Session Identifier: A.3
Session Theme: Innovations in Clinical Practice
Thursday, June 16, 2016
10:30 a.m. - 12:00 p.m.

The Lived Experience of Alcohol Addiction in Late-Life: A Phenomenological Study
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Alcohol is the most commonly consumed substance by older adults and its use is often under-detected, misdiagnosed, and associated with morbidity (Berks & McCormick, 2008). Approximately 17% of adults over the age of 60 misuse alcohol and are heavier drinkers than the previous generation (Mortimer, 2011). Furthermore, 15% of those living in the community have active dependence problems (Merrick et al., 2011). Nursing knowledge concerning addiction in late-life is needed. This study describes the lived experience of eight community-dwelling older adults, age 65 years and older, who were diagnosed with alcohol addiction in late-life. A phenomenological inquiry using Giorgi's (Giorgi, 2009) research methodology was employed to describe the meaning of alcohol addiction for the older adult. Giorgi's method of data analysis was used to identify the themes that emerged from the lived experience of late-life alcohol addiction. Findings consisted of six intertwined themes: alcohol addiction is a non-authentic all-consuming way of life with deep psychological suffering; it is a chronic illness with both intrinsic and extrinsic factors; consumption of alcohol serves a dual purpose, to enhance one's mood and/or well-being and to self-soothe or attenuate negative emotions; it eventually erodes, disrupts, or disables one's emotional function and social relationships with little opportunity for reconciliation; it threatens the older person's health and well-being; and embracing a recovery perspective as a response to alcohol addiction, can save one's life. The findings are discussed relative to the literature on alcohol addiction. Implications for mental health nursing and other healthcare professionals will be presented.

Exploring the Influence of Oral Health Literacy and Oral Health Chronic Disease Knowledge on Older Adults Oral Care Behavior
Alison MacDougall, University of Prince Edward Island; Dr. Lori Weeks, Dalhousie University

Unlike previous generations, baby boomers are keeping their own natural teeth as they enter into older age. The purpose of this exploratory, mixed-methods online study was to explore the influence of oral health literacy (OHL), and oral health chronic disease knowledge (OHCDK) on oral care behaviours (OCBs).A convenience sample of 69 community dwelling men (n=19) and women (n=20) was recruited. Participants ranged in age from 50 to 69 years and had achieved higher than high school education. 52.17 % reported living in an urban setting, and 46.38% had an annual household income of greater than $75,000. All participants had some natural teeth and 72.46% had access to private dental insurance. The mean OHL score was 13.36 and the mean OHCDK score was 10.01. Pearson product moment correlation co-efficient procedure revealed a low but positive correlation between OHL and OHCDK scores. [r = 0.31, n =69, p = 0.008]. The mean dental behaviours score was 5.60. Regression analysis determined the significant predictor model for dental behaviours included: (1.46) dental insurance + (0.85) age cohort + (0.6) level of

education. ($F(3) = 311.87$, $p = < 0.0001$, $R2 = 93.5\%$). Qualitative analysis revealed six major themes: Relying on Dental Professionals, Only Knowing Part of the Story, Making the Connection, Living with the Consequences, Practicing and Valuing Oral Health, and Identifying Barriers to Care. Triangulation showed that participants had adequate OHL, yet were lacking in OHCDK. Participants described the influential role that dental insurance has on OCBs. Future research should focus on a larger sample sizes with equal numbers of men and women.

Development of the Pictorial Frailty Scale

Dr. Olga Theou, Dalhousie University; Kayla Mallery, Nova Scotia Health Authority; Dr. Melissa Andrew, Dalhousie University; Dr. Kenneth Rockwood, Dalhousie University

Several frailty scales have been proposed, but most have significant limitations. Some require verbal reporting or performance tests not feasible for the severely frail, and many evaluate only the patient's or clinician's perspective. The purpose of this study is to develop a Pictorial Frailty Scale (PFS) to measure frailty levels using visual keys, in order to make it simpler and more sensitive to cultural differences. Our multidisciplinary team includes researchers and healthcare professionals with expertise in frailty assessment. After reviewing available frailty scales and the current evidence about frailty assessment in clinical settings, the team identified 14 domains for inclusion: function, mobility, balance, cognition, social support, affect, pain, aggression, medication, incontinence, tiredness, weight-loss, vision and hearing. Domains were visually represented by a graphic designer. Each domain included 3-7 levels representing progressively worsening health which will allow the assessor (healthcare professionals, patients, and caregivers) to select which picture best represents the patients' health status within each domain. After the initial pictures were developed, interviews were conducted with 30 healthcare professionals, patients and caregivers and members of the general public, to provide feedback on the preliminary version. Based on feedback, the pictures were modified and we are currently working on finalizing the PFS scale. The next phase will include evaluation and validation of the scale in a multi-site study. The newly developed PFS could be a simpler, more useful and universal way of identifying frailty compared with previous frailty scales.