

# Ageing Mind Initiative

Issue 46, February 2021 Newsletter

<https://ami.group.uq.edu.au/>

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Welcome to the first 2021 edition of the AMI Newsletter. It is already shaping up to be an exciting year with the United Nations General Assembly (UNGA) announcing that 2021-2030 is to be the Decade of Healthy Ageing. This is an exciting time for ageing related research as the importance of the ageing population and the impact on all aspects of society including health, social, economic and environmental is more widely recognised and acknowledged.

The University of Queensland is well positioned as the Age Friendly University (AFU) initiative continues to take shape. The AFU Steering Committee is currently being formed; as reference group of academic and professional staff across Faculties, Schools and Institutes at UQ, external stakeholders, and current students and alumni are ready to translate our vision into reality.

We have 17 ageing related research projects currently seeking participants! This is a tremendous leap from 2020 where due to COVID-19, we advertised as few as 6 research projects in the May edition. We are so pleased to see many temporarily postponed projects back up and running and look forward to hearing more research updates as data is analysed and results are published.

We hope you enjoy reading the Feb 2021 AMI Newsletter. Have a wonderful start to the year.



## ISSUE QUOTE:

Old Age and Treachery Will Overcome Youth and Skill ~ Greek Proverb

## Feature Article

### 2021-2030 is the Decade of Healthy Ageing

We are excited to hear the announcement by the United Nations General Assembly (UNGA) that 2021-2030 is declared to be the Decade of Healthy Ageing. This declaration not only seeks to highlight the importance of both physical and mental health as we grow older, but also the important contributions older persons make to society. Healthy ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives.

This declaration could not have come at a more appropriate time. The unprecedented events of the COVID-19 pandemic has emphasised the pervasiveness of ageism and its deadly impact on older persons across the world. This is a critical time to protect the human rights of older persons and have their voices heard for them to enjoy their autonomy and freedom.

Healthy ageing includes more than physical health. Mental health, social connectedness and the opportunity to contribute to society are all important factors. It is central to our experience of older age and the opportunities that ageing brings.

Initiatives undertaken as part of the Decade will seek to:

- change how we think, feel and act towards age and ageing
- facilitate the ability of older people to participate in and contribute to their communities and society
- deliver integrated care and primary health services that are responsive to the needs of the individual
- provide access to long-term care for older people who need it.

The UN Resolution follows recent endorsement of the Decade by the World Health Assembly, which expresses concern that, despite the predictability of population ageing and its accelerating pace, the world is not sufficiently prepared to respond to the rights and needs of older people. It acknowledges that the ageing of the population impacts our health systems but also many other aspects of society, including labour and financial markets and the demand for goods and services, such as education, housing, long-term care, social protection and information. It thus requires a whole-of-society approach.

You can read more about this exciting development in the [Decade of Healthy Ageing Baseline Report](#)



## Feature Article

### Art and Dementia: A non-pharmacological intervention approach

The University of Queensland's Health and Behavioural Sciences Webinar Series continues. Recently, Professor Nancy Pachana from the UQ School of Psychology was joined by Debbie Brittain from the Queensland Art Gallery and Gallery of Modern Art to discuss their partnership pursuing research into dementia and the power of art. This was the first part of a series showcasing how UQ as a leading age-friendly university.

Dementia is the second leading cause of death for Australians and the literature tells us that early intervention is essential in supporting people with dementia to remain active in the community, and that having new experiences may play a role in stimulating cognitive function.

The Queensland Art Gallery and Gallery of Modern Art (QAGOMA) and The University of Queensland's School of Psychology, in partnership with the Internal Medicine & Dementia Research Unit at The Prince Charles Hospital, are pursuing research on the benefits of QAGoMA's programs targeting older community-dwelling older people and particularly people living with dementia and their care partners.

The Art and Dementia Program at QAGOMA has been running for 6 years and is a free, participant-focused experience for members of the community with dementia who are living at home, attending day respite or residing in aged care. The program is structured around the key principles of reminiscence, validation and socialization. Viewing art and participating in guided creative activities within a dementia-accessible format allows persons living with dementia and their care partners to share an experience that makes them feel included and socially connected.

This half-hour webinar is available to listen to in full via the following link: [Art and Dementia: A non-pharmacological intervention approach – YouTube](#)

About 2020 HaBS Alumni Webinar Series  
The HaBS Alumni Webinar series is an initiative to broadcast fascinating insights from within the Faculty of Health and Behavioural Sciences featuring leading researchers within the faculty. To catch-up on earlier recordings from the first round of the series, please visit the [HaBS Alumni Webinar series](#) page.



2020 HaBS Alumni Webinar Series

## RESEARCH UPDATE:

### Connecting people and places using technology

This study was completed by a team at the University of Queensland and the University of Exeter, United Kingdom. There were three parts to the study:

1. Interviews about experiences of connection using technology
2. Workshops discussing technology experiences, problems and aims for the future
3. An online event (called Collab) to design technology ideas that would improve connection for older people.

The first stage involved interviews with 10 adults with rich experiences of connection using technology. They described that connecting to people and places using technology gave a range of feelings of connection. Generally connections via technology were not at the same calibre of in person connection, but participants identified that it could be very important when these experiences were not accessible or when people you wanted to connect to (including family) used technology. Some rich connection experiences included those easy to use technologies that allowed brief and fun messages to be frequently sent. Experiences of poor connection experiences included those that left people feeling isolated or unable to take part. Participants also described a range of reasons to use technology to connect – including connecting with important others who weren't geographically close, connecting with activities and groups that were important to their identity and life history; and connecting to other places in the world. Importantly, participants described active strategies they used to reduce the perceived harms of technologies and enhancing feelings of connection.

This stage has been published: Liddle, Jacki, Avelie Stuart, Peter Worthy, Mark Levine, Tim Kastle, Janet Wiles, Nancy A. Pachana, and Linda Clare. "Building the Threads of Connection that We Already Have": The Nature of Connections via Technology for Older People." *Clinical*

*Gerontologist* (2020): 1-12.

Please contact the authors if you would like a copy of the article: [j.liddle@uq.edu.au](mailto:j.liddle@uq.edu.au)

The second and third stage indicated the importance of involving older people, technology developers and researchers in working together to develop future technologies. A range of activities were undertaken – with some of these documented on this website: <https://coinnovation-mayfair.uqcloud.net/collab/index.html>

The areas that older people wanted people to work on to improve technologies for connection:

1. Support for using difficult websites and technologies (like mygov, my aged care)
2. Developing ways of measuring and communicating good connection via technology
3. Technology to organise the revolution! (Technology for creating change/ social good/ organising)
4. Sharing skills to manage technology threats and improve technology experiences
5. Connecting to other generations
6. A simple template or launcher to make websites and apps consistent
7. Getting the basics right (making sure technology has good quality sound, visuals, organisation)
8. Second class citizens – improving the experience of attending things on line – so people don't feel left out or excluded.

Although this research happened prior to the pandemic – clearly some of these ideas have had even more resonance with recent events. The research team are working on publications from these stages of the research.

We thank all those who contributed to this study.



## RESEARCH UPDATE: Exploring the Psychosocial Dynamics of Driving and the Factors That Influence Driver Identity

Past research has found that driving cessation was associated with many adverse consequences, including poorer health trajectories and increased depressive symptoms. Subsequent research suggested that when older adults cease driving it can be disruptive to their identity.

This study aimed to explore the psychosocial dynamics of driving and the factors that influence Driver Identity. Of interest was the influence of social identity continuity on the perception of driving cessation. Additionally, the current study also assessed the determinants of adopting alternative transportation and the underlying factors that amplified Driver Identity.

Participants (N = 434) were asked to respond to a cross-sectional survey-based assessment pertaining to driving characteristics, readiness to adopt alternative transportation, travel motivations,

personality factors, avoidant behaviours, perceived threat from driving cessation, perceived social identity continuity and whether they viewed driving cessation as a negative or positive change.

As predicted, social identity continuity was shown to have a moderating effect on Driver Identity in relation to the perception of driving cessation. Congruent with predictions, stronger Driver Identity, greater perceived threat, and more driving experience was shown to decrease the likelihood of adopting alternative transportation. Social identity continuity was shown to increase the likelihood of adopting alternative transport. Consistent with predictions, being the main driver in the household was associated with greater Driver Identity and was partially explained by affective needs. The implications for future practice are discussed.



# RESEARCH UPDATE: Is community mobility contingent upon driving? Attitudes toward and intentions to use alternative modes of transport according to a mixed-aged sample

## Background

Community mobility, the ability to move about one's community by any mode of transportation, is vital to social participation and wellbeing, especially for older adults, however it is heavily reliant on private motor vehicles. Biopsychosocial risk factors mean that drivers may eventually need to stop driving. Preparation and gradual cessation have been identified as being key in the transition to non-driving; however, little is known about variation in drivers' activities across age groups, and whether drivers contemplate or plan for driving cessation. The aims of this study were to determine any age differences relating to mobility and social engagement patterns, driver identity, whether drivers recognise a need to adapt to non-driving futures, and how mobility needs might be met without driving.

## Method

Participants were recruited from university participant pools and massive open online course (MOOC) platforms, social media, research participation databases, and snowball sampling. Respondents completed an online self-reported questionnaire, consisting of items assessing the travel patterns and transport preferences across a sample of 605 participants, aged 18–85 years. Differences in social participation, mobility and recognising and/or planning for driving cessation were explored across age groups.

## Results

Drivers identified personally important places accessed by driving. Content analysis revealed two themes. The first of these we titled Routine and Practical, which contained few codes but was frequently endorsed. The second theme, Life Enriching, contained many codes and demonstrated the richness of drivers' community

activities. Analysis of quantitative data revealed older drivers perceived greater life change due to driving cessation and were more aware of potential future driving cessation, but were less willing to move house to be closer to transport and services. Frequency of and satisfaction with socialising were comparable for age groups, highlighting the importance of discretionary travel across the lifespan. No significant differences were found for driving cessation planning between age groups; despite greater awareness of driving cessation, older drivers engaged in the same amount of cessation planning as other groups.

## Discussion

The present study demonstrates the similarities across age groups in terms of variety in social activities, providing a timely reminder of the need to consider discretionary mobility of all age groups, and a need to provide appropriate resources to prompt driving cessation planning.

## Highlights:

Participants across four different age groups show comparable community mobility needs.

Older drivers may contemplate driving cessation, however they do not report more cessation planning than other age groups.

Having an alternative transportation plan is critical for continued community mobility and wellbeing after driving cessation.

Older adults must be afforded consideration for transport infrastructure that meets their affective and aesthetic needs.

This is a link to the full open access paper <https://www.sciencedirect.com/science/article/pii/S221414052030178X?via%3Dihub>

# Current Ageing Research

The following projects are looking for participants. Make a difference in Ageing Research today. Sign up now!

## Would you like to help us create RITA?

She's a conversation agent (sort of like Siri) who specialises in providing and collecting information on cognitive health. Her purpose is to facilitate timely diagnosis of dementia and related conditions

We are looking for volunteers who can participate in an online focus group to help develop a new chatbot, Rita (Right Insights for Timely Advice). The focus group will be in March 2021.

Despite the high prevalence and impact of dementia, there are barriers to timely diagnosis. Collecting information from older adults, as well as those living with dementia and carers would help general practitioners (GPs) determine whether further investigation is warranted. Information gathering methods need to be engaging, and not worry people unnecessarily.

We would like to develop a chatbot that provides information on healthy ageing, collects information on cognitive functioning; empowers users in their healthcare; and provides summary reports to share with a GP to discuss the right way forward for care.

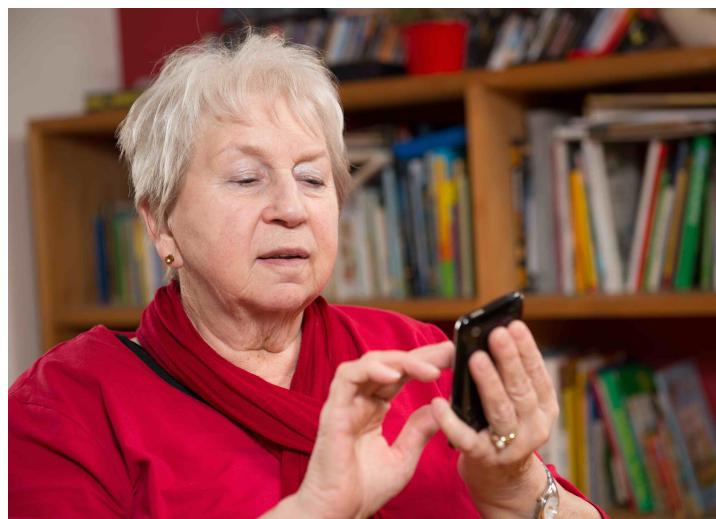
To participate, you will need to

- be 50 years or older
- have access to a mobile device
- be willing to attend an online focus group and complete related surveys and workbooks
- have unimpaired hearing and vision

We will ask you what information you think would be useful to provide and collect through a chatbot. We will also give you a link to download Rita to a mobile device (phone or tablet) and ask you to interact with her, and answer some questions on your experience.

We are providing a \$30 gift voucher for your time.

**IF YOU ARE INTERESTED IN PARTICIPATING**  
Please call Janine Walker on 0422 993 016  
or email [Janine.Walker@csiro.au](mailto:Janine.Walker@csiro.au)



## RESEARCH PROJECTS

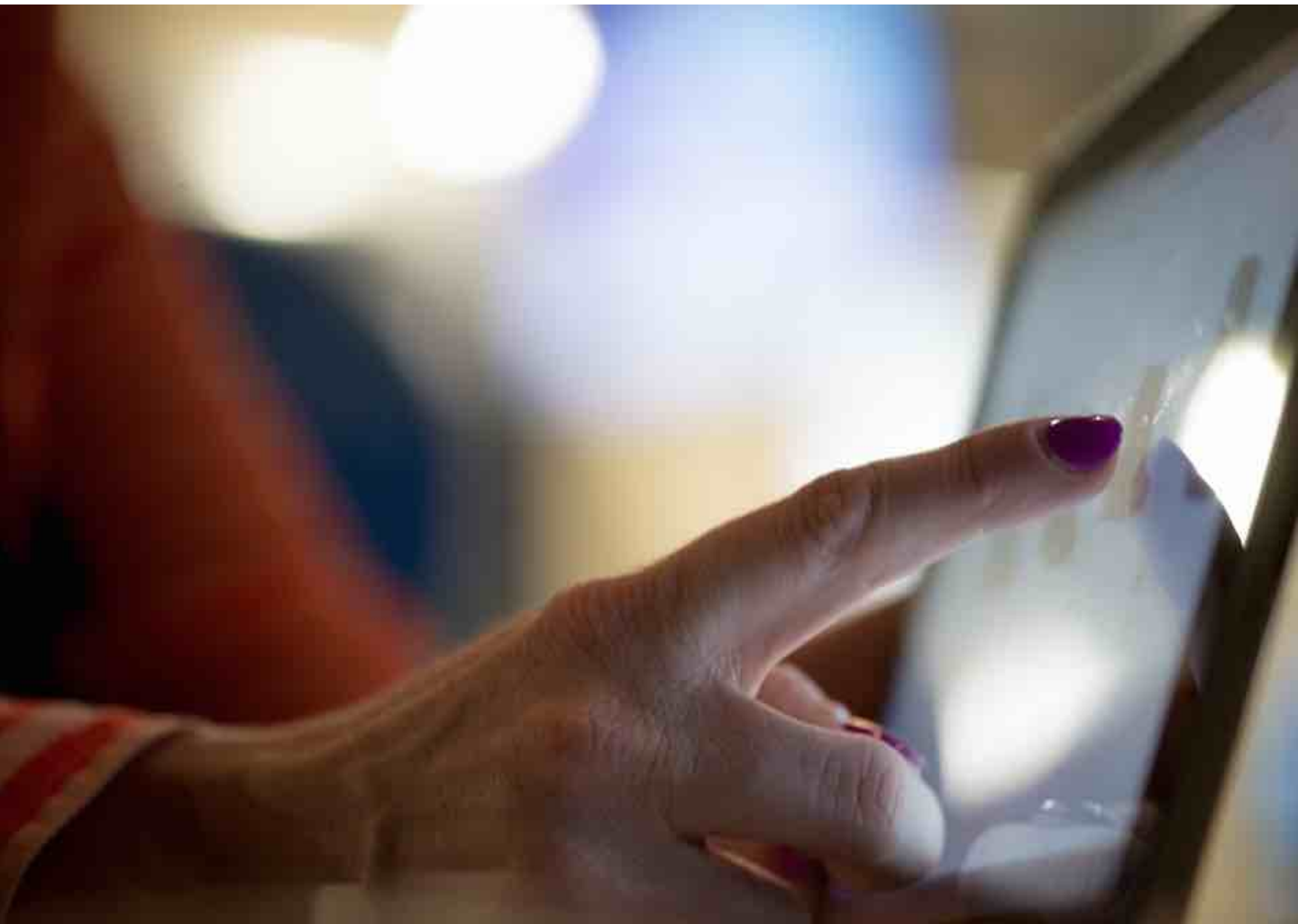
### What do you think about home telehealth?

Researchers from the University of Queensland are interested in your opinion about using technology in your home to access healthcare services (telehealth).

If you are aged over 50 years, living in Australia and willing to complete a survey (either online or paper-based) you are eligible to participate. The survey will take approximately 45 minutes to complete.

Upon completion of the survey you will receive a \$30 retail gift card (e.g., Coles/Myer) to thank you for your participation.

Please feel free to share with those you think may also be interested. Please contact Dr Megan Ross on [m.ross@uq.edu.au](mailto:m.ross@uq.edu.au) to express your interest or for further information.





## RESEARCH PROJECTS

### Psychotherapy via telehealth video-conferencing to treat anxiety

#### Introduction

Anxiety represents one of the most common mental health problems in the population, and can be experienced by people of any age. Anxiety influences a person's overall wellbeing and quality of life.

#### What are the components of anxiety?

- Emotional: feeling on edge, irritability, feelings of fear, dread and worry.
- Behavioural: being easily distracted, avoiding situations, worrisome thoughts, and being easily startled.
- Cognitive: persistent negative thoughts and intrusive worries, difficulties with concentration, focus and memory.
- Physical: increased heart rate, sweating, shaking, feeling of nausea and dizziness, muscle tension or pains, and having trouble sleeping.

Some activities, events or general circumstances can be naturally anxiety provoking for most people, and can be successfully overcome. However, some situations can be too intense or unexpected that anxiety can be difficult to cope with and manage.

Anxiety becomes a problem when it starts to significantly impact on a person's life. For example, when it makes them adjust their

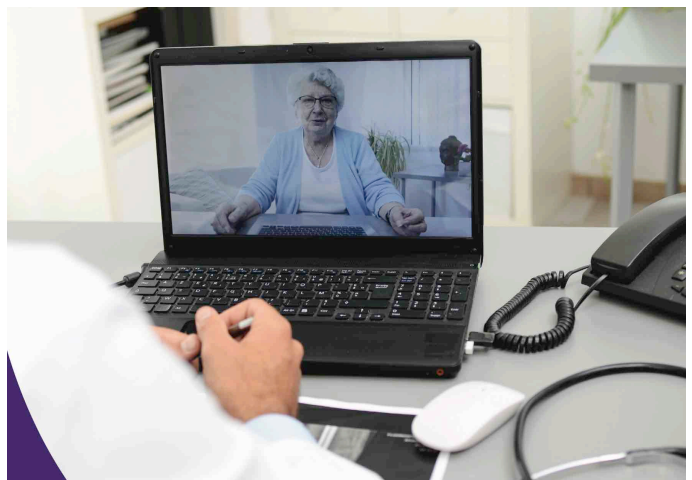
routine to avoid certain activities or situations, or when it makes them feel preoccupied and overwhelmed with fear, worries or ruminations, making it difficult to focus on anything else.

Anxiety can also be induced when exposed to ongoing stress, such as the current situation surrounding COVID-19. When exposed to stress for a long time, it might trigger similar responses to those listed above.

Recognising anxiety symptoms is therefore an important step towards learning new techniques to positively cope with experiences of anxiety, worry, and stress.

#### Research Objectives

Our study aims to test a new psychotherapeutic intervention delivered via video-conferencing to help combat anxiety in people living with cognitive impairment, irrespective of their location. Our 6-week program combines education about anxiety to help people understand their symptoms, and it provides relaxation techniques to help cope with anxiety.



## RESEARCH PROJECTS

### How can I participate?

If you have been diagnosed with mild cognitive impairment or dementia and if you are currently experiencing any anxiety symptoms similar to what has been described above, we invite you to participate.

We will do an initial screen to check your eligibility for our study.

Participation in our study is voluntary, and you may withdraw at any point.

### What equipment do I need to participate?

You will need an internet connection and a device to perform video-conferencing. This device can be a computer with a web camera, a tablet, iPad or smart phone.

### What help is available if I have never used video-conferencing?

We will provide you with a manual with clear instructions, a video link with step by step instructions, and support over the phone to help you setup your equipment for video-conferencing.

### What's required from participants?

- Filling out questionnaires before, and after the therapy.
- Participating in weekly therapy sessions for 6 weeks delivered via video-conferencing.
- Practise techniques learnt in therapy sessions.
- Give us feedback on the ease of use of technology as well as the content of the

therapeutic sessions.

### What's required from a support person?

We also invite a support person to participate, if you have one. A support person can be your partner, spouse, family member, friend or anyone who identifies as your carer. Support persons are not required to live with you. They can join your therapy session remotely via video-conferencing.

The support person is encouraged to participate in therapy sessions and practise the introduced techniques with you (e.g. deep breathing techniques for relaxation).

Support persons will also be given a questionnaire to complete before and after the intervention.

Your participation and feedback will help us improve this program.

### Important links:

[More information about the study](#)  
[Expression of Interest to participate](#)

### For more information contact:

T: 07 3346 5036 or 07 3346 5577

E: [anxietyresearch@uq.edu.au](mailto:anxietyresearch@uq.edu.au)

W: <https://clinical-research.centre.uq.edu.au/psychotherapy-telehealth-video-conferencing-treat-anxiety>

## RESEARCH PROJECTS

### Tell us about your experiences at work

Researchers from The University of Queensland are looking for healthy individuals who are in paid work or are self-employed to complete an online survey about their experiences at work. You may be eligible if you are:

- Aged above 18 years.
- Employed in paid work or self-employed.

If you would like to participate in this project, please visit the following link to assess your eligibility and register your interest:

[https://uniofqueensland.syd1.qualtrics.com/jfe/form/SV\\_2gz3DvPYiDk2GyN](https://uniofqueensland.syd1.qualtrics.com/jfe/form/SV_2gz3DvPYiDk2GyN)

To thank you for your participation in this study you will be entered into a draw to win a \$50 Cole-Myer gift card.

For more information about this study, please email [y.alyousef@uq.net.au](mailto:y.alyousef@uq.net.au)



## RESEARCH PROJECTS

A University of Queensland study designed to improve balance in older adults with a hearing impairment has been made possible thanks to a generous donation from Sonova.

“Three in five adults aged over 60 have a hearing impairment and recent research shows that hearing impairment is a risk factor for falling, with every 10-dB increase in hearing loss putting an individual at greater risk of falling [1].

This study will test if a device that gives feedback on body position can improve and maintain balance and stability.

Participants will be required to wear a device which is battery powered and worn on a belt around the waist for 20-minute training sessions over 10 days.

The device records body sway, compares it to normative data and provides vibrotactile feedback to the wearer for retraining of balance.

The original version of the device has been used in research trials in Europe, Germany and Switzerland, however this will be the first time it will be used with older adults who have a hearing impairment.



The study is an international collaboration between Professor Sandy Brauer, Professor Louise Hickson, PhD students Jacinta Foster and Marina Mahafza from UQ's School of Health and Rehabilitation Sciences; Department of Otolaryngology at Unfallkrankenhaus Berlin, Charite University Hospital Berlin; Center for Hearing and Balance, Department of Otolaryngology, Columbia University Medical Center and Sonova.

1. Lin, F.R. and L. Ferrucci, *Hearing Loss and Falls Among Older Adults in the United States*. Archives of Internal Medicine, 2012. **172**(4): p. 369-371.

### Volunteers needed for research

#### VIBRANT TRIAL

Three in five older adults aged over 60 have a hearing loss and the risk of falling for older adults is higher if they have a hearing loss. Researchers at The University of Queensland are conducting a study that will test if a device that gives feedback on body position can improve balance and stability.

- Are you over 60?
- Do you have mild to severe hearing loss?
- Do you have vertigo, feel dizzy, or unsteady?

If you would like more information or would like to volunteer please contact Katrina Kemp on 07 3365 4564 or [k.kemp@uq.edu.au](mailto:k.kemp@uq.edu.au)



## RESEARCH PROJECTS

### Can you share your thoughts about transport and technology for people living with dementia?

Researchers at the University of Queensland are interested in hearing about your current experiences with transportation, and your thoughts on current and future technologies which may change what is available in helping people get around. There have already been changes to transportation options like Uber and electronic tickets; and more changes are likely in the future including driverless buses and cars. We want to make sure these options are as usable, safe and helpful as possible for people living with dementia.

We are conducting flexible interviews and other research activities via zoom, telephone, email or mail.

We are keen to hear from:

- People living with mild dementia who are interested in talking about transportation issues
- Care partners of someone living with dementia
- Other stakeholders with an interest in transportation (transport providers, health professionals, local council, policymakers, researcher, technology developers)

Please contact Jacki Liddle if you have questions or are interested in participating:  
[j.liddle@uq.edu.au](mailto:j.liddle@uq.edu.au) or call (and leave a message) 07 3365 9765



## RESEARCH PROJECTS

### LIVING LONGER – WORKING WELL Volunteers needed

Our workforce is ageing with many of us having or wanting to remain working beyond traditional retirement age. We want to understand how to better support older workers to remain well at work.

#### What?

We are conducting **online interviews (30-60 min) via videoconference** to learn about your personal experiences at your current or last workplace.

#### Who?

If you are:

- >45 years old
- currently in paid work/self-employed
- retired within the last 12 months

#### Why?

To help design tailored interventions supporting older people at work PLUS receive a \$25 gift voucher after completion of the interview!

#### More information:

Click [here](#) OR scan the **QR code** below:



## RESEARCH PROJECTS

### HELP US UNDERSTAND HOW MUSIC AND SPEECH IS PROCESSED IN THE BRAIN

Researchers at the University of Queensland are seeking **healthy volunteers** for a study on music and speech processing. The project aims to improve our understanding of how music listening may stimulate speech and language processes.

**Where:** Herston Imaging Research Facility (HIRF), Royal Brisbane and Women's Hospital

**What will it involve:** (1) An MRI brain scan while completing music and word listening tasks, (2) brief music, cognitive, and language assessments. The study will take about **2-3 hours** to complete.

We would love to hear from you if you meet the following criteria:

- 55 years old or above
- **English** is your first language
- No history of neurological disease, mental illness, or head trauma
- No chronic respiratory, cardiovascular, or immunocompromised medical conditions
- **No metals present in the body** which would be unsafe in an MRI scanner

For more information, please contact Jennifer Lee:

[jennifer.lee3@uqconnect.edu.au](mailto:jennifer.lee3@uqconnect.edu.au)



This project has been reviewed by the Royal Brisbane and Women's Hospital Human Research Ethics Committee, and was found to meet the National Health and Medical Research Council's code of conduct for human research (HREC Approval number: HREC/2018/QRBW/43699).



## RESEARCH PROJECTS

### How people interact with their surroundings

We are currently seeking participants for a study investigating how people interact with their immediate surroundings, and how these interactions may fluctuate throughout a lifetime. The way we interact with objects in our immediate environment can inform us a lot about our personal boundaries.

We are seeking participants over the age of 50 to complete a decision-making game. Participants must not have a history of neurological disorders, psychiatric or cerebrovascular conditions. We are seeking participants who have good movement, and good/corrected vision, and who have good physical health and well-being. The task takes approximately 45 minutes, and you will be reimbursed with a \$20 Coles Myer Gift Card for your time.

If you are interested in participating, please contact us!

**Phone: 0478 156 595; e-Mail:**  
**clarkson.paff@gmail.com**

*Ethical clearance number: #2019001659 s*





## RESEARCH PROJECTS

### The QLD Mind Project

Researchers from the UQ School of Psychology are seeking older adults to help them better understand how the ability to interpret specific types of social information, as well as some aspects of memory, are affected by a range of clinical disorders.

To understand if these abilities are affected, they need to assess a non-clinical comparison group. Participation in this study will involve completing a single testing session of approximately three to four hours duration. During the session, you will be asked to complete paper based and computerised measures that tap into these and related abilities.

You'll receive:

You will receive \$80 to cover travel expenses and for participation in the study.

Eligibility:

1. Aged 45 years or older;
2. A native English speaker, or have a high level of English proficiency;
3. No current/previous diagnosis of a

psychiatric illness (e.g. bipolar disorder, schizophrenia, on-going issues that have required recent hospitalization or continuing treatment by a psychologist/psychiatrist);

4. No neurological disease or neurological development disorder (e.g. Epilepsy, Parkinson's disease);
5. No current or past brain trauma (e.g. stroke, traumatic brain injury);
6. No substance abuse (e.g. alcoholism); and
7. No other illness that may impact day-to-day functioning and engagement with activities (e.g. chronic fatigue syndrome).

Register your interest:

For more information or to participate please contact Sarah Coundouris via [s.coundouris@uq.edu.au](mailto:s.coundouris@uq.edu.au) or 0448 833 569.

*This study has been approved by The University of Queensland Human Research Ethics Committee [Approval No. 2018001920]*



## RESEARCH PROJECTS

### The PEAK Study

#### **Physiotherapy, Exercise and Physical Activity for Knee Osteoarthritis – The PEAK Study**

People with knee osteoarthritis (OA) often consult a physiotherapist for management of their knee problems. Physiotherapy management typically involves the delivery of a structured strengthening exercise program, and advice about how to manage and increase physical activity levels. Physiotherapy may be delivered in any number of ways:

- Face-to-face consultations
- Consultations in public/private hospital settings
- Consultations at private practices
- Consultations at rehabilitation centres
- Video consultations over the internet
- Group-based classes
- Telephone consultations
- Consultations in community health centres
- Home-based visits from a physiotherapist
- Shared consultations with other health professionals
- Consultations in the workplace

We wish to evaluate the effectiveness of how physiotherapy is delivered to people with knee OA.

#### **What will the study involve?**

This study is comparing two different methods of delivery of physiotherapy for people with knee OA. Participants will be allocated to one of two groups. Both groups will receive the same quality care by a physiotherapist based on the best current research evidence. This will involve 5 consultations with a physiotherapist over a 3-month period, including an individualised strengthening exercise program and physical activity plan. Participants in both groups will receive detailed educational information about osteoarthritis and its management, resistance

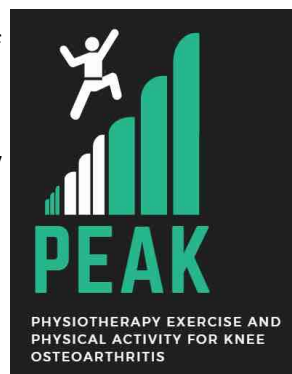
bands for exercising and a wearable activity tracker to help with increasing physical activity. Participants will also be asked to complete a questionnaire at four different time-points throughout the duration of the study (9 months).

#### **Who can participate?**

We are looking for participants who are aged over 45 years with knee pain on most days who can commit approximately 9 months to the study and are not currently receiving physiotherapy treatment for their knee pain. You cannot participate in this study if you: have had a knee replacement in your most painful knee, have had any knee surgery within the last 6 months or are on the waiting list for surgery, have a diagnosis of rheumatoid arthritis or other inflammatory arthritis, have participated in any strength training exercises for your leg muscles in the last 6 months, or have any neurological or cardiovascular conditions.

We are looking for volunteers who are residing in/around the following locations:

- Brisbane CBD and surrounding suburbs
- Northern Brisbane suburbs (e.g. Bracken Ridge)
- Mackay/Cannonvale
- Toowoomba



To register your interest for this study, please visit: [www.peakstudy.com.au](http://www.peakstudy.com.au)  
OR email the trial coordinator  
**Penny Campbell:**  
[penelope.campbell@unimelb.edu.au](mailto:penelope.campbell@unimelb.edu.au)

## RESEARCH PROJECTS

### CarFreeMe driving cessation program and clinical trials for people living with dementia

If you or someone you know needs support, we are currently recruiting for participants (people living with dementia and their care partners/family member) to take part in our 'living with dementia and driving study', supported by the NHMRC. Brief details of the program are outlined below. Our current sites include South East Queensland (in person, or by telehealth delivery); and the ACT and Southern NSW (by telehealth). We aim to expand our trials to other areas of Queensland and Northern NSW; and by telehealth to other parts of Australia, so if you are interested please get in touch.

CarFreeMe is an education and support program that uses effective, research-based, client-centered methods to support people living with dementia. Our program supports the emotional and practical challenges that are faced by people living with dementia who must inevitably give up driving. Our trials are open to people living with dementia and their care partner/support person.

Participants **may be still driving** and planning to stop in future **or have stopped driving** and are **needing support** to cope with the life changes, to find alternative means of transportation, and remain engaged in the

community. The intervention includes seven modules which are usually delivered across seven weeks (approximately 1-1.5 hours each module) to participants in their own homes, by a registered health professional who is trained in CarFreeMe. Participants may elect to take part in one or more group sessions [depending upon preference and location]. There is no cost to participants. As part of the study, participants will take part in three assessments; pre- and post-intervention, and follow-up. Control group participants will receive the intervention after the wait period.

Further information may be obtained by contacting Project Coordinator: Donna Rooney, email: [donna.rooney@uq.edu.au](mailto:donna.rooney@uq.edu.au), telephone: 07 3365 6392; or CI Dr Theresa Scott email: [theresa.scott@uq.edu.au](mailto:theresa.scott@uq.edu.au) telephone: 07 3443 2546.

Note: this study is open to Telehealth



## RESEARCH PROJECTS

Sterling is a boy with a dream. His dream is to find a cure for Dementia. When Sterling was 3 years old his Grandmother was admitted into a nursing home with Dementia and since then he has always wanted to find a cure. Sterling is now an Ambassador for The Common Good at The Prince Charles Hospital. He highlights that dementia has an impact on everyone, even someone so young.

There is no cure for dementia. Right now, there are more than 44 million sufferers worldwide, and that number is expected to treble by 2050. The impact this will have on individuals, their families and our health system will be devastating.

Alzheimer's Disease is the most common form of dementia, accounting for up to 70% of all dementias. In health, the brain relies on neurochemicals to send messages between nerves. One of the typical features of Alzheimer's Disease is a decline in function of these chemical signals. The nerves and chemicals most vulnerable to these changes are in the memory forming parts of the brain.

### The "Sterling's Dream" Study

This study is led by Dr Eamonn Eeles, Geriatrician/Physician and Head of Research of Internal Medicine Services at TPC. His team includes researchers from the Australian E-Health Research Centre, CSIRO and the Queensland Brain Institute.



By using innovative imaging the team will measure the chemical signals in the memory-forming part of the brain. They hope this study will help us better understand if there are certain brain characteristics in people who don't have Alzheimer's Disease which differ in people who have early stages of the disease.

This information may also assist us in understanding which patients may respond better to treatments that are used in Alzheimer's Disease and therefore help target management of this disease more effectively.

We are inviting people over 55 years of age who have Alzheimer's Disease who can have an MRI to participate.

We are also inviting people over 55 years of age who don't have Alzheimer's Disease and can have an MRI. These people will be part of our control group.

[Read more about our study](#)

### What will the participants be asked to do?

We will ask people who would like to participate to come to The Prince Charles Hospital for a clinical assessment, neuropsychology assessment and memory tests.

Participants will then be asked to undergo brain imaging using state of the art technology at the Herston Imaging Research Facility.

Travel costs will be met by the study. Refreshments will be provided.

### How can you be invited to participate?

Phone the study Research Assistant, Anne Bucetti, on: (07) 3139-7208.



## RESEARCH PROJECTS

### Are you Providing Care for Someone with Dementia or Memory Loss on a Daily Basis?



Research Has Shown: Activities can benefit people living with dementia or memory loss by improving their quality of life.

A new program called Tailored Activity Program has been designed and tested in the United States with a focus on enabling with dementia or memory loss to stay engaged in activities they enjoy doing for longer and to with other day to day care needs. Benefits have included improved engagement and quality the person with dementia and for their family or carer.

**We are looking for participants for a NHMRC-funded pilot study of The Tailored Activity Program in Australia, aimed at improving the quality of life of people with dementia living at home and their carers.**

What Does the Tailored Activity Program - Australia (TAP-Australia) Involve?

TAP —Australia takes place in your own home over a period of 7 – 8 free sessions.

These sessions will be arranged by an Occupational Therapist at a time that is convenient to you.

During TAP-Australia, the Occupational Therapist will work with you and your loved one with dementia to gain an understanding of their abilities, strengths, interests and routines.

They will then identify activities that are interesting and enjoyable, and are suited or adaptable to your loved one's abilities. The Occupational Therapist will show you how to set up the activities in a way that helps your loved one to do them more easily, and will look at ways to help you communicate and make everyday tasks easier for you and your loved one now and in the future.

Are you Interested?

If you are someone who looks after a person with dementia or memory loss, and your are interested in receiving 7-8 free Occupational Therapy TAP-Australia sessions in your own home and you are happy to answer two questionnaires (before and after the program), please contact us to find out if you and your loved one are eligible to participate.

To find out more please contact: Associate Professor Sally Bennett and her research team. Phone : 3365 4529 or 3365 3451 Email:

[TAPdementia@uq.edu.au](mailto:TAPdementia@uq.edu.au)

## RESEARCH PROJECTS

### What are the benefits for you as an Occupational Therapist?

- Free training of a licensed, evidence-based Occupational Therapy intervention for people with dementia and their carers who are living at home (Can claim as CPD hours)
- Contribute to your organisation's objectives focussing on wellness and reablement in aged care services
- Access to the University research team for ongoing support and mentoring throughout the duration of the project
- Establish new networks with colleagues providing the Tailored Activity Program—Australia across the state of Queensland

### What are the benefits of TAP-Australia for Your Organisation?

- Delivering an evidence-based program supporting people with dementia and their carers who live at home - Demonstrating engagement in a program that promotes a wellness and reablement approach
- Free extensive training of Occupational Therapy staff in the delivery of the TAP-Australia program that will extend beyond the life of this project
- Increase in offerings of Occupational Therapy interventions funded under both HCP's and CHSP
- Ability to utilise client's surplus funds from HCP's with an evidence-based

program with documented beneficial outcomes

- Monetary incentive for OT interventions provided under the TAP program
- The research team will assist with marketing of the TAP-Australia program to: generate new referrals and support sustainability of referrals
- Opportunity to provide early intervention to people living with dementia and their carers who are in receipt of CHSP services which may lead to an increase in the uptake of ongoing services in the future and conversion into a HCP with the organisation
- Opportunity to develop rapport with people living with dementia and their carers during the provision of an 8 week intervention, which may lead to future uptake of services in a population who may have difficulty engaging with services. This in turn provides an opportunity for organisations to maintain a reduction in surplus funds for clients.

### Who is the TAP-Australia Intervention Suited for?

- People who have moderate to advanced dementia (who are still verbally responsive and not confined to bed) and
- Have mild to moderate behavioural or psychological symptoms of dementia and Who live at home with a family member (or have a family member who lives close by and visits regularly)

To find out more please contact: Associate Professor Sally Bennett and her research team. Phone : 3365 4529 or 3365 3451 Email:

[TAPdementia@uq.edu.au](mailto:TAPdementia@uq.edu.au)

## RESEARCH PROJECTS

### Does motor imagery training influence actual and perceived physical performance in older adults?

**Are you aged 65 years or older? Are you interested in finding out about how good your imagination is and how you perceive your own ability?**

Similar regions of the brain are switched on whether you perform a movement or simply imagine performing a movement. Research in stroke patients and following surgery have found that motor imagery (imagined movement) can help to improve walking.

Currently we know very little about the effect of motor imagery on improving function and performance in healthy older adults. This study will identify whether four weeks of motor imagery training can improve walking, and your own perceptions of your ability. This research is expected to provide insights into the practicality of using motor imagery in concert with physiotherapy to improve walking and function in older adults.

If you are at least 65 years old, you may be eligible to take part in this research.

What's required from participants?

Attend two 60-minute testing sessions at Australian Catholic University, Banyo (separated by four weeks).

Complete questionnaires that assess your executive function and your imagery ability.

Complete walking and stepping tasks (physically and in your imagination).

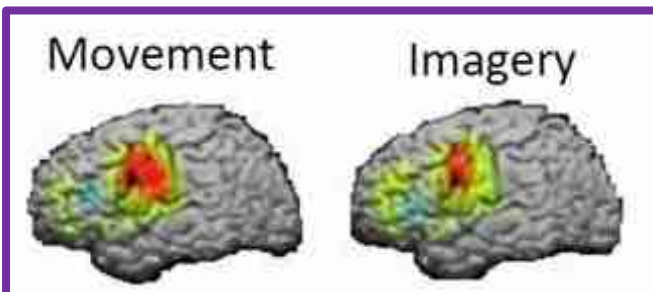
You may also be randomly selected to complete four weeks of motor imagery training at home (using an electronic device).

You will gain information about your current walking ability, your cognitive status, and possibly, improve your walking.

If you are interested in taking part or would like more information, please contact the chief investigator Dr Vaughan Nicholson.

T: 07 36237687

E: [vaughan.nicholson@acu.edu.au](mailto:vaughan.nicholson@acu.edu.au)



*Brain images from:* Miller, K. J., et al. (2010). "Cortical activity during motor execution, motor imagery, and imagery-based online feedback." *Proceedings of the National Academy of Sciences* 107(9): 4430-4435.

## RESEARCH PROJECTS

### Assessment of Social Cognition and Theory of Mind : English Validation of the Geneva Social Cognition Scale

#### Brief Abstract

The Geneva Social Cognition Scale (GeSoCS) is being developed to evaluate social cognition in brain-injured patients in the future. It is a scale composed of 6 short subtests chosen from a number of existing tests of social and cognitive evaluation. The aim of this research is to develop a brief bedside tool for clinical psychologists working in hospital settings, to help them detect when person fails to understand social conventions or when their understanding of social behaviour is impaired.

#### Detailed Description:

Our Social Cognition Scale is for use in clinical assessments. It consists of the following six subtests: (i) social cognition stories that are short stories describing events that may or may not be socially inappropriate; (ii) a facial emotion recognition task; (iii) comic strips illustrating what false beliefs; (iv) short stories in which logical conclusions must be drawn; (v) short descriptions of situations that do not require understanding of any social situation; and (vi) a game of logic.

The total test duration will last about 45 minutes. Prior to commencement, participants will be given an information

sheet about the study, which also includes a consent form at the end to make sure the participants are willing to continue. This will be followed of a questionnaire asking demographic information including gender, age, and whether they have any psychiatric or neurological deficits. A short test (MMSE – mini mental state examination) will be conducted prior to the GeSoCS. During the experiment, participants will be asked questions and shown images depicting specific situations that mostly involve interactions with others in social settings.

The procedure is painless and non-invasive. The supervisor or examiner can be contacted at any time during the experimental procedure should the necessity arise.

This participation provides a great chance to see what type of tests are used in clinical settings and is also an opportunity to gain some insight into the recent field of investigation termed “social cognition”.

**Eligibility Requirements:** Aged 50+

**Remuneration:** 20\$ Coles/Myer Voucher

**Duration:** 45 minutes

**Contact:** [v.bignoli@uq.edu.au](mailto:v.bignoli@uq.edu.au)



## RESEARCH PROJECTS

### Exploring the experiences of adult with hearing difficulties and their families

UQ researchers are conducting a study to better understand the experiences of adults with hearing difficulties and their significant others.

We are seeking participants aged 50+ years who have experienced hearing difficulties since adulthood and do not wear hearing aids, and their significant others (e.g., partner/spouse, adult child, friend, neighbour, colleague).

Participation will include:

- A hearing test
- Questionnaires
- Interviews with a researcher
- Smartphone surveys
- Video-recording conversations with you and others

The first three activities will be completed at a time and location suited to you and your significant other (e.g., remotely via Zoom, at UQ campus, or at your home) over at least **two meetings** with a member of the research team.

The smartphone surveys and video-recording conversations are completed within your own time over a two week period.

You'll receive:

To thank you for your time, both you and your significant other will each receive a \$50 gift voucher.

Register your interest:

For more information or to register interest, please contact Anna Francis on (07) 3443 2432 or [anna.francis1@uq.edu.au](mailto:anna.francis1@uq.edu.au)

*This study has been approved by The University of Queensland Human Research Ethics Committee [Approval No. 2019001869]*

For additional information or to be added to the AMI mailing list and Listserve, please contact us via email at [ami@uq.edu.au](mailto:ami@uq.edu.au).

Alternatively you may contact Dr Nancy Pachana at School of Psychology, The University of Queensland ST LUCIA QLD 4072 or Tel. 07-3365-6832