Changing the mindset of young & old

Bulletin

C O N N E C T

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editorial | comment

"RESPONDING TO AN AGEING SOCIETY"

Seminar held on Sat, 11 Feb 2006

Over 180 participants and guests attended our 20th Anniversary Seminar at York Hotel on Saturday, 11 February.

The Guest of Honour was Dr Balaji Sadasivan, Senior Minister of State for Information, Communications and The Arts & Health. Dr Balaji is also the Chairman of the Committee On Ageing Issues (CAI).

The theme of our Seminar was "Responding To An Ageing Society". Mr Henry Lim, President, Gerontological Society Singapore, in his welcoming address said the theme "Responding To An Ageing Society" is in response to the increasing size of our elderly population which has changed health patterns, emergent governmental policies and the political realities of the situation. The fact of which, said Mr Lim, will add up to more focus being needed for tomorrow's older persons.

The highlight for many at the seminar was the address delivered by our Guest of Honour, Dr Balaji Sadasivan. In his address he congratulated Gerontological Society Singapore and its founding fathers for their foresight in starting the gerontological movement in Singapore 20 years ago.

Dr Balaji said that by 2030 the elderly population in Singapore is expected to reach 870,000, triple the number today. He also said that the elderly of the future will comprise more who are "old-old", single and living alone. But these old-old will be more educated and financially more independent. They will also have higher expectations about the lifestyle they want to lead in their golden years. He also commented on one of the recommendations brought up by his 25-member Committee with regard to the family physician. This Committee had recommended that the family physician should play a pivotal role in managing the healthcare needs of the elderly.

After over a year of consultation, Dr Balaji and his Committee completed its recommendations to make Singapore into an ideal place not only to live, work, and play but to retire as well. To allow this to happen, the Committee wants to achieve the following outcomes:

- Elder-friendly housing
- Barrier-free environment
- Affordable healthcare & eldercare and
- Promoting active lifestyles and well-being

In commending the Gerontological Society, Dr Balaji said that over the last 20 years, the Society has played an active role in dispelling ageism and promoting active ageing through its public education programmes and conferences. He added that our members were, from time to time involved in the various national committees

dealing with ageing issues. He concluded by highlighting that GS mission and work will, year by year, become more important and he looked forward to our continued contribution.

At the end of Dr Balaji's address, Mr Henry Lim was called upon to present a token of appreciation to him.

From the feedback we have heard, this seminar can be counted as one of the most successful. The arrangements were superb and presentations by all our distinguished speakers were excellent and well received.

On behalf of the Society, we wish to record our thanks and appreciation to the following:

- Mr Gerard Ee
- Professor Kua Ee Heok
- A/Prof Goh Lee Gan
- Professor K. Saroja
- A/Prof Tan Chay Hoon
- Ms Teresa Tsien
- Dr Chow Yeow Leng

The editorial board and Mr Henry Lim, President of GS would like thank all our distinguished guests, participants, Miss Diana Koh, Mr Laurence Wee, Mr Richard Roza and his colleagues.Last but not least, our thanks to our two sponsors, The Health Promotion Board and Messrs Lundbeck for their support.

National Council of Social Service - Community Services for the Elderly"

GERARD EE,
President, National Council of Social Service.

"I am really pleased to present an overview of the contributions that are in existence to serve the elderly. NCSS is a membership organization for Voluntary Welfare Organizations (VWOs) and it raises fund, builds capability and provides funding for critical and needed services for the disadvantaged.

We do have one of the fastest ageing population in the Asia Pacific region, second only to Japan. By the year 2030, the elderly population will reach almost 800 000 or 20 percent of the total population, and that is one in every five person. The average life expectancy of a Singaporean is 79.3 years.

The underlying philosophy of care for the elderly is for them to be supported in the family and community for as long as possible. Institutional care is to be considered only as a last resort. Working in tandem with this underlying philosophy, NCSS through its concerted efforts in service planning and allocation

of funds, initiated and developed a continuum of core community based programmes such as dementia day care centres, home help services, community care management services, to name but a few, to meet the needs of the elderly.

You obviously cannot do everything together. There is always a need to prioritize. Through the Community Chest, the fundraising arm of NCSS, we prioritize our funding for elderly programmes by focusing on those that are critical and needed by the elderly. Some of the critical programmes cofunded with the Ministry of Community Development, Youth and Sports (MCYS) are the home help, counseling and befriending services.

With the increasing number of elderly in our community, it is identified that caregiver support services are also needed to support the caregivers, through information and resource referral as well as training, so as to enable them to cope with their caregiving role.

It is also well and good to say that you have to look after your own elderly but how do you do it? Do you have the information, training and support? I think many would have been involved one way or another in this role. It does take a toll on you. Even with all the love in your heart it is not easy. Depending on the combination of sickness and disabilities of the elderly you are caring for, at the end of the day, we still have to recognize that carers are also human beings.

Let's have a look of the funding priorities for the eldercare sector. Moving in tandem with its focus on ageing in place and institutional care as the last resort, NCSS has increased its funding allocation to community based services over the last decade. In FY 94 and 95, we funded only 6 community based services. Over the years, it has increased by 20 more such services.

If you look at the chart, in FY 05 and 06, out of the total 5 million dollars allocated for services to support the elderly, some 80 percent of it has been channeled to community based programmes.

NCSS has a dedicated elderly care department, looking into the services needed by the elderly. In addition service planning and development, the elderly and community health services dept also looks into the manpower development of the sector, and also provides training through Social Service Training Institute (SSTI), so as to consciously improve quality and professionalism of those who work in the sector to enhance service delivery.

Over the years, NCSS has pioneered several initiatives in recognition of the needs of the elderly. In 1979, as part of the community welfare programmes for elderly, we launch the Senior Citizens Week campaign. Thanks to the good work of MCYS, they have brought the campaign to even greater heights over the years, making it into an annual event for the last 25 years.

Another key initiative, piloted by NCSS, included the community case management service launched in 1998. This service was piloted based on the survey in 1997 which highlighted the need for formal coordinated system for better needs identification, and increasing the responsiveness of services to the needs of elderly. Following the survey, we were better able to plan the programmes that are required.

Ageing well is not a problem but knowing where to get the source for help. That itself is a major cause of frustration. So the Seniors Helpline is the most recent initiative launched in 2005. Its aim is to act as a resource guide for the elderly to find out where they can receive the help they need. It provides counseling, information and referral services for the elderly, caregivers or anyone that has an issue in care for the seniors.

What are the challenges ahead? We will certainly continue to identify needs of the elderly through monitoring trends and gathering feedback from service providers, users and the community so as to make our services relevant and effective. With the feedback we get, we will be able to continually adapt and enhance the service standards of elderly care service, to building the capability of service providers. To help ensure service standards, NCSS has implemented the Programme Evaluation System (PES), and best practice guidelines for all its partners.

This enables VWOs to assess the effectiveness of the services as well as provide the funders with objective performance data to guide their funding decisions.

NCSS has also been advocating on issues for the elderly in the areas creating greater accessibility in public areas and transport.

Accordingly, NCSS has advocated codes of governance to be put in place amongst its members for greater transparency and accountability, and organizational excellence of VWOs. All this will enable the eldercare sector to propel forward in preparation for the needs of a graying population.

There is always a continuous need to develop more effective communication strategies to create more awareness of the community services available to the elderly to make informed decisions. Effectively disseminating information to the public will also promote greater awareness of the issues faced by the elderly. We applaud the efforts taken so far by the various agencies in promoting this public education message and we are hopeful that with your concerted efforts, we will be able to help the elderly lead fruitful and meaningful lives."

Dementia Care in Hong Kong

Ms TERESA TSIEN, Hong Kong Polytechnic University.

"I want to share with you what we are doing for the people in Hong Kong on dementia care. Why is dementia care so important?

What is dementia? It is a brain disease that causes memory loss, personality changes, intellectual decline, judgment problems and usually experience disorientation.

Alzheimer's disease is one type of dementia and the most common form of dementia. More than half of the dementia cases are Alzheimer's. The possible causes are early ageing process and genetic causes. The disease is irreversible and decline is progressive.

Second type of dementia is called the multi-infarct dementia. It is caused by multiple strokes. There are also other conditions that can cause dementia.

The latest Delphi consensus study research shows that the world has about 24m inflicted with Alzheimer's disease. That means every year we have 4 to 6m more cases, and every minute there is one new case in the world. By 2040, we will have about 81m cases. A comparison study also shows that 60 percent of the cases are from developed countries. I heard that in Singapore you have about 3 to 5 percent.

Dementia is a devastating disease. It does not only affect the individual but the family as well.

In Hong Kong, we have services such as an enhanced home care package for taking care of dementia patients, day care centres, respite care, carer hotline, and support groups and counseling services, all aimed at taking care of dementia patients and their carers.

Financial support in the form of subsidies are also given to homes for patients with dementia.

We also have a guardianship order to ensure that the legal rights of the dementia patient in Hong Kong.

The Hong Kong Alzheimer's Association was established about 10 years ago as a non-profit organization to provide:

- Services and education
- Advocacy
- Research in the area of Alzheimer's disease.

We have recently started an early detection centre. We found out that there is a hidden population of dementia cases in Hong Kong who refuse to go for assessment and treatment. We conduct talks in shopping malls, and other public places to draw them out. If we can help them get their assessment earlier, then perhaps they can know the disease better and also families can deal with it better. We use a very simple questionnaire and identify suspect cases and ask them to come for further assessment.

We are also going to start a support group for dementia patients. We also have a collaboration project with the polytechnics and university to make use of the internet so that people can go online for an assessment themselves.

We are trying to advocate for carer subsidy. In HK, a lot of our carers have to give up their jobs in order to take care of their patients." G

Family Doctors in Elderly Health Care

Associate Professor GOH LEE GAN,
Vice-President, College of Family Physician Singapore.

"How can the family doctor help and what kind of care can they provide?

There are three ways:

1. being available and accessible.
2. long term friendship
3. the services he can provide

How can you remember the kind of services:

A = acute care

For the older person, it is important that the treatment be now and today. For the older person, the risk of secondary infections and complications is higher. So if the older person complains of feeling unwell or seems so, it is important to bring him or her to see the doctor immediately. Fever, dizziness, diarrhoea, and cough are signs to watch out for.

B = behaviour modification

It is never too late to change one's lifestyle. Quit smoking and alcohol. Exercise. If they cannot run, encourage them to at least walk. Walking helps to lower the blood pressure, lower blood

Quality of Life of Dementia Caregivers

Dr. CHOW YEOW LENG, Lecturer, Nanyang Polytechnic

"I would like to share with you today preliminary findings of a study conducted in 2005 on the quality of life (QOL) of the carers for dementia patients. It is true that the majority of the elderly are healthy and active. The bad news is of course you do have a minority of older persons who fall sick and are frail, and therefore require care.

The caring process is taxing. There are many studies that show that caring for the dementia patient is emotionally, financially and physically taxing. They often suffer from burnout and are physically strained.

In an unpublished study done in 2004 and funded by Gerontological Society, we interviewed a group of carers. We found that many of them were under a lot of stress. In 2005, we did a follow up study to look at the coping mechanisms and the quality of life of the carers.

We look at various quantitative tools on how to measure stress. We use the Nolan Carers Assessment of Managing that looks at 3 domains of coping. Do they use the problem solving approach, emotional-cognitive approach or relaxation techniques to cope with stress? The problem solving approach refers to the thought process involved in solving a problem, i.e. how well they solve a problem. The emotive-cognitive approach aims at changing perception in the event of circumstances surrounding it. Relaxation looks at asking the carers questions like whether they take steps to help take their mind off things such as watching TV and reading.

The other aspect is quality of life. How do we measure this? We all know that it is notoriously difficult to measure. We ended up using the WHOQOL measurement tool.

We found that majority of the carers are married and working fulltime. Most of them have some form of religious affiliation.Drawing on strong personal religious beliefs also has a positive relationship with QOL, however it was statistically not significant in this study.

We found that a high QOL is closely related to use of the emotive-cognitive domain of coping. We also found that relaxation do not seem to affect the QOL significantly. Generally, the more severe the dementia, the lower the rating on QOL.

In general, caregivers encountered unpleasant experiences while providing care. There appeared to be frequent misunderstandings between the caregivers and the elderly with dementia. Caregivers wrongly assumed the elderly were deliberately trying to annoy them and were being uncooperative.

The implication is that we need to educate carers to learn ways to relax, to communicate with the elderly with dementia and continue to explore the availability and feasibility of support from various organizations and support groups."

sugar, lower risk of osteoporosis and has the effect of mood elevation.

C = control of chronic conditions
Common chronic diseases can be controlled by:
1. Looking after the risk factors
2. Medication
3. Self-care. Diet, exercise and weight control.

D = disease prevention and health promotion
1. Work towards reducing risk factors. What are the risk factors? HBP, diabetes, cholesterol, obesity.
2. Screening to detect diseases early.
3. Prevent recurrence.

E = environment safety
It is important to ensure that the environment is safe for the older persons to move around. Things like ensuring that there are no unnecessary toys lying around or floor is slippery.

F = functional assessment
It is important to get the person to assess the person for independent living. The older person must be able to manage the activities of daily living. The loss of function of our senses can be quite troublesome for the older person.

The family doctor can help the older person to achieve and attain. Remember the ABCDF."

Reducing Risk Factors for Depression in the Elderly

Professor K SAROYA, University of Malaysia.

"In today's world, longevity is very common. Two issues become very important.

First, the older person's well-being, both physical and psychological, becomes very important. Second, the ability of the older person to integrate in the family and community in an urban society.

Mental health disorders above the age of 65 are becoming more frequent. Depressive disorders are among the commonest of psychiatric disorders. In our study, we found that in Malaysia, 25 percent of the elderly have depressive symptoms. It is a bit lower in Singapore probably because there is more early detection and treatment.

Core symptoms are the same as the younger such as reduced energy, sleeping problems, weight loss, complaints of body aches etc. They also have a lot of psychosomatic symptoms which should be examined carefully and not dismiss them easily. Forgetfulness due to preoccupied thoughts is also more marked if an older person is depressed and can be presented as dementia.

What are the risk factors? The older people are actually very resilient and they have learnt a lot of strategies from coping with adversities in life, but if there are multiple losses, anybody can break down.

Let us look at some of the factors and how we can prevent it. Inevitably as you grow older, you find that you begin to lose your loved ones over time. Each one is a blow that builds up.

Poor health and physical illness can succumb you to becoming depressed. It is easy to see the reason why if you cannot move and in pain that you are more prone to be depressed.

Loss of status, loneliness, social isolation and empty nest syndrome, can lead to the older person feeling very isolated. If you develop chronic mental illness in an early age, you are more vulnerable to depressive illness as you get older.

Socioeconomic problems can also result in depressive conditions. At 70, if I don't want to work but I have to work because of financial reasons. Why not there be some kind of social support for those 70 and above? It does take the burden off a person who has economic difficulties, physical health problems and also psychological problems. It also helps the family support them better. If you currently have psychiatric problems you tend to have sleeping problems as you get older and it is not wise to cope with things like alcohol as it may later develop into a substance abuse problem.

Cultural factors. In an Asian society, breaking up of traditional family structures and values can also make an older person become more vulnerable to depressive condition.

Poverty is highly associated with mental health, especially depression. As you age, your brain may also degenerate and you become more vulnerable to depression.

If you have a depression, treat it quickly. There are drugs that can also make you depressed due to drug interaction. Old people may find it hard to go for treatment and that may add on to the stress of being sick.

Life should be lived to the optimum. It is best to reduce these quickly and as well as we can. Thus, if you have ageing and memory problems, there are steps to detect it early and get some form of treatment and perhaps, some form of rehabilitation as well.

The older person also has to adapt to loss of sensory senses. All these make it difficult and you have to get all this in control to have optimal ageing,

As you get older, you have to acquire skills to ensure that you can continue to live comfortably and safely. And especially if you cannot live alone, it is very important to have very good and very quick general medical resources. There must be a system where if you don't feel well, one can call and help is on the way.

Another thing that is very important is a lot of older people do not know about their legal rights. Advocacy groups are very good.

Finally, it is such a multi-disciplinary approach that everyone has a role to play. A team approach should be employed in dealing with an older person with multiple problems."

Medicines and Elderly People: Caution

Associate Professor TAN CHAY HOON,
Department of Pharmacology, National University of Singapore.

"The topic is something very close to my heart. When we look at this picture, whether we are taking medications by intravenous means or orally, the drugs will go to the liver, kidney, the brain and the heart. So we must know that everything we take will have effects in these parts of our body.

What does this balance reminds you of? It should remind us that whenever we are taking in any medication, the benefits should outweigh the risks.

There are changes in the body function as we grow older. Our heart, blood vessels, liver and kidney deteriorate with age. Our brains also change with age.

The common illness and the drugs. What are the common heart related diseases? Ans: Hypertension, blockage, arrhythmia,...

Other common illnesses are diabetes, high cholesterol and stroke. All these are related to common illness in the elderly. Because of these common illnesses, they are often on multiple medications.

We did a study on 3000 elderly. If an elderly has only a heart condition, how many drugs do you think the elderly was prescribed? Ans: Five different kinds of drugs for one diagnosis.

Another common condition is arthritis. A common remedy is painkillers. Aspirin, a common anacid is prescribed to alleviate the pain.

Depression and often insomnia are another two common conditions. Antidepressants are used to treat depression and sleeping pills for insomnia.

Common side effects of drug interaction

Drugs can cause rashes and swollen eyes due to allergy. You should stop taking the drugs if there is allergic reaction. Drugs can also cause drowsiness leading to falls. Falls by older persons commonly lead to fracture of the hips.

When a person takes too muchmedication, it can lead to acute confusion state and lead to wrong diagnosis of dementia.

Increasingly, we need more medication to treat multiple illnesses. However, at the same time drug interaction can be prevented by telling the doctor what are the drugs you are taking, and know what are the side effects of each one.

For example, if a person goes to a doctor for knee pain and is prescribed ancids but forgets to tell him that he is also on wafarin. What will happen? Both are very good drugs. Wafarin makes the blood thin and does not clot easily. Painkillers can cause ulcers. The effect on the person will be if he has ulcers in his stomach due to the painkillers, it will be prone to bleeding due to the wafarin. The bleeding will cause the haemoglobin level to drop leading to giddiness and even precipitate a heart attack.

Another question. If an elderly has heart disease, high cholesterol and depression, how many medications do you think he was prescribed? Ans:11 kinds of drugs.

So what can we do?

1. Write a list of medication you are on.
2. Show the doctor the list whenever you there to see him.
3. Before you take on a new drug, check back with your doctor or call the hospital hotline."

Responses on Retirement Age .....

Recently, there is a number of headline news on retirement age. A group of students from the Advanced Diploma in Nursing (Medical-Surgical) nursing was interested to gather views on the plan to step up the retirement age to 67 years eventually. 18 members of the public aged between 56-79 years old were asked the following 3 questions:-

- How do you feel about step-up retirement age to 67 years?
- Will you continue to work after you retire at the current retiring age of 62?
- What would be your ideal retirement age?

These are excerpt of some of the responses

By Audrey Seow, Jessyln Ng,Marlini Bte Ali, Mohd Sharan, Yang Yang

The standard of living is high over here. It's better to have some money with you. I would want to work till 70 if possible, then spend some time with my children and grandchildren…

Engineer, full –time, 60 years.

There is no ideal retirement age, as long as one is healthy, he/she should continue to work. Retire at 67 years should not be a bad thing…

Ms E, retiree, 61 years.

It depends on what your commitments are. Ideal retirement age is 65 years, but should keep going if health permits…

Mr Y, retiree, 70 years ++

I am still working part-time. Ideally people should retire only after 70 years if they are healthy.

Mr.Z, 69 years, School Attendant.

There is no ideal retirement age. As long as you are healthy, you should continue to work. However, it does depend on individuals and circumstances.
Mdm A, retiree, 62 years.

No ideal age as I want to work till past 75 years of age… I am happy working even till now. Why should people tell you when to retire when you have a control over it?

Working, full time, 67 years.

I retired when I was 54 due to policy. People should work until at least 70 years to save more money and to be active. Now, who wants to emply old people?

Mr S, retiree, 79 years.

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