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Person-centred Care for Demented Older Adults: A Qualitative Analysis

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Background: Along with the rapid pace of an aging society in Hong Kong, the demand for dementia care has placed increasing pressure on the long-term care service sector. A scientific care approach is urgently needed to ensure quality of care. Person-centred care (PCC) has been shown to be the "most desirable" option for older adults with dementia. Yet, how PCC is conceptualised and practiced in Hong Kong remains unknown.

Objectives: This study aims to explore stakeholders' attitudes towards PCC for elderly patients with dementia in Hong Kong.

Methods: A qualitative research method was adopted: Eight focus groups and eight in-depth interviews among four groups of stakeholders (e.g., professional formal caregivers, nonprofessional formal caregivers, family caregivers, and mildly cognitively impaired older adults) were conducted. Guidelines were developed based on Brooker's PCC=V+I+P+S model and were supplemented by a tripartite model of attitude.

Results: Formal care providers believed that PCC provided both holistic care and respect for the dignity of older adults, in line with their professional ethics, vision, and mission. However, family caregivers were unfamiliar with the concept of PCC. In contrast to formal care providers, they believed that "professionalised" formal care could be strengthened. With regard to affection associated with PCC, formal care providers were both familiar and positive towards the affective component of PCC, but were somewhat ambivalent when they failed to achieve "PCC." On the contrary, family members felt unfamiliar with PCC. After the meaning of PCC was explained, they expressed positive feelings towards the concept, but were still notably distant from full acceptance. With regard to the practice of PCC by stakeholders, there were a series of good practices that were in line with PCC principles. Meanwhile, although informal caregivers showed high tendencies of infantilising older adults with dementia, they proactively communicated with formal caregivers in order to achieve personalised care.

Conclusions: Diverse attitudes towards PCC were observed among stakeholders concerning their perceptions, affections, and practices. These diverse attitudes could be rooted in cultural and contextual determinants (e.g., family caregivers' attitudes of relying on authority and a lack of policy framework for dementia care). Finally, we discuss implications for policy and service development.

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Quality of Life and Symptom Measurements in Chinese Women with Pelvic Floor Disorders: Validation Study of Pelvic Floor Distress Inventory (PFDI) and Pelvic Floor Impact Questionnaire (PFIQ)

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Objective: The reliability, validity and responsiveness of Pelvic Floor Distress Inventory (PFDI) and Pelvic Floor Impact Questionnaire (PFIQ) in Chinese women suffering from pelvic floor disorders (PFD) were investigated.

Methods: Chinese women with PFD filled in the Chinese PFDI and PFIQ and Short Form Health Survey (SF-36). Both the women and the attending gynecologist were asked independently to grade the overall severity of symptoms on a visual analogue scale (VAS). They completed a 3-days urinary and faecal diary, and were followed by urodynamic studies (UDS) and/or anal manometry and anal ultrasonography where appropriate.

After four weeks, the women recruited in the first 6 months repeated the questionnaires. All were not offered any treatment during this interval. 156 women were assessed again after they received continence surgery and/or pelvic floor repair (PFR) surgery, or vaginal pessary.

Results: 597 women, aged 55.0±11.3 years and parity 2.7±1.5, completed the study. Among them, 54.4% had urinary incontinence (UI) only, 32.2% had both UI and pelvic organ prolapse (POP), 10.9% had POP only, 2.2% had UI and FI and 0.3% had UI, FI and POP.

Reliability: The Cronbach's alpha of PFDI and PFIQ was 0.92 and 0.98, indicated that both had high internal consistency. The intraclass correlation coefficient of PFDI and PFIQ was 0.77 and 0.79, indicated that the test-retest reliability was acceptable.

Convergent validity: There were significant negative correlation between PFDI and PFIQ and SF-36. The staging of POP was positively correlated with POPDI and POPIQ. Daytime voiding frequency was positively correlated with UDI and UIQ. No abnormality detected group had significantly lower UDI score than the USI or DO group. The frequency of FI episode was positively correlated with CRADI and CRAIQ. Both women's and gynaecologist's VAS score was positively correlated with PFDI and PFIQ.

Responsiveness: There were significant improvements in the respective subscales of PFDI and PFIQ, demonstrating moderate to great responsiveness after treatments. The minimal clinically important change (MCIC) of UDI and UIQ for women who underwent continence surgery and POPDI, POPIQ, UDI, UIQ, CRADI and CRAIQ for women who underwent PFR surgery or vaginal pessary were also established.

Conclusions: The Chinese PFDI and PFIQ were valid and reliable for use. Its responsiveness was established. The MCIC of UDI and UIQ for women who underwent continence surgery and POPDI, POPIQ, UDI, UIQ, CRADI and CRAIQ for women who underwent PFR surgery or vaginal pessary were also established.

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