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INTEGRATIVE GROUP MOVEMENT FOR PEOPLE WITH DEMENTIA AND CARE PARTNERS:  
INITIAL QUALITATIVE FEEDBACK

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research sought to close the gap in what is known about the use of medical cannabis among older persons and learn more about how cannabis impacts quality of life. In analyzing information provided by 80 purposively selected focus group participants across 4 Midwestern states, we found that approximately 3.7% reported taking recreational cannabis, 12.5% reported taking medical cannabis, and 18.7% reported taking cannabis for both medical and recreational purposes. While the majority of respondents, 65%, reported no cannabis use in the past year, most indicated they would consider taking cannabis for medical purposes, especially if other means of controlling pain or other medical conditions were not effective. Additional information provided by the focus group participants highlighted the critical role that health care professionals play in providing information about the use of medical cannabis.

#### **INTEGRATIVE GROUP MOVEMENT FOR PEOPLE WITH DEMENTIA AND CARE PARTNERS: INITIAL QUALITATIVE FEEDBACK**

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Paired PLIE (Preventing Loss of Independence through Exercise) is a behavioral intervention that integrates physical, mental and social activities into a multi-modal, group movement program for pairs of people with dementia and care partners. This process evaluation aimed to examine care partners' observations and reactions to the Paired PLIE Program as part of a larger RCT. Three pairs completed up to 24 in-person classes and home practice (weekly handouts with themes for reflection and practice). Data included care partners' daily written logs, weekly responses to home practice handouts, and emails received after program completion. Themes were categorized as physical, cognitive, and social/emotional based on prior work, and sub-themes were identified through an iterative, collaborative process. Physical functioning: care partners observed functional improvement and less symptomatic discomfort in both partners (e.g., dyad 3, week 9: "He could get up even without optimal chair and cushion.") Cognitive functioning: care partners observed heightened engagement and focus in affected individuals (e.g., dyad 2, week 4: "He finished two crosswords completely (this was never done prior).") Social/emotional functioning: care partners observed greater connection to the affected individual and lower stress in both partners (e.g., dyad 1, week 2: "...helped me relax and feel less stress.") Two care partners noted that the PLIE program, especially the home practice component, added burden (e.g., dyad 3, week 9: "Neither of us was into doing more than [a] short time.") For future groups, the home program will be revised and de-emphasized to maximize benefits and minimize burdens.

#### **LONELINESS AND THE HEALTH AND WELL-BEING OF LGBT SENIORS**

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Recent research has identified higher rates of loneliness among older lesbian, gay, bisexual, and transgender (LGBT) people than one would usually expect to find in the general population. In an Australian survey of the health and

wellbeing of 312 LGBT people aged 50 and over, loneliness was associated with living alone, not being in a relationship, higher psychological distress, and lower mental health. Those who experienced the greatest degree of loneliness were much more likely than those who were less lonely to want to participate in social and health promoting activities with other LGBT people. This poster presents the most recent detailed analysis of a subset of 18 people in this study who reported the highest degree of loneliness, and explores their qualitative responses to questions on their connections with friends and family, participation in community groups, and interest in participating in future social and health promoting activities. While facing many challenges, most of these participants reported that they have a friend they can rely on in a crisis and that they are engaged in some social activities, as well as activities to promote their health and wellbeing. Nonetheless, many wanted to socialise more, have more companionship, experience an intimate relationship, develop their spirituality and exercise more. Barriers to engaging in these activities included anxiety, depression, not knowing how to connect with LGBT people, adjustment to recent 'coming out', and physical health issues.

#### **IMPACT OF INFORMAL CARE, TRAVEL DISTANCE, AND STRESS ON RETIREMENT DECISION MAKING**

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Established literature informs us that caring for the elderly living over a distance can be a stressful for the caregivers. We add to this literature by showing the impact of distance on reported physical, emotional and financial stress levels, and further show that this distance can have a negative impact on the retirement decision-making of care providers. Using data from the Caregiving in the United States, 2015 survey conducted by the National Alliance for Caregiving and AARP Public Policy Institute, we find that increased distance between the care-giver and the recipient living outside the household significantly increased the burden of care-giving stress on the provider. This is especially significant for those over fifty years of age and providing care. However, those who are caring for elderly inside their household also report high stress levels.

Our findings indicate that among women, those with parents residing within 20 minutes of travel are least likely to be stressed out emotionally and financially, and are less likely to report care-giving as a reason for retirement than those with parents living further away. The likelihood of early retirement among women seems to increase substantially with an increase in their travel-time to elderly care recipients and is negatively related to income levels, possibly due to improved access to transport and paid-care services.

#### **INTERGENERATIONAL FORUM TO ENHANCE STUDENTS' ENGAGEMENT AND ELDERS' LEARNING OUTCOMES**

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