

3. School of Nursing, Tung Wah College, Hong Kong
  4. Department of Psychiatry, The Chinese University of Hong Kong, Hong Kong
  5. Golden Age Foundation, Hong Kong
- \*presenting and corresponding author

**Objectives:** The Objectives of the study was to evaluate the effectiveness of a therapeutic virtual reality experience program on mental well-being in older adults living with physical disabilities in long-term care facilities.

**Methods:** This study employed an assessor-blinded, two-parallel-group, non-inferiority, randomized controlled trial with a 1:1 group allocation ratio. Eligible participants are aged  $\geq 60$  years and living with physical disabilities. Participants were recruited in long-term care facilities (LTCF). Participants were individually randomized into groups. In the intervention group, participants received a 6-week virtual reality experience (VRE) program for 12 sessions, and each session lasted for one hour with two sessions per week. In each session, the program was delivered by a trained young volunteer at a trainer-to-participant ratio of 1:3, and the participants within the same group were immersed in the same virtual environment. Each session comprises three parts: 1) briefing and setup, 2) virtual reality experience, and 3) debriefing. The 12 VRE sessions developed into three therapeutic themes: natural scenery, outdoor leisure, and reminiscence. The participants were immersed in a therapeutic virtual environment in the VRE via head-mount devices. The young volunteers facilitated participants to explore in the virtual environment. The facilitator invited participants to share their VRE in the group during the debriefing. In the control group, participants received the usual care. The outcomes were mental well-being as measured by the World Health Organization Five Well-being Index and loneliness as measured by the 6-item De Jong Gierveld Loneliness Scale and measured at baseline and post-intervention. Generalized estimating equations were used to examine the within-group and interaction effects of “groups” and “time points” on the outcomes.

**Results:** The trial started in February 2024, is ongoing with >30 LTCFs indicated interest to participate in the study and is expected to be completed by December 2024. It aims to recruit 216 participants. It is hypothesized that the program will promote mental well-being and reduce loneliness more than in the usual care provided by LTCFs.

**Conclusions:** The preliminary findings will be presented at the conference. The data of >50% of the expected participants will be reported

### **S18: Comprehensive Care for the Elderly: from Stigmatization to Therapeutic Intervention**

**Authors:** Florencia Velázquez-Morales, José Luis Sierra-López, Marieli Rivera-Ortiz, Yanina Gisela Góngora

Globally, there is an observed increase in the elderly population. In Puerto Rico, 30% of the population is over 60 years old, positioning it as the sixth country worldwide with the highest aging population. This presentation discusses the demographic profile, ageism, stigma, the ethics of care, spirituality, and specialized therapeutic interventions.

Ageism is characterized by a series of stereotypes, prejudices, and discrimination, primarily rooted in social constructs. It occurs across organizations, political structures, and individual and social attitudes. This social phenomenon is a predisposing factor for social stigma, defined by sociologist Ervin Goffman (1963) as a discreditable mark borne by those who possess it.

Grandparents who raise their grandchildren face diverse psychosocial effects stemming from interactions with professionals, the State, and society in their role as caregivers, impacting their physical and mental health. Through qualitative Methods, reflections are proposed on these elderly individuals who are socially expected

to be cared for in this stage of life yet find themselves becoming caregivers for others. The effects of stigma and self-stigma on their daily and family lives are examined.

The ethics of care and spirituality are crucial factors contributing to a fuller and more resilient life for the elderly. Emphasizing the need to recognize and value caregiving relationships, not only as individual actions but as social practices that sustain common well-being, is essential.

Both the ethical principles of care and spirituality can be vital sources of comfort and strength, creating an environment of love that benefits the entire family.

This presentation not only provides a comprehensive view of the current situation of the elderly in Puerto Rico but also proposes practical and effective solutions to improve their quality of life and well-being. Attention to this social sector requires effective therapeutic interventions based on evidence, which positively impact the care and treatment of the elderly, providing crucial support for their well-being and stable mental health.

With a focus on continuous improvement, this study seeks to foster a greater understanding and concrete actions that benefit this vulnerable population, ensuring comprehensive and dignified care during their years of greatest need.

### **Introducing the Profile of the Elderly in Puerto Rico and Social Stigmatization**

**Speaker:** Dra. Florencia Velázquez-Morales

**Keywords:** older adults, biopsychosocial, stigma, ageism, social construct, quality of life, elderly, spirituality, Puerto Rico

**Summary:** In the current world context, there is an increase in the population of older adults and a decrease in generational turnover. In the local context of Puerto Rico, this phenomenon is not an isolated fact of reality and is reflected in the growing number of older adults. According to the latest statistics, 30% of the current population is over 60 years old, making the island the sixth most aging country in the world. This poses a series of challenges that deserve special attention from the various fields of human behavior. For this reason, this paper focuses on addressing the various critical aspects related to the elderly, addressing the demographic profile and ageism as a predisposing factor of stigma.

To make an x-ray of this demographic group is much more than a statistical look, it deserves to be deepened in the biopsychosocial and spiritual aspects that allow a better understanding and attention to their needs. Ageism is a behavior characterized by a series of stereotypes, prejudices and discrimination against older adults, whose origin lies mainly in social and cultural constructs towards the population under Discussion. Its manifestation occurs at diverse levels and takes different forms, transversal in organizations and political structures, as well as in attitudes and beliefs towards older people. The presence of ageism in our environment requires greater and more specific attention, from a multidisciplinary and multisectoral approach. (Martínez, et. al., 2022).

This social phenomenon acts as a predisposing factor to social stigma, defined by the sociologist Ervin Goffman (1963) as a discrediting mark on those who bear it, which excludes them from the rest of society. He divides stigma into three categories: bodily abominations, character flaws, and tribal associations, which have a series of consequences such as social isolation, lack of access, and psychological effects, among others. Stigma can function as a barrier to accessing mental health services and negatively influence factors such as treatment adherence,

symptom severity, or suicide risk. (Aguilar, 2023) It is important to address the stigma and ageism that make them invisible and underestimate their abilities to improve their quality of life.

### **The Role of Grandparents**

**Speaker:** Dr. José Luis Sierra

**Keywords:** grandparent caregivers, family dynamics, health, education, Puerto Rico, stigma, qualitative research.

**Summary:** Custodial grandparent families, where grandparents are the primary caregivers for their grandchildren, are often excluded from the traditionally constructed and socially privileged family model. These families face significant challenges related to health, self-care, and childcare due to difficulties in accessing and being recognized for social services. Redefining family meanings is crucial, as is listening to their perspectives on life. Statistical variations in the number of custodial grandparent families suggest that they are facing increasing challenges or that economic conditions in Puerto Rico prevent them from assuming caregiving roles as they would like.

The literature indicates that health and education are the most critical areas where these families face difficulties, impacting the family unit. Grandparents raising their grandchildren experience various psychosocial effects due to interactions with professionals, the state, and society in their caregiving role, affecting their physical and mental health. Through in-depth interviews and qualitative Methods, this presentation will reflect on these older adults who, instead of being cared for in this stage of life, become caregivers. The effects of stigma and self-stigma on their daily and family life will be explored. Reflections will be presented from a critical theoretical perspective, highlighting, and problematizing the situation.

Recommendations for policies and practices that improve support for these families in Puerto Rico will also be discussed. Emphasis will be placed on the need for public policies that include financial subsidies, tax exemptions, access to mental health and wellness services, training programs, and awareness campaigns to recognize and support the role of grandparent caregivers.

In consistent, the presentation will address how a better understanding and attention to the needs of grandparents can significantly improve their quality of life and well-being, thus benefiting the family as a whole and society in general.

### **The Ethics of Care and Spirituality in Elderly**

**Care Presenter:** Dra. Marieli Rivera Ortiz

**Keywords:** ethics of care, spirituality, elderly caregivers, Puerto Rico, interdependence, resilience.

The ethics of care is a normative approach emphasizing caregiving relationships and their underlying motivations. It recognizes the importance of interpersonal relationships and human interdependence, highlighting the shared responsibility in caring for others. The ethics of care can be defined as a practice and value that responds to human needs, building trust and connections between people (Held, 2006). In the context of grandparents caring for their grandchildren, this perspective becomes particularly significant, especially in Puerto Rico, where many grandparents find themselves in such roles.

It is crucial to recognize and value caregiving relationships not only as individual actions but also as social practices that sustain community well-being. Grandparent caregivers, through their ability to provide emotional stability

and support, promote the moral and social development of children in an environment of trust and reciprocity. However, this responsibility brings significant challenges, such as feelings of loss, resentment, guilt, and considerable financial and emotional tensions.

In Puerto Rico, data from the Puerto Rico Community Survey (2014–2018) by the U.S. Census Bureau indicate that approximately 89,369 grandparents live with their grandchildren. Of this group, around 41.4%, equivalent to 36,961 grandparents, bear the primary responsibility for their grandchildren's care.

Given the significant number of grandparents who assume primary caregiving responsibilities in Puerto Rico, it is essential to consider the ethics of care and the importance of spirituality as factors contributing to a more fulfilling and resilient life for the elderly. Integrating spiritual care into their support provides an additional source of resilience and solace, enhancing their ability to create a stable and loving environment for the children under their care. In this scenario, grandparent caregivers not only improve their own well-being but also leave a lasting legacy of emotional strength and peace for future generations.

This presentation aims to explore how the ethics of care and spirituality can enhance the well-being and resilience of elderly caregivers in Puerto Rico. By acknowledging the shared responsibility and interdependence in caregiving, we can better support those who play such a vital role in their families and communities.

### **Therapeutic Interventions with the Elderly**

**Presenter:** Lic. Yanina Gisela Góngora

**Keywords:** caregiver grandparents, resilience, strengths model, therapeutic intervention, Puerto Rico, mental health.

The role of grandparents as primary caregivers for their grandchildren in Puerto Rico presents significant emotional and practical challenges, especially in later stages of life. Addressing these challenges not only meets daily practical needs but also promotes emotional well-being, essential for fostering lasting resilience.

This presentation aims to explore and evaluate the effectiveness of therapeutic interventions based on the strengths model to enhance the resilience and emotional well-being of caregiver grandparents in Puerto Rico. Assuming parental roles at an advanced age can profoundly impact the mental health and well-being of grandparents, exacerbating stress and anxiety. The lack of support from public policies aggravates these challenges, making it urgent to increase institutional and community recognition and support. In this context, the strengths model, which focuses on identifying and enhancing individuals' internal capacities and resources, has proven effective in improving resilience and emotional well-being. A study by Fox et al. (2022) demonstrated that a strengths-based educational intervention significantly improved caregiver grandparents' self-efficacy, with sustained effects over time. This approach acknowledges that everyone possesses knowledge, talents, skills, and resources to build a life according to their own terms and goals (Saleebey, 2006).

This research will review previous studies, academic articles, and institutional reports on the effectiveness of strengths-based interventions for caregiver grandparents. Academic databases and recognized sources will be utilized to compile and analyze relevant information. Moreover, this therapeutic approach not only offers individual solutions but also promotes the creation of support networks within the community and family, essential for alleviating caregiving burdens. This approach effectively addresses the complexities of intergenerational caregiving, proposing a support model that can be replicated and adapted in different contexts and communities.

Strengths-based interventions showed sustained improvements in caregiver grandparents' self-efficacy, indicating their feasibility and effectiveness. Finally, recommended public policies include financial subsidies, tax exemptions, access to mental health and wellness services, training programs, and awareness campaigns to recognize and support caregiver grandparents. In consistent, a holistic approach encompassing therapeutic interventions, the strengths model, and community and institutional support is crucial for improving elderly caregivers' well-being and mental health in Puerto Rico.

### **S19: Aging and Dementia problems in Latin America and the Caribbean: education, healthy ageing and recent research linked to microglia and microbiota**

**Authors:** Dr. Cecilia M Serrano, Dr. Tomas León, Dr. Alicia Kabanchik, Dr. Maria Andrea Carosella

**Summary:** Provide a vision of the current situation of ageing and dementia in Latin America and the Caribbean (LAC). The importance of assessing the needs of people with dementia, supporting families, integrating risk reduction strategies, healthy ageing, promoting training programs to support primary care, and promoting new advances in the Microglia axis concept will be highlighted—brain intestine. Despite the enormous burden that dementia generates, it continues to be an underdiagnosed entity. It is essential to control its prevalence, incidence, as well as its different social repercussions. It is crucial to promote direct actions aimed at reducing risk, disseminating knowledge of dementia, and promoting new lines of research that contribute to a healthier life for patients and their families.

#### **Microglia microbiota aging- Dr A Kabanchik**

In recent years, research interest arose in microglia-microbiota, normal and pathological aging, and new therapeutics. The Objectives of this presentation is to collaborate with the dissemination of this research and stimulate new developments. Concepts, functions, modifications linked to microglia, microbiota and gut brain axis were defined during the aging process associated with the increase in intestinal permeability, neuroinflammation and its impact on stress, depression and cognitive impairment. During aging, microglia changes from the resting state to the activated state and contributes to the development of neurodegenerative diseases. Dystrophic microglia is differentiated, characteristic of aging, from hypertrophic microglia. Dysbiosis of the gut microbiota could lead to increased permeability of the gastrointestinal tract, which induces a higher level of circulating bacterial products. Changes observed in the intestinal microbiota could be the cause or result of neuroinflammation or alterations in the microglia. In older people, microbiota dysbiosis alters the homeostasis of the microenvironment and the status and function of the microglia.

**Conclusions:** The regulation of microglia was proposed as a potentially effective therapeutic strategy in chronic inflammatory pathologies. Remodeling of the brain intestinal axis using psychobiotics appears promising in reversing depressive symptomatology. The continued exploration of the intersection of the microbiota, immunology and biology has great therapeutic promise.

#### **Dementia training needs of primary care professionals- Dr Tomás León**

**Background:** Chilean guidelines, as most Latin-American and global recommendations, suggest that most people with dementia and their care partners should be managed in primary care. However, the knowledge and confidence of primary care teams in managing dementia is low, and training programs to support primary care are either lacking or unsuccessful in increasing the confidence of primary care teams.