A research proposal to the Alzheimer Society of Canada has been submitted as a co-investigator with Dr. Colin Reid to investigate: "Family Involvement in Residential Care: Reconciling Family and Staff Perceptions." The objective is to identify the expectations of the family members and how LTC staff respond to those expectations. Another research involvement is at a provincial level with Dr. Jean Kozak (Providence Health); this project is in the planning stages of a possible investigation on the effects of a community-based delirium watch for persons with dementia who are discharged from acute care.

"There's always something new and exciting in this job," says Elisabeth, and she would be pleased to answer questions and provide more information about her work. Her phone number is 250-354-2883 and her email is: elisabeth.antifeau@interiorhealth.ca.

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- Individuals dying with dementia have **symptoms and health care needs comparable to those dying of cancer**.
- **Good palliative care** calls for interdisciplinary care, attendance to advance care planning, psychosocial issues and management of symptoms.
- **Multidisciplinary guidelines for EOL care**, collaboratively developed, can have positive impact on palliative care for EOL dementia (e.g., decreased antibiotic use, improved pain management).
- **Prognostic markers of advanced dementia incorporated into National Hospice Organization (USA) do not accurately predict 6 month life expectancy** except when at 7C or greater.
- **Access to hospice care supports caregivers** and provides bereavement services.
- Provider education, provider feedback and reminders are associated with significant improvements to **providers' adherence to disease management programmes** for patients with wide variety of chronic diseases.

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Conference Plans in Full Swing

Planning for the 2007 annual conference in Victoria is nearing completion. If you haven't received a registration form, you can download and print one from the BCPGA website: www.bcpga.bc.ca. It's going to be good, so don't miss this chance to learn and network!
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BCPGA STUDENT POSTER COMPETITION

The British Columbia Psychogeriatric Association (BCPGA) is sponsoring a student poster competition at the annual conference *Charting the Future* May 10-12, 2007 in Victoria. (See www.bcpga.bc.ca for conference details).

Prizes of $350.00 (1st), $200.00 (2nd) and $100.00 (3rd) will be awarded.

Eligibility
Candidates must be (1) students, (2) BCPGA members (3) registered for the BCPGA conference. (see www.bcpga.ca for membership and registration information).
(4) Posters/research must relate to older adults and mental health (in a broad sense).

Submission instructions: **Abstract: due by May 1, 2007**

Submit an abstract to pmaccourt@shaw.ca that includes your name, contact information, university affiliation, name of faculty advisor, poster title and a 200 word abstract. Include confirmation that you are a BCPGA member and registered for the conference. Abstracts must be informational and report on work completed or in progress where preliminary findings are available.

Instructions for Poster

The Poster submission is a display presentation, available for viewing from 8:30 am – 4:30 pm Friday May 11, 2007.

Material is mounted on a poster board (approximately 100cm high by 200 cm wide), and will be staffed by the author (this is mandatory) at 10:30-11:00 am and 3:00-3:30 pm Friday May 11, 2007. This format provides an opportunity for one-to-one interaction and idea exchange. It is important to note that the poster must stand on its own merit and not require additional verbal explanation.

Posters will be judged with students in attendance Friday May 11, at 3:00 pm. Judges will base their assessment on the following criteria (criteria 1 to 4 being equally weighted):

1. Quality of the Research (clarity of theoretical perspectives, method, sample, findings, discussion, limitations)
2. Merit of the Research (validity of conclusions, relevancy to field of aging, potential for application)
3. Quality of Abstract and Content (coherence, logical flow, grammar, spelling, concise abstract)
4. Demonstrated Understanding of the Student (recognition of limits of the study, familiar with research context)
5. Special Merit marks will be awarded for innovative, novel research projects.

The winners will be announced at the conference just prior to the panel at 10:30 Saturday May 12, 2007 at 2007. All candidates are expected to be present at which time awards will be presented.

BCPGA STUDENT TRAVEL GRANT

The British Columbia Psychogeriatric Association is inviting applications for funding to enable 1 student in each of the health authorities to attend the BC Psychogeriatric Conference *Charting the Future* taking place in Victoria, May 10-12, 2007. (See www.bcpga.bc.ca for conference details).

Value of each award up to $750.00 for each award

Eligibility criteria: Applicants must be registered university students interested in issues related to older adults and mental health, and members of BCPGA (see www.BCPGA for membership form) .

Submission date and process: Applications must be received by April 24, 2007

Submit to pmaccourt@shaw.ca (put BCPGA travel grant in subject line) or by fax 250-756-2139. Phone Penny MacCourt 250-756-2129 for more information.

Instructions for applying for a travel grant: Please include the following in your application:

- Your full name
- Occupation
- Organization
- Educational background (degrees, dates, awarding institutions)
- A 1-page statement of your interest in issues related to older adults and mental health and what you hope to gain by attending the conference.
- A statement outlining financial need (i.e., how you would not be able to attend the conference without assistance).
- Proof of student status
- Estimated costs up to $750.00: (up to 2 nights hotel*, cost of most economical travel, ground transportation, conference fees).
- Include copy of conference registration form and fees**. (Mail fees per registration form instructions)
- Include copy of membership form. (Mail fee per membership form instructions)

APPLICATIONS THAT MEET THE ELIGIBILITY REQUIREMENTS WILL BE SELECTED BY DRAW FOR EACH REGION APRIL 25, 2007

*Hotel rate ($119.00) at conference hotel is available until April 10, 2007 (www.harbourtowershotel.com).
**Conference fees for students ($110.00) must be paid but can be claimed back as part of grant.
Conference fees cover cost of dinner Thursday May 10, continental breakfast on Friday and Saturday May 11, 12, and lunch on Friday May 11, 2007).

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The future depends on what we do in the present.
Mahatma Gandhi
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Two Good News Items for Seniors in the 2007 Federal Budget

Describing his plans as leading to "a stronger, safer, better Canada", the Honourable Jim Flaherty, Federal Minister of Finance, tabled the 2007 budget in March. Two items in the budget have special relevance to seniors. The following information is cut and pasted from the budget which can be seen in full at http://www.budget.gc.ca/2007/index.html.

Canadian Mental Health Commission

Mental illness and poor mental health have a profound impact on Canadian society. Mental illness affects individual Canadians of all ages and in all segments of the population, and is prevalent in all regions, including both rural and urban areas. It is estimated that one in five Canadians will develop a mental illness at some time in their lives. Many more individuals such as family, friends and colleagues are also affected. The economic costs associated with poor mental health and mental illness are also significant, both in terms of their impact on businesses and on the health care system.

The Government is establishing a Canadian Mental Health Commission that will be a national focal point for addressing mental health issues. Budget 2007 invests $10 million over the next two years and $15 million per year starting in 2009–10 for the commission. The structure and role of the commission will be based on the recommendations of the Standing Senate Committee on Social Affairs, Science and Technology, which were outlined in its comprehensive report relating to mental health, mental illness and addiction in Canada, titled *Out of the Shadows at Last*, that was released on May 16, 2006.

New Horizons for Seniors

Canada's New Government is committed to ensuring that seniors continue to have a good quality of life as they age. Canada's seniors have a richness of skills, experience and knowledge to share with each other and the wider community in which they live. Human Resources and Social Development Canada's New Horizons for Seniors program enhances such opportunities. Safety and security is also very important for seniors. This will be another focus of the program.

Investments in Budget 2007 will allow the New Horizons for Seniors program to enhance opportunities for seniors to share their rich life experiences, benefiting both young and old. This will permit the program to provide capital assistance for community buildings and for equipment and furnishings related to programs for seniors. Support will be provided for education programming to reduce elder abuse and fraud. Budget 2007 provides an additional $10 million per year, which will bring the total budget for the program to $35 million per year.

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following committees. The mission of this cross-sectoral and interdisciplinary Network is: "To improve the Ontario system of care for older persons in the community at risk of or coping with mental illness and addictions – and to support those who care for and about them." For more information please visit www.opmhan.ca.

Martha Donnelly to Represent BCPGA on Advance Care Planning Research Project

"What are the current and evolving personal, relational, institutional and societal consequences of the new advance care planning legislation in British Columbia (BC) within the context of licensed long-term care facilities?" This is the over-arching question behind a proposal for a Community-University Research Alliance (CURA) research project. If granted, funding for this 5-year project will come from the Social Sciences and Research Council of Canada (SSHRC). University of Victoria's Centre on Aging submitted the proposal and will head the coalition of researchers from Canadian universities, government and community organizations. An Advisory Group of academic, legal, medical and governmental representatives will supervise the overall direction of the research to be conducted. Dr. Martha Donnelly will represent BCPGA on this Advisory Group.

The project goal is to examine the impact on long term care policy and practice from changes in legislation scheduled for adoption in 2007; the proposed legislation will affect advance care planning and substitute health care decision-making by broadening the range of substitute decision-makers and making changes to guardianship legislation. It is expected, for example, that the new legislation will make it possible for a person to set up an advance care directive that by-passes a family member as a substitute decision-maker and leaves advance care decisions with a treating health care provider.

Noting that little research exists on advance care planning regimes and that laws, policies and practices vary greatly within and between provinces, the study will examine the impact of these legislative changes on the individual, the family and care providers, the institutional settings and organizations and the law and larger society. Since many decisions about care are made after individuals enter long term care facilities, the experiences of individuals, their families and their care givers will be sought with respect to understanding how and to what degree having advance care directives prior to an individual becoming incapable made a difference in their care outcome. Existing policies and practices in long term care facilities will be documented as well as the impact that the new legislation brings on those policies and practices. Finally, the proposed study will examine current BC law governing advance care directives, how this law changes and how BC law compares to law in other provinces.

The research team hopes that the project will yield a better understanding of how the various stakeholders, institutions and legislative aspects operate and interact with respective to care directives. Concrete recommendations for improvement of patient care in this area will also be forthcoming, possibly including draft legislation that would allow inter-provincial recognition of advance care planning documents across Canada.

If funded, the principal investigator for this project will be Dr. Elaine Gallagher, Director of the University of Victoria Centre on Aging. UVic undergraduate and graduate students will also have opportunities to gain experience and knowledge by participating in the research.

Information on the project will be updated in future issues of this newsletter.
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Research News

BCPGA Awarded 1-Year Grant To Study the Mental Health of Older Adults with Cancer

The Population Health Fund has just awarded funds for another project sponsored by BCPGA -- a 1-year project to bring together the seniors' mental health field with the cancer field to look at how well the mental health of older adults with cancer is supported by current programs. The seniors' mental health policy lens will be used to guide the project. A summary of the project follows.

Project partners: Both national and provincial individuals and organizations will be involved in the project: Canadian Coalition for Seniors' Mental Health; Canadian Cancer Society; Congress of National Seniors' Organizations; Seniors Psychosocial Interest Group; Centre on Aging, University of Victoria; CLSC Rene Cassin Social Gerontology Centre; Ontario Psychogeriatric Association; School of Social Work, Lakehead University. Other relevant organizations will be identified as the project evolves.

Project goal: to develop the capacity of the health care system to support the mental health needs of older Canadians with cancer.

Project objectives: (1) identify mental health needs of older adults with cancer and barriers to meeting these needs; (2) identify how existing cancer programs/policies support mental health needs of seniors; (3) develop and disseminate Guidelines for supporting seniors with cancer that focuses on system/organization features and psychosocial/environmental factors/interventions; (4) disseminate new knowledge, facilitate knowledge exchange and translation, and increase awareness about the mental health needs of seniors with cancer.

Project activities: (1) Bring together seniors' mental health and cancer communities to form a national expert working group; (2) Analyze cancer care program and policies using Seniors' Mental Health Policy Lens (developed in a previous BCPGA project funded by Population Health Fund) as a framework to assess how they support seniors' mental health; (3) Carry out an environmental scan, literature review, invitational workshops and focus groups with seniors to inform Guidelines for mental health care; (4) Create, disseminate and promote the uptake of the Guidelines.

Expected project results: the health care system will be better able to support mental health needs of seniors with cancer.

Tools to measure the results of the project: questionnaires, surveys, key informant interviews.

The **project will produce** a set of Guidelines focused on system/organization features and psychosocial/environmental factors/interventions that support the mental health of seniors with cancer.

Dissemination of the Guidelines will be carried out by the project and its partners via web sites and newsletters. Print copies for identified stakeholders in cancer will be distributed. Presentations will be made locally, provincially and nationally.

For more information about the project, contact Penny MacCourt: pmaccourt@shaw.ca.

Membership News

Dear BCPGA Members:

Membership renewals for 2007-08 are steadily arriving! Although last year's memberships are valid until May 31st, **we are asking all members to renew by the start of our new membership year, April 1st**.

We would also like to welcome our new members (3 from Vancouver Coastal region and 1 from Vancouver Island)!

Since we now have email addresses for our members, we used this medium to send out 2007-08 Membership Application forms. The form can also be downloaded from the BCPGA website: www.bcpga.bc.ca . We remind all members that we need the form completed annually to ensure that our database is kept up-to-date.

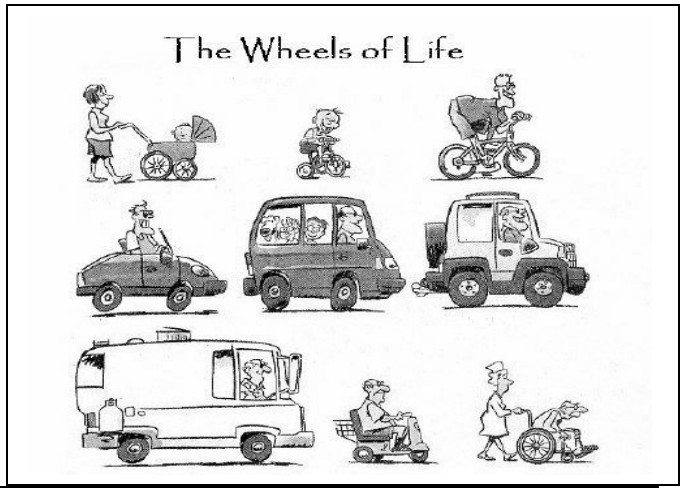
Thank you to the SFU Gerontology students for inviting me again this year as the BCPGA representative to their annual Wine and Cheese event. In this coming year we are hoping to increase our student membership. We encourage all our student members to promote membership in the BCPGA with their colleagues!

The BCPGA Membership Application Form gives you the opportunity to make suggestions for topics to be addressed in the BC Pages newsletter and at BCPGA Annual Conferences. As suggestions are received, they will be submitted to the appropriate Committees.

Thank you to members who have already provided suggestions. They include:

- models of interdisciplinary outreach teams
- residential care issues (leadership, culture, support services)
- group therapies
- end of life issues
- geriatric suicide
- best use of medications
- linking/consolidating services

Maia Kennedy
Membership Chair and Treasurer
maiaken@hotmail.com



End of Life in Dementia Care

A project to identify research evidence supporting the development of recommendations for End of Life (EOL) dementia care has been done by the Centre for Applied Research in Mental Health and Addiction (CARMHA) fo the Ministry of Health. These recommendations will be incorporated into the provincial Dementia Service Framework. An excerpt from the report follows; see the CARMHA website for further information ***http://www.carmha.ca/index.cfm***.

The results from a literature reviewed were combined into statements to describe the body of research evidence on end of life dementia care, as follows, and then developed into potential recommendations for the Dementia Service Framework.

- **Sensory stimulation activity** in advanced dementia can increase psychological well being.
- **Intercurrent infections** are a highly likely consequence of advanced stage dementia.
  - Risk of intercurrent infections can be reduced by annually vaccinating individuals with dementia, care givers and care providers for influenza.
  - Oral care programs reduce occurrence of pneumonia at EOL in LTC facility settings.
- **Aggressive medical treatment** for individuals with advanced dementia is often inappropriate for medical reasons, has low rates of success and can have negative outcomes that hasten functional decline and health.
  - **CPR** is unlikely to be successful and where it is, most survivors go to intensive care but die within 24 hours.
  - **Antibiotic therapy** does not seem to prolong survival in advanced dementia and is not necessary for comfort which can be maintained through other means without antibiotics. Where used the diagnostic procedures may be uncomfortable and the treatment cause adverse side effects. Irregardless of whether or not pneumonia is treated with antibiotics it causes suffering, and symptomatic treatment is required.
  - **Tube feeding** at EOL should be discouraged on clinical grounds. Tube feeding does not increase survival of those with advanced dementia, reduce the risk of infection, prevent aspiration or improve functional status or comfort of the individual. There is considerable discord between physician opinion, reported practice and literature in regard to tube feeding at end of life.
    - Incidence of tube feeding can be reduced through protocol to consult palliative care team prior to doing so, and through educational program.
    - Education for physicians and other health care professionals needed about PEG placement for those with dementia at EOL.
  - **Pain** in advanced dementia is difficult to assess and requires a combination of patient report, caregiver report and direct observations. Pain is often undetected and under-treated for those with dementia compared to those without.
  - **Hospitalization** at EOL frequently results in functional decline that does not improve significantly at discharge. Aggressive medical treatment (with its own risks) is often used to manage confusion, anorexia, incontinence and falls that often follow hospital transfer. Pneumonia can be equally well managed in facility, with better outcomes, compared to hospital treatment.
    - Transfer from facility to hospital is influenced by non-medical factors: nursing homes with special care units, greater physician to patient ratios and physician extenders are less likely to hospitalize their residents.
    - Hospital and intensive care unit stay can be decreased by early assistance to unit staff by a palliative care team.
    - EOL experience for caregivers in Assisted Living (or similar) settings compared to Nursing Home settings is similar in process and outcome.
- **Caregivers at EOL experience burden**, have limited understanding of disease progression, and are ambivalent about anticipated death of family member. The negative impact of caregiving on those caring for someone with dementia vs those caring for a cognitively intact person is greater. Caregivers who are strained have increased mortality rate in comparison to their non-caregiving relatives. Caregivers experience high levels of depression prior to death of family member.
  - Caregivers require support through the grief process.
  - Respite and psychoeducational support groups have demonstrated efficacy in supporting caregivers' psychological well being.
  - Caregivers report satisfaction for family members with AD where the PEACE (Palliative Excellence in Alzheimer Care Effort) program is in place.
- **Caregivers are not well prepared for decision making roles**. Spouses of individuals with advanced dementia generally select CPR, respirator, antibiotics and feeding tubes in face of critical illness.
  - Where education about pros and cons of CPR, use of antibiotics and other treatment options in advanced dementia is provided, cognitively intact individuals would limit their treatment.
  - Positive relationship with health care professional is vital to support caregivers who must make treatment decisions for end of life care.
  - Those caregivers who forgo treatment require most emotional support.
- **Discussion about EOL care** should be guided by patient's prior wishes, agreed upon goals of therapy, and knowledge of potential benefits and burdens of treatment options.
  - What matters most in EOL care from perception of seriously ill persons and caregivers is: trust in treating physician; avoidance of unwanted life support; effective communication; continuity of care; life completion (life review, resolving conflict, saying goodbye). Individualized approach to EOL care needed as priority given to each factor differs.
- Scenario based evidence suggests that surrogates can not accurately predict their elderly family members preference for life-sustaining treatments, even when the family member had completed a **health care directive or a valued activities directive** and discussed it with the surrogate. A **protocol for proxy decision making** re: EOL in dementia care, but has not been evaluated.

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