

Project : Empowering Marginalized Elders

Action: Improving psycho-emotional status through adapted physical activity in the elderly.

University of Almería, Spain

By David Padilla, Daniel Catalán,
Remedios López, Ana Martínez,
César Rodríguez, Maica Martínez
Univ. lecturer, PS, PT, PhD



- In Spain, the partners are professionals in providing psycho-emotional and physical support to elderly and particularly in day centers, residences in local communities.
- The research group Hum-498 is made up of interdisciplinary team of doctors and graduates, who are especially interested in the study of gerontology, evolutionary psychology and health, Their researches contribute to the area of education and quality of life in elderly.

Team

- Dr. David Padilla Góngora
- Dra. Remedios López Liria
- Ms. M. del Carmen Martínez Cortés
- Dr. Daniel Catalán Matamoros
- Mr. César R. Rodríguez Martín
- Ms. Ana M^a Martínez Martínez

What is Adapted Physical Activity?

- The art and science of developing, implementing, and monitoring a carefully designed physical activity program for a person with a disability, based on a comprehensive assessment, to give the person the necessary skills for a lifetime of rich leisure, recreation, and sport experiences to enhance physical fitness and wellness.

Auxter, D, Pyfer, J, Zittel, L, & Roth, K. (Ed.). (2010). Principles and Methods of Adapted Physical Education and Recreation. New York, NY: McGraw-Hill.

INTRODUCTION

- Participation in physical activity constitutes one of the major components of a healthy lifestyle.
- Adapted physical activity has showed positive effects in elderly wellbeing.
- A review concluded that long-term participation in physical activity is related to enhanced physical functioning, postponed disability and independent living in the very elderly.

Spirduso WW & Cronin DL, Exercise dose-response effects on quality of life and independent living in older adults. *Medicine and Science in Sports and Exercise*, 2001. 33(6): p. 598 -608.

- Some studies on the evaluation of physical activity programs in the elderly conclude that the physical activity is highly beneficial in coordination, flexibility, pulse on stress and symptoms such as mycluria, insomnia and osteoarticular pains (Díaz, 2002). Previous studies have demonstrated an inverse relationship between physical activity and depression in elderly samples. It has been proposed psychological and physiological mechanisms to explain the antidepressant effect of exercise (Barriopedro, 2001).

OBJECTIVES

- Find the needs and demands of the institutionalised elderly in nursing homes and people who live in their homes and go to day centers in Almeria province
- Examine the differences and similarities between both communities of elderly.
- Explore the quality of life the elderly have in nursing homes, and the relationships with their families.
- Observe if there are any differences in the perception of loneliness between elderly in nursing homes and elderly who go to day centers.

Situational analysis in the nursing homes and Day Centers

– Assessment instruments

- Socio-demographic characteristics (age, sex, marital status, children).
- **EBP- Psychological Wellbeing Scale** (Sánchez Canovas, 2007).
- **CUBRECAVI- Quality of Life in the Elderly** (Health, Social inclusion, functional skills, activity and leisure, environmental quality, life satisfaction, education, income, social and health services, quality of life different areas).

Assessment instruments

- **Loneliness scale “ESTE”** (Rubio, 1999)
Loneliness feelings, relationships with family and friends, emotional and social loneliness. Level of support received, satisfaction with social contacts.
- **UCLA Loneliness Scale** (Russell, 1996).
- **The Duke-UNK functional social support questionnaire**: measurement of social support in family medicine patients (Broadhead, 1988).

Loneliness scale “ESTE”(Rubio, 1999)

	ALWAYS	SOMETIMES	NEVER
1. Do you have someone you can talk about your daily life problems?			
2. Do you think there are people who care about you?			
3. Do you have friends or relatives when you need them?			
4. Do you feel you are being ignored?			
5. Do you feel sad?			
6. Do you feel alone?			
7. And at night you feel alone?			
8. Do you feel loved?			
9. Do you use your mobile phone?			
10. Do you use your computer (console, memory games)?			
11. Do you use internet?			
12. do you call other people to go out during Weekdays and/or weekends ?			
13. Is it easy to make friends for you?			
14. Are you going to parks, association, and pensioner's home where you can hangout with other seniors?			
15. Would you like to participate in leisure activities that are organized in their neighborhood / village?			

UCLA Loneliness Scale (Russell, 1996).

	Never	Rarely	Sometimes	Often
How often do you feel sad doing so many things alone?				
How often do you feel that you do not have anyone who to talk to?				
How often do you feel you can't withstand being so lonely?				
How often do you feel like if nobody really understands you?				
How often do you find yourself waiting for others to call or write you?				
How often do you feel completely alone?				
How often do you feel that you are unable to connect or communicate with others around you?				
How often do you feel that you desperately need company?				
How often do you find that make friends is difficult for you?				
How often felt ignored and excluded by others?				

DUKE-UNC QUESTIONNAIRE

Target population: general population.
It is a self-administered questionnaire

Instructions for the patient: The following list is showing some of the things other persons do for us or give to us. For every situation choose the best answer according the following the criteria	Much less Than desired	Less Than desired	Just fair	Almost as desired	As much as desired
I receive visits from friends and family					
I receive help on house related issues					
I receive proper recognition when I do a good work					
I have people who care about what happen to me					
I receive love and affection					
I have the chance to talk about my problems at work/home with somebody					
I have a chance to talk about my personal and family problems with somebody					
I'm able to talk about my economic problems with somebody					
I receive invitations for leisure activities and/or dating					
I receive useful advises when something important happens in my life					
I receive assistance when I am sick					
TOTAL SCORE					

OUR HYPOTHESIS

- Marginalized elders improve psycho-emotional status and general well-being through adapted physical activity programs.

- Our resources:

- Physical activity

- Experiences exchange

Inter-generations

- Information and education

About health

- Councelling

Expected outcomes

- Allow marginalized elders the opportunity to learn and become more self reliant
- Improve psychosocial well-being
- Reduce co morbidity in both mental and physical health
- It is hoped that the experience will be the opportunity to mitigate the effects of loneliness

METHODS / ACTIVITIES

- Interventional study
- The participants will be institutionalized elder and old people who attend day centers, with priority for inclusion those that are:
 - Loneliness (don't receive family/friends visits)
 - Dependent
 - With psycho-emotional problems

ORGANISATION



- Structure: team members, PhD and Bsc students.
- The intervention will be done at:
 - The **Day Centers** of Almería.
 - **In a rural elder's residence in the province: Oria** (46 elders; in a small experiment we have found that 23 elders are living in this centre by social exclusion).



SCHEDULE 2012

- January: contacts/agreements with local authorities.
 - February- March: pre-evaluation
 - May- July: intervention and post-evaluation
 - September: result analyses.
 - October: exchange best practices meeting
- There will be a project poster from our activities
- December: preparation country report

REFERENCES

- **Auxter, D, Pyfer, J, Zittel, L, & Roth, K. (Ed.). (2010). Principles and Methods of Adapted Physical Education and Recreation. New York, NY: McGraw-Hill.**
- **Barriopedro MI, Eraña I, Mallol L. (2001). Relación de la actividad física con la depresión y satisfacción con la vida en la tercera edad. Rev de Psicología del deporte. 10 (2). 239-246.**
- **Broadhead WE, Gehlbach SH, Degruy FV, Kaplan BH. The Duke-UNK functional social support questionnaire: measurement of social support in family medicine patients. Med Care 1988; 26: 709-23.**
- **Diaz V, Diaz I, Acuña C, Donoso A y Nowogrodsky D. (2002). Evaluación de un programa de actividad física en adultos mayores. Rev Esp Geriatr Gerontol. 37(2): 87-92**

REFERENCES

- **Fernández-Ballesteros, R., Zamarrón, M. D. (2007). Cuestionario Breve de Calidad de Vida. Madrid: TEA Ediciones, S.A.**
- **Rubio R y Aleixandre M. (2001). Un estudio sobre la soledad en las personas mayores: entre el estar solo y el sentirse solo. Rev Mult Gerontol. 11 (1):23-28**
- **Russell, DW (1996). UCLA Loneliness Scale (Version 3): Reliability, Validity, and Factor Structure. (<http://www.psychology.iastate.edu/~ccutrona/uclalone.htm>). Journal of Personality Assessment. 66(1):20–40.**
- **Sánchez-Cánovas, J. (2007). *Escala de bienestar psicológico. Manual*. Madrid: TEA ediciones, S.A.**
- **Spirduso WW & Cronin DL. (2001). Exercise dose-response effects on quality of life and independent living in older adults. Medicine and Science in Sports and Exercise. 33(6): 598 -608.**

"The rung of a ladder
was not to rest,
but to put one foot in
it long enough
to put the other foot a
little higher

(THOMAS HUXLEY)

