

In profile: Pamela Johnson



"I wanted to know how to help people in difficulty," says Pamela Johnson, recalling visiting the scene of a car accident, as a youngster.

She has maintained that vision over the years, initially during her nursing career and then in high-level management in the aged care sector. Now, she is continuing the momentum at NARI, for her PhD research into assessing pain in

people with dementia and limited communication.

Her insatiable drive for knowledge has always moved in tandem with career changes.

Her move from acute care at the Royal Melbourne Hospital to aged care involved balancing family life as a mother of two, with fulltime work and studying.

She completed a Diploma in Health Administration then a Masters in Gerontology in 1996. Her thesis focused on people at home caring for a spouse with dementia.

Professionally, she alternated between the public and private aged care sectors as a director of nursing or CEO, where she enjoyed challenges, ranging from commissioning nursing homes to accreditation.

Of her strong interest in dementia, she says, "I see people with dementia still as a real person. When communicating with them, I am amazed by the remnants of memory that come out and its relevance to what I'm saying."

Having always enjoyed helping people resolve their problems, she completed a Masters degree in Conflict Resolution in 2004, which sparked her interest in a PhD last year.

Among her professional interests, she is Victorian President of the Australian Association of Gerontology and a member of the Victorian Association for Dispute Resolution.

Congratulations

Dr Kate Murray and Dr Shylie Mackintosh have each been awarded a PhD for their research.

"Shylie's PhD research – evaluating falls and falls risk after stroke – was used as the basis for our successful submission for an NHMRC grant to expand the concept," says Associate Professor Keith Hill, the supervisor for both PhD research projects.

"Kate's work in vestibular problems and dizziness is a common health problem that tends to be poorly managed in the community and requires more resources."

**Dr Mackintosh's research: turn to page 2. For details of Dr Murray's research, see Ageing Well, December 2005, page 3.*

An amazing journey!

Writing from London, Dr Kate Murray gives a candid insight into her PhD academic journey.



"Without doubt, this is my greatest professional achievement.

Doing a PhD is about the journey – it is a work in perseverance, dogged determination and a refusal to give up. That is why it is emotionally draining. Without the support of my family and NARI staff, the PhD would have been difficult to achieve.

It is only now, six months after submitting my thesis, that I can look to the future. I'm currently doing research with a fantastic group in London, headed by a famous neurologist, Adolfo Bronstein. It's a great opportunity and I am excited about continuing to work in vestibular rehabilitation, as a researcher or clinician."

Strong media interest

Associate Professor Keith Hill's message about falls prevention in older people in hospitals created intense media interest when he was key speaker at Ballarat Health Service, in November. He was interviewed for radio 3BA, regional ABC and WIN TV, and he was featured in the *Ballarat Courier*.

French interest in stroke project

Two French neurologists visited NARI to learn about the best practice management project to prevent strokes recurring and also to work collaboratively with the Institute.

The stroke project, headed by Dr Jacques Joubert, began last year and initially involved NARI, the Royal Melbourne Hospital and the Broadmeadows Health Service. Within months, the project had expanded and captured local, national and international interest. *(See Ageing Well, December 2005)*

Working collaboratively: (from left) NARI Deputy Director, Dr John Barlow, Professor Michel Dumas (Director of the Institute of Tropical Neurology in Limoges), Dr Jacques Reis (President of Le Club de Neurologie de L'Environnement) and Dr Jacques Joubert.





Ageing Well

National Ageing Research Institute

34 – 54 Poplar Road, Parkville Victoria 3052 (Postal address: PO Box 31, Parkville Victoria 3052)
Telephone: 03 8387 2148 Facsimile: 03 9387 4030
Email: info@nari.unimelb.edu.au Website: www.nari.unimelb.edu.au

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Poverty and hunger in older people

Malnourished older people caught in the poverty cycle are a hidden problem in our community, says NARI Director Professor Allan McLean.

"Particularly vulnerable are the pensioners forced to pay commercial rents and single older people living in their own homes. More malnutrition occurs there than in nursing homes." Compounding the problem is the difficulty of obtaining public dental care.

Professor McLean said many older people were among the 650,000 on the waiting list for this service, and dental problems usually limited people's ability to chew nutritious foods.

Also of concern is the lack of attention to older people's nutritional needs in the community and some aged care facilities. People with dementia and depression are particularly vulnerable.

This age group is less active with reduced appetite.

Consequently, people tend to miss out on essential nutrients. Evidence of malnutrition and vitamin deficiency has emerged from NARI's research of patients in Melbourne hospitals.

Professor McLean branded as a "national shame" the neglect of older people's dietary and dental needs, in an article in *The Sunday Age*, in December last year. He believed the nutritional neglect in aged care was unintentional.

Seeking answers

The Victorian Division President of the Association of Independent Retirees (A.I.R.) Limited, Ms Patsy Haywood, has written to the State Government urging that solutions be found to the widespread problem of malnutrition in older people. She has voiced this concern to Premier Steve Bracks, Treasurer John Brumby, the Minister for Aged Care, Gavin Jennings, and the Shadow Minister for Health, David Davies.

A.I.R. has also nominated NARI – with its strong commitment to older people's welfare – to the Government to head a research program to systematically explore the issues, through the Department of Human Services.

Improve education and awareness

Education and awareness are needed to improve the nutritional needs of older people in hospitals and nursing homes, states the A.I.R. Victorian Division Advocate, Joan Heard, and the company's immediate past president.

"Problems can be hidden because of a lack of understanding and communication between staff and families about the resources available.

Families need to be more involved and understand how the health care system works," says Mrs Heard.

She has seen firsthand problems that occur, like untouched food trays removed from patients incapable of feeding themselves and inadequate staff to feed patients.

"Staff are caring, but the system tends to overlook what is happening to people unable to help themselves," says Mrs Heard.

Advocating education and awareness: Mrs Joan M Heard, AM



Volunteers enjoy NARI's "Thank You" afternoon tea

More than 100 volunteers enjoyed Devonshire tea at NARI's "Thank You" afternoon in December, at Moonee Valley Racecourse. The ambience was warm and friendly as NARI staff chatted with guests. Some reminisced about their long involvement with the Institute and seeing staff achieve academic and research success over the years.

Associate Professor Stephen Gibson, NARI Deputy Director, Clinical Research, thanked the volunteers for their generosity in enabling NARI to do its work.

"Your involvement enables us to enhance people's life," said Dr John Barlow, NARI Deputy Director, Operations and Development.

Dr Bruce Barber and Associate Professor Hill spoke about several major projects, with the audience enjoying the dashes of humour in the presentations.

NARI Director, Professor Allan McLean, describes volunteers as invaluable in supporting research and the Institute, and in enabling research to reflect what consumers value in ageing well.

From our volunteers...

Long-time friends with NARI

As soon as I heard about NARI, I knew there was a service that needed to be done. They listen at NARI – you can voice your opinion and it will have an effect. NARI has made tremendous achievements.

May Haig, 92

Anytime that a volunteer is needed, we are there. It's important to contribute so students and others (in the community) will benefit. NARI is a very friendly place.

Zelma Riddell, 80



A special friendship: May Haig (left) and Zelma Riddell

Benefits of being involved

"NARI's great – the staff and the work they do. Being involved has made me more aware of my health."

Ronald Allan, 80

"I like to be able to contribute if someone needs help. At NARI, it is also an opportunity to meet people."

Frank Chantry, 82



Community-minded: Ronald Allan (left) and Frank Chantry

Youthful twins always ready to help

"It's an interesting venture helping others and finding out about myself health-wise. We put our name down for anything that's going at NARI."

Monica Austin, 60

"There may be something that we, as volunteers, can do to help ourself, our children and the community."

Margaret Austin, 60



Ready to help: sisters Monica Austin (left) and Margaret



Falls after a stroke



People returning home after stroke rehabilitation have a 50 per cent risk of falling and injuring themselves within six months, according to a PhD study by Dr Shylie Mackintosh.

A senior lecturer in the School of Health Sciences at the University of South Australia, her PhD supervisors were

NARI's Associate Professor Keith Hill and Professors Karen Dodd and Pat Goldie from La Trobe University.

"The strongest predictors for falls are people having a fall, either in rehabilitation or hospital, combined with a poor balance score.

"Using these two methods, we gained over 80% accuracy rate in predicting who would fall when they went home," she says.

"Much money is spent on rehabilitation after a stroke. Then, when people have a fall, they often restrict their activities and are less physically active – and are more likely to fall again. This cycle of falling is a concern."

A total of 60 people in South Australia and Victoria participated in the study, with the Victorian component funded by a grant from La Trobe University.

Dr Mackintosh says the value of her PhD was confirmed when Associate Professor Hill received a NHMRC \$540,000 grant to develop a comprehensive program to prevent falls after a stroke.

(\$540,000 grant for falls study: Ageing Well, December 2005)

Lots to talk about

A prestigious invitation – Durban (South Africa)



NARI research fellow Dr Irene Blackberry gave the invited keynote lecture before 1000 people at the 18th International Congress of Nutrition.

She discussed her seven-year study that highlighted the role of legumes and other foods in the Mediterranean diet for a healthier, longer life. The

conference was organised by the International Union of Nutrition Sciences and the World Health Organisation.

World Pain Meeting – Sydney

NARI had 13 presentations, with strong interest shown in research by:

- Associate Professor Stephen Gibson: psychological aspects of pain in older people
- Fiona Lange: patients' knowledge of pain when admitted to a pain clinic
- Dr Benny Katz: treatment outcomes from multidisciplinary pain clinics

Australian Association of Gerontology Conference – Queensland

Presentations were given by:

- Associate Professor Keith Hill: the association between higher level of thinking and falls risk
- Kirsten Black: minimising restraint use in residential care

Computers open up a new world for carers

Computers opened up a whole new world for a group of older people living in country Victoria and caring fulltime for a relative or friend.

This NARI pilot study, funded by **beyondblue**: The National Depression Initiative, aimed to reduce carers' social isolation and depression by providing them with a computer and training so they could communicate with other people and pursue their interests.

The participants were from Victoria's Pyrenees area, about 150kms north-west of Melbourne. Most had never used a computer before.

Each participant was given a recycled computer from Infoxchange Australia, with internet access for six months and help desk support

"The impact of the technology on people's lives was quite amazing. It gave them confidence about learning new skills," says NARI researcher Dr Briony Dow.

"Many participants believed computers had passed them by, but now they enjoyed this common interest with their children and grandchildren."

Computer use took many forms – contacting long-lost friends, keeping in touch with family, reading the daily newspaper, being informed about medications and health issues, and gaining new ideas for their hobbies.

"They also considered their new knowledge as good preparation for the future when they were older and confined to their home," says Dr Dow.

The project's co-researcher was Kirsten Black.

Enjoying the computer: Annette Jolly

"I always thought that I'd like to know about computers but the idea terrified me.

Using a computer is terrific. If I want to know something I can look it up and I also use it to email the grandchildren.

I have looked for information about health problems. There's time to read about them and I can understand better what is happening, than when simply told by the doctor."





Health spin-offs from pioneering liver research

Preventing heart disease in the elderly and reducing adverse drug reactions are likely spin-offs from pioneering Australian research showing that the liver changes with age.

"As the liver ages, the thickness of the lining increases dramatically and the liver loses its ability to effectively absorb nutrients, remove toxins and metabolise drugs and fats," says Professor David Le Couteur, the Director of the Centre for Education and Research on Ageing (CERA) at the University of Sydney. His collaboration with NARI Director, Professor Allan McLean, began in Canberra in 1997.

Their findings have been endorsed by leading researchers from Europe and North America in an extensive editorial in the December 2005 issue of the prestigious international journal, *Hepatology*.

In a young healthy liver, the blood vessels have thin walls and tiny holes in the lining of these walls to allow blood going from the gut into the liver, to deliver large and small molecules and oxygen to liver cells. As the liver ages, the thickness of the lining cells increases dramatically and the small holes decrease markedly. Such changes are evident in man, primates, rats and mice.

Published research results by the group, also in the December issue of *Hepatology*, show that large fat particles are unable to pass readily into the ageing liver. A build-up of these particles in the circulation can be directly linked to the risk of atherosclerosis, the major cause of heart disease in this country.

Recent publications from the group have also shown a reduction in drug metabolism as the liver ages.



"Our knowledge about changes in the way the liver metabolises drugs requires new approaches to drug development and dosing to ensure greater safety, and reduce adverse reactions and deaths from drugs in the elderly.

Drug doses should be modified. Greater safety will be achieved if doses are adjusted for body weight, and the starting dose is set at about 50 per cent of the recommended dose for younger people," says Professor McLean.

The researchers also stressed that new medications should be trialled in the older age group to ensure accurate knowledge of side effects and drug interactions. Currently, there are no regulatory requirements for this to happen anywhere in the world.

Fear almost outweighs the pain

The fear of addiction prevents older people from taking prescribed medication to help manage pain, Associate Professor Stephen Gibson told the World Pain Meeting in Sydney, late last year.



Drawing upon research from NARI Honours students Fiona Lange and Briony Roberts, Associate Professor Gibson said, "Older people believe that medication can help manage their pain but their fear of addiction fosters a more dismissive attitude.

"They accept pain as part of normal ageing and hesitate about seeing a doctor because they falsely believe that everyone at their age suffers with pain and they have to learn to live with the problem.

"Clearly, this is untrue, particularly if pain is limiting a person's lifestyle."

He urged health professionals to be more proactive in eliciting details about pain from older people and ensure compliance by discussing any fears they may have about addiction.

Associate Professor Gibson indicated that older people's acceptance of persistent pain enabled them to adjust better psychologically to their problems when compared with younger people. The older age group reported less depression and anxiety but more pain-related physical disabilities.

"The age differences in attitudes and beliefs about pain need to be considered to ensure appropriate management strategies," he says.

NARI needs your help

We are a self-funding research institution committed to healthy ageing.

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