



### R&D Newsletter N° 4 – May 2013



#### **Editorial**

This letter follows up on the dialogue initiated between the scientists of UNIL and His Holiness the Dalai Lama, who was invited in April 2013 to speak on the topic of "Living and dying in peace - cross perspectives on aging." It is indeed a follow up, for we agree with the Dalai Lama with regard to the importance of being particularly aware to individuals and their experience. As you read the study summaries presented herewith, you will hence note the common denominator in researchers ever mindful know what human beings are thinking, experiencing, and wishing with regard to their lives, health, and death. In these projects, the researchers document those very issues and associate all stakeholders to the process, narrowing down the investigation scope in order to provide some understanding to the problems at hand (for those who are old, sick, or those whose work decisions have vital consequences on the lives of others), as well as data to broaden professional knowledge. The evolution of these studies will have to be followed closely.

In addition, we invite you to attend our two upcoming Spring conferences (on May 23th and June 14th) to exchange views on the topics of hypertension and abuse that hold such an important place on the list of health issues in today's society.

See you soon!

Nataly Viens Python Dean, R&D



### **Health and Aging Cluster**

# Differences of perception and positioning in groups of professionals active in prevention and groups of retired people with regard to elderly abuse

This qualitative research aims to explore the perceptions of elderly abuse as seen by retired people living at home and by professionals active in prevention, in order to identify possible ways to optimize the prevention by adapting it to the specific context, sensitivity, and culture of the elderly people.

The viewpoint of retired people pertaining to this issue remains relatively unknown. The elderly are often considered as research subjects, but they are rarely looked upon as assets with experience and expertise in that matter. Understanding the way they comprehend this phenomenon is however essential in order to develop preventive action plans that are adapted to the population they target, thus improving their efficiency. Moreover, letting the voices of the elderly be heard is in line with a more global process of empowerment and affirmation of older people's rights.

In Switzerland the topic of elderly abuse first surfaced in the late 1990's, notably following several scandals in medical/social centers. However, no federal prevention program or specific law pertaining to this issue currently exists. Nevertheless, the new law on child and adult protection, which came into effect on January 1st, 2013, falls in line with a reinforcement of the right to self-determination by the elderly and with better protection of institutionalized people who are incapable of judgment.

Elderly abuse has receiving increased media attention in the last fifteen years. However, most of the situations of abuse remain out of the public limelight, especially when they pertain to the relatives of vulnerable older people. Therefore, very few situations are ever reported to the police, justice system, LAVI Centers, violence medical units, or the Alter Ego Association (the association for the prevention of elderly abuse in the French and Italian-speaking parts of Switzerland). Given the "invisibility" of this phenomenon and because it is still a taboo, how can prevention be optimized so as to raise awareness in those that are potentially affected, among whom and first and foremost the elderly?

In order to bring some possible answers to this line of questioning, we held six focus groups comprising between four and eight people selected from: 1) Members of the Committee and tutors at Alter Ego; 2) staff members of the Social Consultation Unit of Pro Senectute in Geneva; 3) Retired people age 65-79 with a relatively privileged social/ economical status (i.e. who did not receive supplementary benefits from Old Age and Survivors' Insurance known as AVS); 4) Retired people age 65-79 with a less privileged social/economical status (i.e. who did receive supplementary benefits from AVS); 5) Retired people age 80 and over with a relatively privileged social/economical status (i.e. who did not receive supplementary benefits from AVS); 6) Retired people age 80 and over with a less privileged social/economical status (i.e. who did receive supplementary benefits from AVS). The retired people who were interviewed all lived in the Canton of Geneva. They were recruited through Pro Senectute, several associations for the elderly in Geneva, the University of the Third Age, the Assistance and Homecare Service of Geneva (FSASD), and the Geriatric

Wards of the HUG (University Hospitals of the Canton of Geneva).

Data analysis stemming from the focus groups highlights four key points:

- 1. Major differences of perception and positioning with regard to elderly abuse appear, not only between the groups of professionals active in prevention and the groups of retired people, but also between the groups of retired people themselves. These differences mostly pertain to the general representation of elderly abuse (with a notable focus on certain types of abuse), the perception and positioning with regard to situations in terms of abuse (i.e. whether specific situations are considered as abuse or not, their perceived seriousness, explanatory factors, etc), positioning as a witness, victim, or potential perpetrator (i.e. whether the possibility of being personally affected is considered or not), and perception and positioning with regard to prevention (protagonists, types of measures to favor, messages to convey, etc).
- 2. Differences are observed in terms of experiences and positioning pertaining to the prevention process between the members of the Alter Ego Committee and the staff members of the Social Consultation Unit of Pro Senectute. The members of Alter Ego rather favor an upstream approach to the process (primary prevention), while the staff members of the Social Consultation Unit position themselves downstream (secondary and prevention). The two organizations hence seem to complement each other. This differentiated positioning represents a resource that should be given added value. However and in order not to generate misunderstandings and conflicts, it requires the reference frameworks and underlying goals of each organization to be outlined in more detail.
- 3. The social/economic status of the retired people that were interviewed seems to influence the way the participants perceive elderly abuse and its prevention. Affiliation to a rather privileged social, economic, and cultural background is associated with a more nuanced outlook on the problem at hand and to a wider perception of the contextual dimension of the phenomenon. It also goes hand in hand with a more precise identification of the preventive means.
- 4. The differences of perception and positioning that were observed between the various groups of retired people show that the elderly do not represent a homogenous social group, contrary to common belief. It is therefore important to differentiate the messages and prevention measures based on the social, economic, and cultural standing of the older people for whom they are intended.

By highlighting the heterogeneity of the perception and positioning with regard to elderly abuse and its prevention – and by taking into account the influence of the social, cultural, and economic background affiliation – this study demonstrates the necessity to develop messages and prevention measures that can specifically reach certain groups of elderly people who are potentially marginalized and socially isolated. In light of this challenge, the staff members of the Social Consultation Unit of Pro Senectute appear to be key protagonists, for they provide help with social and administrative formalities to elderly people who are sometimes in greatly vulnerable situations and who often lack anyone else to talk to.

**Delphine Roulet Schwab** 

#### How to participate...

Political/scientific symposium:

Elderly abuse is our problem!

Friday, June 14th, 2013 From 9 a.m. to 2 p.m.

Institut et Haute Ecole de la Santé La Source – Lausanne



Mandatory registration: a.favre@ecolelasource.ch For more information, visit www.ecolelasource.ch

#### Also read...

Newly released by De Boeck Publishing is the revised edition of *From aging brain to Alzheimer's disease:* 



Intended for students and clinicians, this book takes stock of the current state of research on the cognitive challenges pertaining to old age and Alzheimer's disease as it is defined at the moment.

Presenting the cross perspectives of fundamental and clinical neurosciences, it alternately covers the various levels of analysis of mental functions, from molecular

mechanisms to behavioral patterns. As a rarity in this type of literature, the book widens the scope of the study of cognitive disorders associated with old age by including an anthropologic perspective on the Alzheimer phenomenon. That particular chapter was written by our colleague, Marion Droz Mendelzweig.

## Mental Health and Psychiatry Cluster

Continuous measurement of the daily state of physiological arousal in people with mental handicap

Supported by the Network of Applied Studies in Health, Rehabilitation/Reinsertion Practices (Ré-Sa-R),16/A/11

Mental handicap reduces verbal expression skills and the abilities that help deal with the problems and difficulties of everyday life. In view of this, the expression of needs or emotions tends to be less sophisticated and harder to interpret. Pain is expressed through behavioral patterns and the care providers have less access to the patients' subjective experience (1). The symptoms and suffering can be manifested through aggressiveness, self- mutilation, withdrawal, hyperactivity, stereotypies, or vocalizations. The same affection or problem can arise through the intervention of highly varied behaviors. A specific behavior may also be determined by very different factors, requiring a detailed, functional analysis of said behavior (2-4).

The literature on the physiological correlates of stress indicates that the measurement of the functioning of the autonomic cardiac system is a good index of the regulation of stress. Cardiac function is modified by the autonomic nervous system, with branches of the sympathetic and parasympathetic systems innerving the myocardium. The continuous interaction between these branches reflects the ability of the autonomic nervous system to respond to stress factors and to return to homeostasis, thus contributing to an individual's ability to function efficiently in changing environments.

The main objective of this study is to evaluate the feasibility of measuring cardiac variability in a group of mentally handicapped persons with psychiatric disorders in a natural setting. The idea is to study the physiological state of arousal in everyday functioning, with as little interference as possible with the activities and by using T-shirts equipped with sensors that allow the high resolution recording of the electrocardiogram or ECG. Simultaneously, during the observation periods the behaviors are measured using a scale monitoring tension and situational variables in thirtyminute intervals. The recording of cardiac variability is then put into perspective with the observed behaviors, in order to study the potential connections between the state of physiological arousal and the clinical manifestations. Participants are included based on the presence of at least one aggressive behavior incident in the three months directly preceding inclusion. The results indicate that the moments of tension measured by the external observers are related to an increase in autonomic nervous system activity during the thirty minutes prior to measurement. These homogenous results bring some validity to the tension scale that was used and to the evaluators' judgment. Three different patterns of physiological response are observed: A first pattern featuring an anticipation of the state of stress, suggesting a possible attempt to cope before the episode of behavioral tension occurs; a second pattern with great variability featuring mixed activity of both the sympathetic and parasympathetic systems; and a third pattern with predominantly sympathetic activity. This exploratory pilot study shows the feasibility of using cardiac variability in natural settings with sensors integrated to T-shirts in a group of persons with behavioral

disorders. As far as we know, this is the first study of this type in the field of mental handicap psychiatry. The T-shirt is deemed comfortable by the participants and signal quality is good for the vast majority of the participants selected. However, it is necessary to dispose of more sizes for those who are very skinny or obese. Signal quality was unexplainably poor for two of the participants. We are currently looking for solutions to solve these types of problems in the future. One of the major limitations of this study is the small sample size. Nevertheless, certain participants present particular variations that must be taken into account with regard to the development of therapeutic interventions. The collected data apply to anxious reactions more than to angry or aggressive reactions.

Jérôme Favrod

#### References

- 1. Favrod J, Linder S, Pernier S, Navarro Chafloque M. Cognitive and behavioural therapy of voices for patients with intellectual disability: Two case reports. Ann Gen Psychiatry. 2007;6:22.
- 2. Favrod J. Psychiatrie de liaison du handicap mental : expérience préliminaire. L'Ecrit. 2003;51(juin):15-21.
- 3. Grasset F, Favrod J. Les personnes vivant avec le handicap mental : Quels défis pour la psychiatrie Lausannoise ? In: Guex P, Gasser J, editors. Pour une psychiatrie scientifique et humaniste: l'école lausannoise (p. 127-134). Chêne-Bourg : Georg; 2011.
- 4. Grasset F, Favrod J, Giuliani F, Pernier S, Navarro Chafloque M, Besson J. Handicap mental et psychiatrie. Revue médicale suisse. 2008 Sep 17;4(171):1976-8, 80-1

## Innovation of Care and Professionalization Cluster

Observational study on the symptoms experienced by patients suffering from chronic kidney failure who are under hemodialysis and their connection to these patients' quality of life

Patients living with a chronic disease experience a wide array of symptoms that are often undervalued by the health professionals. It appears that experiencing a symptom (or several) can have a non-negligible effect on these patients' quality of life, and, more generally, on their life expectancy. Up to now, studies have mainly investigated patients living with cancer or diabetes. Few studies have explored the problem in patients under hemodialysis (HD). This population usually deals with several chronic diseases such as chronic kidney failure (CKF), hypertension, or diabetes. Therefore, early management of the symptoms experienced by these patients becomes a priority, in order to maintain the level of their quality of life, which is often inferior in comparison with the general population. The goal of this study is hence to describe and compare the symptoms perceived by CKF patients under HD versus those detected by the nurses, and to examine the relations between the symptoms experienced by the patients and their quality of life.

**Christine Cohen et Philippe Delmas** 

#### How to participate...

Multidisciplinary symposium:

### "Care of patients living with hypertension"

Thursday, May 23rd, 2013, from 2 p.m. to 5 p.m.

Free admission

Full program at: www.ecolelasource.ch

Institut et Haute Ecole de la Santé La Source - Lausanne

# Health Promotion and Community Health Cluster

Assisted suicide: Professional positioning, stakes, and responses of care and social service providers within institutions affected by this issue

The population living in Switzerland is ever more in favor of assisted suicide. In 2009, nearly 300 people died that way in Switzerland. Since 1998, this number has been multiplied by six. Exploratory and qualitative in nature, this research project aims to provide a first insight into the realities experienced by the professionals and the institutions/services that have to deal with clients who request assisted suicide. Its goal is to identify where the professionals stand on the issue, the methods of response and/or intervention with regard to these requests, as well as the underlying professional stakes. It also wishes to highlight certain lines of thinking that could potentially guide the efforts of the professionals with regard to the decision-making process and care delivery in these situations. The research project comprises two parts: A documentary analysis (literature, prescriptive frameworks) and a survey based on semi-structured interviews with nurses, social workers, and other protagonists in the Cantons of Fribourg and Vaud.

> Michel Fontaine Angela Castelli Dransart, Professor, HES-Travail Social, Fribourg, main applicant

#### **Organisation Ra&D**

Dean of R&D: Nataly Viens Python n.vienspython@ecolelalsource.ch

**Health and Aging Cluster** 

Head: Marion Droz Mendelzweig - m.droz@ecolelasource.ch

Mental Health and Psychiatry Cluster

Head: Jérôme Favrod - j.favrod@ecolelasource.ch

Innovation of Care and Professionalization Cluster Head: Philippe Delmas - p.delmas@ecolelasource.ch

**Health Promotion and Community Health Cluster** Head: To be appointed

R&D Secretariat - Andrée Favre a.favre@ecolelasource.ch - Tel. +41 21 641 38 35