Globally, including in the Asia Pacific regions,there are two persons entering the age of 60 in one second. It means that there are nearly 58 million people at the age of 60+ each year. On average there are one in nine people who will be 60+ years old, and this ratio will be 5: 1 by 2050. If in the world, in 1950 there were 205 million people at 60+, 901 million in 2015, accounting for 12.3% population in the world, that will be more than 2 billion people, accounting for 22% by 2050. Although aging population is the positive result of social progress, economic development, health care improvement, it makes challenges to the growth of economies as the shortage of labor resource, rising health cost, social security, impact on savings, investment, consumption, shifting migration flows.

Asian populations have continued to grow; the region including South EastAsia (SEA) Countries now has over 60 percent of theworld's population and six of the 10 largest nations. There are health consequences related to large, expanding populations, although theconnections are often complex and mediated by social, economic, and technologicalfactors, and considerably influenced by governmental policies in health care and healthy ageing strategies. Healthcare demand in Southeast Asia (SEA) is increasing rapidly, driven by population growth rates that are expected to outstrip those of other geographies, and an epidemiological shift from infectious diseases to a chronic disease pattern matching western markets. Most of SEA's spending on healthcare comes from the public sector (sometimes augmented by state-run insurance funds and personal expenditures).

To cope with improving health status of older persons, healthy and active ageing practices in Asia – Pacific and SEA have similarity in term of traditional pattern of community solidaritysuch as practices of family support, policy reforms that encourage older persons who are still capable to remain in the work place, and the ones who are not fully capable of self care and need long term care and end of life care. On the other hand there are gaps between develop countries and developing countries in the development of technology such as information technology, transportation, and various high technology in delivery services for the elderly.

Based on the above mentioned background, National Commission for Older Persons Indonesia, in collaboration with Active Aging Consortium Asia Pacific and Healthy Ageing Society of ASEAN Countries would conduct a conference on: Healthy Ageing in ASEAN Countries.

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2ND ASEAN CONFERENCE ON HEALTHY AGEING 2019

PROGRAM AND ABSTRACT BOOK

2nd ASEAN Conference on Healthy Ageing 2019

"INTERDISCIPLINARY APPROACH ON HEALTHY AGEING"

2ND ASEAN CONFERENCE ON HEALTHY AGEING 2019

PROGRAM & ABSTRACT BOOK

2nd ASEAN Conference on Healthy Ageing (ACHA) 2019

Interdiciplinary Approach on Healthy Aging

PRIME PLAZA HOTEL
SANUR, BALI

1-3rd October 2019

UDAYANA UNIVERSITY PRESS

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PRESIDENT OF UDAYANA UNIVERSITY
OPENING SPEECH

Om Swastiastu

Assalamu'alaikum Wr. Wb

Shalom

Namo Budaya

Salam sejahtera untuk kita semua

Good morning

First of all, let us pray and praise to Ida Sang Hyang Widhi Wasa because of his bless and mercy, we can come together without any obstacle here with healthy in the opening ceremony of the 2nd Asian Conference of Healthy Ageing. Second, let me greeting you all, welcome to Bali, the beautiful island in the friendly country, Indonesia.

Your excellency Minister of the Indonesian Ministry of National Development Planning or the representative.

The honorable The Governor of Bali, The honorable Director of Malaysian Healthy Ageing Socities, The honorable The President of Universitas Respati Indonesia, The honorable Keynote and Invited Speakers, The honorable deans and head of school of Udayana University, and our beloved participants and the 2nd ACHA committee.

As the President of Udayana University, it is my pleasure that Udayana University to be the host university of this event. Udayana University is a leading university in the eastern part of Indonesia. As a leading university, we become a reference for other universities in terms of education, research, and community development. Thus, organizing academic conference, particularly in the topic of ageing issues shows our concern on the ageing population and its health, economic, social, and practical impacts to Indonesia. Thereby we hope that our initiative and concern on the ageing issues will be followed by other academic institutions.

In the context of academic, ageing population influences the way a university sets its research priorities, applies research' outcome for the community development, and develops curriculum which is able to enhance students' knowledge on this arena. This needs multidisciplinary

approach from related faculties and study programs. Our understanding of the important of multidisciplinary approach in studying ageing becomes the theme of the 2nd ACHA.

The 2nd ACHA brings speakers and participants from broad topics of ageing. From health, law, economic, demography, and humanities and social sciences. There are many speakers and many participants. It also brings academic and practitioner perspectives together. We hope that participants will gain a new set of knowledge and holistic perspective from this conference.

Ageing population is regarded as a global issue. This means ageing population is happened and experienced by many countries. On the other hand, ageing population can be seen as a local specific issue. Previous studies found that there are differences between developed and developing countries in facing the ageing population. Thus, this conference provides diverse experiences, best practices, and researches from differences countries in terms of their economic development as well as cultural practices.

Herewith, I am proudly announcing countries that involve in this conference, please stand up for delegates of Indonesia, Philippine, Malaysia, Singapore, India , Thailand, Japan.

Indonesia is well known by its diversity, so that there will be differences among the regions in the ageing issues and strategies. The symposium, plenary, oral, and poster session also cover this diversity by involving speakers and participants around Indonesia. Please give a big applause for Jakarta, Bandung, Yogyakarta, Bali (please add and correct the list).

Located in Bali, organizing the 2nd ACHA will be considered as a strategic initiative for Udayana University. Bali is the fifth province in Indonesia with largest proportion of older people. Regional ageing policy was established in 2018. This has made budgeting and programs related ageing issues could be well implemented in Bali. As the first and biggest university in Bali, we hope that Udayana University will be able to be the government's partner in improving policies and developing programs in Bali. We believe that sciences should be applied and contributed to the development.

At last, I am wishing you a great conference. I hope the 2nd ACHA will open opportunities for joint research, collaboration between academic and practitioner, and academic involvement in the policy making. We have a two - full day conference, dinner, and field trip to older people facilities in Bali to expand your networking.

Have a good day and enjoy your visit in Bali

Om Santhi Santhi Santhi Om
Wassalamu'alaikum Wr. Wb

Denpasar, 1st October 2019
President of Udayana University

Prof. Dr.dr. A.A. Raka Sudewi, Sp.S (K)

DEAN OF MEDICAL FACULTY UDAYANA UNIVERSITY OPENING SPEECH

Om Swastiastu

Assalamu'alaikum Wr.Wb

Shalom

Namo Budaya

Salam sejahtera for all of us

The ASEAN Conference on Healthy Ageing (ACHA) is a conference held every two years. The conference aims to develop academic and professional cooperation on ageing issues among ASEAN countries and internationally. Udayana University hosted the 2nd conference. It is a great pleasure for Udayana University to be the host University of this Conference. Udayana University is a leading university in the eastern part of Indonesia. As a leading university, we become a reference for other universities in terms of education, research, and community development. Thus, organizing an academic conference, particularly in the topic of ageing issues, shows our concern on the ageing population and the health, economic, social, and practical impacts to Indonesia. Thereby we hope that our initiative and concern on the ageing issues will be followed by other academic institutions.

In the context of academic, the ageing population influences the way a university sets its research priorities, applies research outcomes for the community development, and develops curriculum which is able to enhance students' knowledge on this arena. These need an interdisciplinary approach from related faculties and study programs. Our understanding of the importance of an interdisciplinary approach in studying ageing leads us to the theme of the 2nd ACHA.

The 2nd ACHA was held on the 1st – 2nd October 2019 at the Prime Plaza, Sanur, Bali. Activities in the conference consist of keynote speech, plenary sessions, symposium, oral presentation and poster sessions. The 2nd ACHA brings speakers and participants from broad topics of ageing. From health, law, economics, demography, and humanities and social sciences. There are 53 speakers and 136 participants. It also brings academic and practical perspectives together.

The ageing population is regarded as a global issue. This means the ageing population is experienced by many countries around the globe.

On the other hand, the ageing population can be seen as a local specific issue. Previous studies found that there are differences between developed and developing countries in facing the ageing population. Thus, this conference provides diverse experiences, best practices, and researches from various countries. They are different in terms of their economic development as well as cultural traditions.

Indonesia is well known for its diversity so that there will be differences among the regions in the ageing issues and strategies. The symposium, plenary, oral, and poster sessions also cover this diversity by involving speakers and participants around Indonesia, namely Sumatera, Jakarta and Banten, Java, Yogyakarta, Kalimantan, and Bali.

Located in Bali, organizing the 2nd ACHA is considered as a strategic initiative for Udayana University. Bali is the fifth province in Indonesia, with the largest proportion of older people. The regional ageing policy was established in 2018. This has made budgeting and programs related to ageing issues could be well implemented in Bali. As the first and most prominent university in Bali, we hope that Udayana University will be able to be the government's partner in improving policies and developing programs in Bali. We believe that the sciences should be applied and contributed to the development. Therefore, following this conference, some Indonesian scholars and Udayana University initiate the establishment of Indonesian Healthy Ageing Society. In the meantime we also initiate ageing research center coordinated by Udayana research and community development unit which reconciles interdisciplinary scholars within Udayana University.

I would like to give our high appreciation to the Malaysian Healthy Ageing Society and Universitas Respati Indonesia as our partners in organizing this conference. The 2nd ACHA is supported by the Indonesian Ministry of National Development Planning, the Government of Bali, several local institutions, and private industries in Bali. Thank you for all of the support.

Om Santhi Santhi Santhi Om

Wassalamu'alaikum Wr. Wb

Denpasar, 1st October 2019

Dean of Medical Faculty, Udayana University

Dr.dr. I Ketut Suyasa, Sp.B, Sp.OT (K)

PRESIDENT OF URINDO UNIVERSITY
OPENING SPEECH

Bismillahirahmanirakhim,

Assalamualaikum Warohmatulahi Wabarokatuh,

Salam Sejahtera,

Om swastiastu om,

Namo Budaye,

Salam Kebajikan

Welcome distinguished guests
Excellencies, Ladies & Gentlemen, Colleagues & Friends
Welcome to Bali, Indonesia an island known worldwide for its culture, exotic nature ranging from majestic rice fields to unforgettable sunsets, not to mention the one of a kind hospitality of its people.
Situated around 2 hours by plane from the capital city of Jakarta, the island is a popular getaway for local and international tourists, including Hollywood superstars. There is always something magical each time I visit Bali.
This time it is extraordinarily special, as we are hosting the 2nd ASEAN Conference on Healthy Ageing (ACHA) here on the island. It is an honor for me representing Universitas Respati Indonesia, also as one of the organizers of the event, to be highlighting the needs of Interdisciplinary Approach to Healthy Ageing, and along so, I would like to convey my highest appreciation:

1) To all delegates from across Indonesia, ASEAN countries and also the Asia Pacific countries contributing to this year's conference's theme, including national and international speakers
2) To the government of the Republic of Indonesia, especially the Ministry of National Development Planning/ National Development Planning Agency, the Ministry of Health and other ministries related to the issue, and also to the local government of Bali for your continuous support and for your sharing of Ageing in Bali
3) My fellow organizers and supporters of the event

There has been numerous events conducted in the country to support the awareness of Healthy Ageing. Recently, Universitas Respati Indonesia has organized its first 1st International Respati Health Conference in Yogyakarta last July which was officially opened by the Minister of Health Prof. Nina Moeloek. The successful event underlined the needs of Healthy and Active Ageing, and such as this year's ACHA, it also emphasized the need for action across multiple sectors and disciplines, with the aim of enabling older persons to remain a resource to their families, communities and economies.

With a population of older persons in Indonesia continuously growing during the period of 1990-2020, and a life expectancy increase from 66.7 years to 70.5 years, health has a very important role in life, it would need continuous scientific development through scientific studies and symposiums, specifically regarding the older persons health which need a life-long approach in order to gain the best results and understandings. That need of a life-long approach would be much more effective and efficient when we not only emphasize on the health factors, but other disciplines as well to face the many obstacles to reach healthy ageing conditions.

Throughout this event, we aim to exchange such knowledge and experiences including: Analyzing policy changes & approaches in healthy ageing including Long Term Care from various related multi-sectors as stated by the WHO, and including the need of care givers training, utilizing research findings to support the development of healthy ageing practices, lesson learned about multi-disciplinary & multi-sector approach in the delivery of a wide range of care in the community, providing recommendations based on research & practice in healthy ageing to promote quality of life, providing suggestions for further research.

Finally, I would like to once again express my sincere gratitude to Universitas Udayana and the government of Bali for your warm welcome, and as a home for many older persons who are very lucky to have the support of the community, the government and other stakeholders working in collaboration for the higher goods of its older population in realizing healthy ageing,.

Together, working closely throughout ASEAN, we strive to give our full commitment towards caring for the older persons through continuous innovative collaborations.

Last but not least, I am proud to say that this event will be another remarkable milestone, for all stakeholders concerned in healthy ageing in Indonesia and throughout the region.
Thank you and welcome to the island of paradise.

Wassalamualaikum Wr. Wb.

Prof. Tri Budi W. Rahardjo

PREFACE

Globally, including in the Asia Pacific regions,there are two persons entering the age of 60 in one second. It means that there are nearly 58 million people at the age of 60+ each year. On average there are one in nine people who will be 60+ years old, and this ratio will be 5: 1 by 2050. If in the world, in 1950 there were 205 million people at 60+, 901 million in 2015, accounting for 12.3% population in the world, that will be more than 2 billion people, accounting for 22% by 2050. Although aging population is the positive result of social progress, economic development, health care improvement, it makes challenges to the growth of economies as the shortage of labor resource, rising health cost, social security, impact on savings, investment, consumption, shifting migration flows.

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To cope with improving health status of older persons, healthy and active ageing practices in Asia – Pacific and SEA have similarity in term of traditional pattern of community solidaritysuch as practices of family support, policy reforms that encourage older persons who are still capable to remain in the work place, and the ones who are not fully capable of self care and need long term care and end of life care. On the other hand there are gaps between develop countries and developing countries in the development of technology such as information technology, transportation, and various high technology in delivery services for the elderly.

Based on the above mentioned background, National Commission for Older Persons Indonesia, in collaboration with Active Aging Consortium

Asia Pacific and Healthy Ageing Society of ASEAN Countries would conduct a conference on: Healthy Ageing in ASEAN Countries.

Organising Chairman

dr. I Gusti Putu Suka Aryana, Sp.PD-KGer

SCIENTIFIC PROGRAM
2nd ASEAN Conference on Healthy Ageing (ACHA) 2019

Day 1, 1St October 2019

TIME	BALLROOM	NEGARA ROOM	LEGIAN ROOM	KINTAMANI ROOM
07.30 – 08.00	**Registration**			
	Plenary Session I **Moderator :** Prof. Dr. dr. R.A. Tuty Kuswardhani, Sp.PD, K-GER., M.Kes (Indonesia)			
08.00 – 08.25	**1. Prof. drh. Muhammad Rizal Martua Damanik, MRepSc, PhD (Indonesia)** BKKBN Policy Scope and Research Related to Aging			
08.25 – 08.50	**2. dr. Ketut Suarjaya, MPPM (Indonesia)** Healthy service program for elderly population in Bali			
08.50 – 09.00	**Discussion**			
09.00 – 09.45	**Opening Ceremony** • Indonesia Raya • Prayer • Balinese Dance (Topeng Tua's Dance) **Opening Remarks:** 1. Rector of Udayana University 2. Governor of Bali 3. Ministry of National Development Planning/Head of Bappenas **As a Keynote Speaker** **Ministry of National Development Planning/Head of Bappenas** **Maliki, ST, MSIE, Ph.D (Indonesia)** **Director for Planning, Population and Social Security** Demographic Bonus, Challenge and Opportunity to Promote Productive Ageing **and Officialy Opening ACHA 2019** **by Ministry of National Development Planning/Head of Bappenas**			
09.45 – 10.00	Angklung (Seniors of Faculty of Dentistry, University of Indonesia)			
10.00 – 10.45	**Coffee break**			
	Plenary Session 2 **Moderator :** dr. I Gusti Putu Suka Aryana, Sp.P.D-KGer (Indonesia)			
10.45 – 11.20	**Prof. Dr.dr.Siti Setiati, KGer, MEpid (Indonesia)** Healthy Aging : From Geriatric Perpective			
11.20 – 11.30	**Discussion**			
	Lunch Symposium 1 Geriatric Care Models **Moderator** : Prof. Philip George (Malaysia)	**Lunch Symposium 2** Long Term Care Problems **Moderator** : Prof. Dr. dr. R.A. Tuty Kuswardhani, Sp.PD, K-GER., M.Kes (Indonesia)	**Lunch Symposium 3** Geriatric Home Care **Moderator** : Dr.Tri Suratmi, M.Pd (Indonesia)	**Oral presentation** **Moderator** : 1. Dr. dr. Czeresna Heriawan Soejono, M.Epid, Sp.P.D, KGer (Indonesia) 2. dr. Ida Bagus Putu Putrawan, Sp.PD-KGer (Indonesia)
11.30 – 11.55	**1. Dr Vaikunthan Rajaratnam (Singapore)** Geriatric Care Facility "One Day Care For Aged"	**1. Prof. Yuko Hirano (Japan)** Colaboration Long Term Care Training Japan –Indonesia	**1. Dr.dr. I Dewa Putu Pramantara Setiabudi, Sp.P.D-KGer (Indonesia)** Improving Home Care Service for Elderly	**Participants**: 1. Made Ayu Dessy Dwitasari 2. Andreas Soejitno 3. Nur Ismi Mustika Febriani 4. Dwijo Anargha Sindhughosa 5. Minjin Kang 6. Rizky Erwanto
11.55 – 12.20	**2. Prof. Shahrul Bahyah Kamaruzzaman (Malaysia)** Model of Care for Frailty and Sarcopenia in Community Dwelling Older People	**2. Prof. Dr.Tri Budi W. Rahardjo, DDS,MS (Indonesia)** WHO Concept on Long Term Care for Older Persons,and the need of Care Giver Training	**2. I Gede Putu Darma Suyasa, S.Kp.,M.Ng.,Ph.D (Indonesia)** Self-care management for older people living in the community	
12.20 – 12.30	**Discussion**			
	Poster Sesion Venue : Free Function Area Time : 11.30 – 12.30 **Moderator :** 1. Prof. Dr. dr. I Made Jawi, M.Kes (Indonesia) 2. Desak Ketut Ernawati Ph.D Apt (Indonesia) **Participants**: 1. Ketut Widyastuti 2. A.A.G.P. Wiraguna 3. Made Swastika Adiguna 4. Nyoman Suryawati 5. Ni Made Dwi Puspawati 6.Ni Wayan Suriastini 7. Prima Sanjiwani Saraswati S 8. Ni Ketut Sri Diniari 9. AA Mas Putrawati Triningrat 10. Luh Nyoman Alit Aryani 11. Ni Made Ari Wilani 12. Septina Hestiningrum 13. I.A.Sri Indrayani 14 IGAA Dwi Karmila 15. Luh Made Mas Rusyati 16. NLP Ratih Vibriyanti Karna 17. Km Rahayu Indrawati 18. Ni Made Ari Suryathi			
12.30 – 13.30	**Lunch**			

TIME	BALLROOM	NEGARA ROOM	LEGIAN ROOM	KINTAMANI ROOM
	Post Lunch Symposium 1 Geriatric Syndrome : Falls **Moderator** : Prof. Nathan Vytialingam (Malaysia)	**Post Lunch Symposium 2** Law Ageing & Ethical Aspects in Elderly Problem **Moderator**: Made Diah Lestari, M Psi (Indonesia)	**Post Lunch Symposium 3** Biomarkers of Aging in a Life Course Perspective **Moderator**: dr. Ni Ketut Rai Purnami, Sp.PD (Indonesia)	**Oral presentation** **Moderator** : 1. Prof. Dr.Tri Budi W. Rahardjo, DDS,MS (Indonesia) 2. dr. Wayan Giri Putra Semaradana, M.Biomed, Sp.PD (Indonesia)
13.30 – 13.55	**1. Professor Tan Maw Pin (Malaysia)** Falls- Findings from MyFAIT	**1. Ms. Ranuga Devy M. Packirisamy (Malaysia)** Ethical and Moral issues faced by the older person	**1. Dr. dr. A.A. Wiradewi Lestari, Sp.PK (Indonesia)** Future Marker For Healthy Aging	**Participants**: 1. Maria Susan T Yanga-Mabunga 2. Baldev Gulati 3. Neerja Nagpal 4. dr. Ni Ketut Putri Aryani 5. Sumini 6. Kamakshi Bansal 7. Nikhil Gaur
13.55 – 14.20	**2. Dr. dr. I Ketut Suyasa, Sp.B, Sp.OT (K) (Indonesia)** Orthopedic Complication of Falls	**2. Prof. Dr. dr. R.A. Tuty Kuswardhani, Sp.PD, K-GER., M.Kes (Indonesia)** Ethical Aspects in Elderly Problem in Indonesia	**2. dr. I Gusti Putu Suka Aryana, Sp.P.D-KGer (Indonesia)** Myokine, Marker for Healthy Aging	
14.20 – 14.30	**Discussion**			
	Symposium 1 Cognitive Problems in Elderly **Moderator**: dr. Ni Ketut Sri Diniari, Sp.KJ (K) (Indonesia)	**Symposium 2** Exercise in Elderly **Moderator**: dr. Ida Bagus Putu Putrawan, Sp.PD-KGer (Indonesia)	**Symposium 3** Herbal Theraphy for Elderly **Moderator**: I Gede Putu Darma Suyasa, S.Kp.,M.Ng.,Ph.D (Indonesia)	**Oral presentation** **Moderator** : 1. Prof. Philip George (Malaysia) 2. Made Diah Lestari, M Psi (Indonesia)
14.30-14.55	1. **Assoc Prof Dr Prem Kumar Chandrasekaran (Malaysia)** Depressive Pseudodementia in the Elderly	**1. Prof. Dr. dr. I Putu Gede Adiatmika, M.Kes (Indonesia)** Physiological change and execerside for elderly : Do Physical Activity Guidelines Matter?	**1. Prof. Dr. dr. I Made Jawi, M.Kes (Indonesia)** Current research and chance purple sweet potato for healthy aging	**Participants**: 1. Thika Marliana 2. Venny Vidayanti 3. Fika Lilik Indrawati 4. Rodhiah Umaroh 5. Betra Donalia 6. Thomas Aquino Erjinyuare Amigo
14.55 -15.20	2. **Dr. dr. Czeresna Heriawan Soejono, M.Epid, Sp.P.D, KGer (Indonesia)** Physical activity for maintenance cognitive function	**2. Dr.dr. IGNM Dedi Silakarma, Sp.KFR (Indonesia)** Barrier doing exercise in elderly. How to manage	**2. Prof. Dr. dr. Nyoman Kertia SpPD-KR (Indonesia)** Curcuma for complementary therapy in degenerative disease in elderly	
15.20 – 15.30	**Discussion**			
	Poster Sesion Venue : Free Function Area Time : 15.00 – 16.00 **Moderator :** 1. dr. Ni Ketut Rai Purnami, Sp.PD (Indonesia) 2. Dr. Ni Made Swasti Wulanyani, S.Psi, M.Erg (Indonesia) **Participants**: 1. Rahmah Safitri 2. Zainal Abidin 3. Laila Ulfa 4. Dedy Tri Wijaya 5. Augustina Sulastri 6. Ni Putu Tika Pradnyandari 7. Gilang Bhaskara 8. Tri Suratmi 9. Cicilia Windiyaningsih 10. Theresia Pratiwi Elingsetyo S 11. Achmad Nasikin 12. Sri Sunarti 13. Dikha Dwi Putra 14. Tiara Maharani 15. Ni Luh Indah Desira Swandi 16. Arya Dwipayana 17. I Gusti Gede Agung Ngurah 18. AA Ayu Agung Pramaswari			
15.30 – 16.00	**Coffee Break**			
16.00 - 16.25	**Plenary Session 3** **Moderator** : Dini Agustini,S.Pd.,M.Kesos (Indonesia) **1. Melissa Adiatma, DDS, PhD (Indonesia)** Oral Health For Healthy Ageing Population			
16.25 – 16.50	**2. Prof. Dr. Manoj Valappil (Malaysia)** Infection in Elderly			
17.50 – 17.00	**Discussion**			

[

18.15 – 21.00	**Faculty Dinner** **Venue :** Official House of Governor Bali (Kerta Sabha Room) **Invited** : Speakers, Moderator and Committee
18.15 – 18.45	**Depart from Prime Plaza Hotel** **Itinerary Program :**
19.00 – 19.05	**Opening by MC**
19.05 – 19.15	**Balinese Dance Performance**
19.15 – 19.45	**Welcoming speech by Governor Bali** **Greeting & Appreciation Speech from Representative of MHAS (Prof. Nathan Vytialingam)**
19.45 – 20.30	• **Dinner followed by Gamelan** • **Balinese Dance Performance**
20.30 – 20.45	• **Souvenirs exchange (ACHA Chairman & Governor Bali** • **Photo session (will arrange by the Governor's Protocol Team)**
20.45	• **Closing by MC**

- **Preparation and departure time from Prime Plaza hotel will be arranged start at 6.00 – 6.15pm**
- **All Gala Dinner participants will be depart by Bus from the committee**

Day 2 , 2nd October 2019

TIME	BALLROOM	NEGARA ROOM	LEGIAN ROOM	KINTAMANI ROOM
	Plenary Session 4 **Moderator**: Prof. Dr.Tri Budi W. Rahardjo, DDS,MS (Indonesia)			
08.00 – 08.25	**1. Prof. Nathan Vytialingam (Malaysia)** Healthy Ageing is not Anti Ageing			
08.25– 08.50	**2. dr. I Gusti Putu Suka Aryana, Sp.P.D-KGer (Indonesia)** Healthy Ageing Decade and ICOPE			
08.50 -09.00	**Discussion**			
	Symposium 4 Cancer in Elderly **Moderator**: DR. Dr Aulia Rizka Sp.PD-KGer, M.Pd.Ked (Indonesia)	**Symposium 5** Stereotype and Mental Problem **Moderator** : Desak Ketut Ernawati Ph.D Apt (Indonesia)	**Symposium 6** Social and Economic Inovation Program for Elderly **Moderator** : Komang Rahayu Indrawati, S.Psi, M.Si, Psikolog (Indonesia)	**Symposium 7** Aging and Sexuality **Moderator** : dr. I Gusti Ngurah Pramesemara,S.Ked,M.Biomed, Sp.And (Indonesia)
09.00 – 09.25	1. **Dr Ravindran Kanesvaran (Singapore)** Geriatric oncology: improving quality of life in elderly cancer patients	1. **Prof. Philip George (Malaysia)** Mental Disorders in Older Persons	1. **Prof. Aris Ananta (Indonesia)** Demographic Bonus and Healthy Ageing: a conceptual analysis	1. **Prof.Dr.dr.J.Alex Pangkahila, M.Sc, Sp.And (Indonesia)** Management of Sexual Problem in Andropause
09.25 – 09.50	2. **Dr.dr. I Putu Eka Widyadharma, M.Sc, Sp.S (K) (Indonesia)** Cancer Pain Management in Elderly	2. **Dr. Arum Febriani, M.A. (Indonesia)** Strengthening the ties beetween generation: How intergenerational contacts can improve memory performance of the elderly under stereotype threat	2. **Dr. I Gusti Wayan Murjana Yasa, SE.,MSi (Indonesia)** Economic Problem of Aging Population: How to manage?	2. **Prof. Mohamad Farouk Abdullah (Malaysia)** Menopause and Sexuality
09.50 – 10.00	**Discussion**			
	Poster Sesion Venue : Free Function Area ;Time : 09.00 – 10.00 **Moderator :** 1. Dr. Kadek Tresna Adhi, S.KM.,M.Kes (Indonesia) 2. dr. Wayan Giri Putra Semaradana, M.Biomed, Sp.PD (Indonesia) **Participants**: 1. Suryani 2. Wisnu Sanjaya 3. Susiana Nugraha 4. Miftahul Jannah 5. Ignatius Anindya Wirawan N	6. Dinni Agustin 7. Hastin Mutiara Surga 8. Eko Radityo 9. I Made Arya Winangun 10. Ni Wayan Kertiasih	11. Fransiscus Asisi Ricky Bayu 12. Putu Lohita Rahmawati 13. Ni Putu Ayu Dewi Wijayanti 14. Wahyu Susihono 15. Rusmalia Dewi	16. Prakaymas Netcan 17. Azhariah Nur B. Arafah .
10.00 – 10.30	**Coffee Break**			
	Symposium 8 Elderly Healthy Problem in Urban Area **Moderator**: Ari Wilani, S.Psi, M.Psi (Indonesia)	**Symposium 9** Cognitive and Demensia Problem in Elderly **Moderator**: Dr. Wong Teck Wee (Malaysia)	**Symposium 10** Ageing Population & Strategy **Moderator**: Ms. Ranuga Devy M. Packirisamy (Malaysia)	**Symposium 11** Comprehensive Delirium Management in Elderly **Moderator**: dr. Ketut Widyastuti, Sp.S (K) (Indonesia)
10.30 – 10.55	1. **Prof. Nathan Vytialingam (Malaysia)** Ageing Friendly Cities	1. **Dr. dr. Gea Pandhita S, MKes, Sp.S (Indonesia)** Early Detection of Cognitive impairment in the elderly	1. **Dr. Takeo Ogawa (Japan)** Older Persons from Onus to Bonus in Japan	1. **Dr.dr. I Nyoman Astika, Sp.P.D-KGer (Indonesia)** Comorbidity Effect in Prognosis of Delirium Syndrome in Elderly
10.55 – 11.20	2. **Yasuko Akutsu (Japan)** Isolation Elderly of Urban Problem in Japan	2. **Dr. Anupama Roy Chowdhury (Singapore)** Behavioral and Psychological Symptoms in Dementia	2. **Dwi Endah, MPH (Indonesia)** Elderly Friendly School	2. **dr. Ni Ketut Sri Diniari, Sp.KJ (K) (Indonesia)** Nonpharmacology Therapy For Managing Delirium Problem
11.20 – 11.30	**Discussion**			
	Lunch Symposium 4 Comprehensive approach in Frailty **Moderator**: dr. Ni Ketut Rai Purnami, Sp.PD (Indonesia)	**Lunch Symposium 5** Physical, Mental and Spiritual Problem in Eldelry Need Comprehensive Approach **Moderator** : I Gusti Ayu Diah Fridari, S.Psi, M.Psi, Ph.D (Indonesia)	**Lunch Symposium 6** Diabetic and Nutrition in Elderly **Moderator** : Ni Luh Putu Suariyani, S.KM.,MHlth.IntDev (Indonesia)	**Lunch Symposium 7** Heathy Ageing Nutrition **Moderator** : Dr. Kadek Tresna Adhi, S.KM, MKes (Indonesia)

TIME	BALLROOM	NEGARA ROOM	LEGIAN ROOM	KINTAMANI ROOM
11.30 – 11.55	1. **Dr. Shelly Ann De La Vega (Philippine)** Fit or Frail? Community Research on Healthy Aging in the Philippines	1. **Dr.Evi Arifin (Indonesia)** Physical Impairments of Older Persons in Indonesia	1. **Prof. Dr dr. Ketut Suastika, Sp.PD-KEMD (Indonesia)** Chalenge Nutritional Management Diabetic in Elderly	1. **Dr Vaikunthan Rajaratnam (Singapore)** Ketogenic Diet for healthy aging. Risk and Benefit?
11.55 – 12.20	2. **Dr. dr. Purwita Wijaya Laksmi, SpPD, KGer (Indonesia)** Lesson from Frailty study in Indonesia	2. **Dr.Ritu Sharma (India)** Role of Spirituality and Rumination On Depression in Golden Years	2. **Dato Tan Yoke Hwa (Malaysia)** Plant - Based Diet - Adopting Healthy Dietary Practices to Reduce Risk of Non-Communicable Diseases	2. **Dr. dr. I Wayan Weta, MS, Sp.GK (Indonesia)** Macronutrient and Micronutrient for healthy ageing
12.20 – 12.30	**Discussion**			
12.30 – 13.30	**Lunch**			
	Integrative Case Disscusion Holistic care with limited resources- case based discussion	**Post Lunch Symposium 4** Vaccination in Elderly **Moderator**: dr. I Gusti Putu Suka Aryana, Sp.P.D-KGer (Indonesia)	**Post Lunch Symposium 5** Active Ageing and Intergenerational Relation **Moderator**: Komang Rahayu Indrawati, S.Psi, M.Si, Psikolog (Indonesia)	**Post Lunch Symposium 6** Senior living: Dream come true **Moderator**: Dr.dr. I Nyoman Astika, Sp.P.D-KGer (Indonesia)
13.30 – 13.55	1. **Prof. Philip George (Malaysia)** 2. **Prof. Tan Maw Pin (Malaysia)**	1. **dr. Novira Widajanti, Sp.PD,K-Ger (Indonesia)** Influenza in Elderly and Consequens	1. **Dr.Leng Leng Thang (Singapore)** Active Ageing and Intergenerational Bonding	1. **Herman Kwik, Phd (Indonesia)** Sharing Manage Senior Living
13.55 – 14.20	3. **Dr. Wong Teck Wee (Malaysia)** 4. **Prof. Nathan Vytialingam (Malaysia)** 5. **Ms. Ranuga Devy M. Packirisamy (Malaysia)**	2. **Dr. dr. Kuntjoro Harimurti, SpPD-KGer, MSc (Indonesia)** Current lesson from latest studi Influenza Vaccine in elderly	2. **Made Diah Lestari, M Psi (Indonesia)** Multigenerational Caregiving	2. **Dr. Gede Wiryana Patrajaya (Indonesia)** Perspective of Community Senior Living in Bali
14.20 – 14.30	**Discussion**			
	Plenary Session 5 **Moderator** : dr. Ida Bagus Putu Putrawan, Sp.PD-KGer (Indonesia)			
14.30 – 15.00	1. **Dr. Wong Teck Wee (Malaysia)** Heathy Ageing Revolution in ASEAN			
15.00 – 15.45	**Closing Ceremony** **Declaration of Indonesian Healthy Ageing Society** **Venue : Ball Room Prime Plaza Hotel**			
15.00 – 15.03	**Opening by MC**			
15.03 – 15.07	**Appreciation & Closing speech by Chairman of ACHA 2019**			
15.07 – 15. 25	**Joged Bumbung Dance Performance by 3 Generations** **(VIP guest dance together)**			
15.25 – 15.35	**Declaration of Indonesian Healthy Ageing Society** (dr. I Gusti Putu Suka Aryana, Sp.PD-KGer, Dr. Wong Teck Wee, Dr. Leng-Leng Thang) **Video about the Next Country of Healthy Ageing Conference**			
15.35 – 15.40	**Photos session**			
15.40 – 15.45	**Closing by MC**			

DAY/DATE	TIME	ACTIVITY
Day 3 **3rd October 2019**	**06.00am – 07.00am** 08.30am - 16.00am	**Yoga and Meditation in the Sanur Beach. (for all ACHA's participants)** **Field Trip to *** 1. Sada Jiwa Health Care Facility, Sembung Village – Secret Garden - Taman Ayun Tempel *** Additional programs (excluding registration fee)** *** Fee for one trip : IDR 500.000,-**

2nd ASEAN Conference on Healthy Ageing 2019

SPEAKER'S CURRICULUM VITAE

Prof. drh. Muhammad Rizal Martua Damanik, MRepSc,PhD

Education

- 1988 Veterinary at Institut Pertanian Bogor
- 2005 PhD at Monash University

Academic History and Appointments

- Lecturer at Institut Pertanian Bogor

Dr. Ketut Suarjaya, MPPM

Education

- Medical Doctor Udayana University
- Master of Public Policy Management University of Southern California 2002

Appointments

- 1987-1998 Ka Puskesmas Sukawati II
- 1998-1999 Ka Sie Yankes Swasta Kanwilkes Bali
- 1999-2000 Ka Sie P2PM Kanwilkes Bali
- 2002-2008 Ka Sie Rujukan
- 2008-2009 Kasubdin Sunprog Dinkes Provinsi Bali
- 2009-2011 Kabid Jibang Dinkes Provinsi Bali
- 2011-2012 Kabid P2PL
- 2012-Sekarang Kepala Dinas Kesehatan Provinsi Bali

Maliki, ST, MSIE, PhD

Education

- Sarjana (S1) - Teknik Kimia, Institut Teknologi Bandung
- Master (S2) - Industrial Engineering, Purdue University
- Doktor (S3) - Economics, University of Hawaii
- Spesialisasi: Development Economics, Economics of Population, Labor Economics, Economics of Aging

Appointments

- Oktober 2014, Direktur Tenaga Kerja dan Pengembangan Kesempatan Kerja
- Februari 2017, Direktur Perencanaan Kependudukan dan Perlindungan Sosial
- Saat ini Direktur Penanggulangan Kemiskinan dan Kesejahteraan Sosial, Bappenas

Awards:

- Bottling Indonesia's Gini (with Assadullah, The Syndicate, 2017)
- Implication of the Demographic Dividend in Indonesia, Policy in Focus, 2014
- Support System of the Indonesian Elderly: Moving toward the Sustainable National Pension System (Andrew Mason and Ronald Lee (ed), NTA Book Chapter, Elgar Publishing, 2011)
- Social Security in Indonesia and Its Support System ("Asian Pension Policies: A Comparative Perspective," the Oxford University Press, 2011).
- Rapid Population Aging and Changing Intergenerational Transfers in Japan (dengan Naohiro Ogawa, Rikiya Matsukura: P. Uhlenberg (ed.) International handbook of Population Aging, 2009)
- Health Card and Health Care Facilities Demand Among the Indonesian Elderly (Singapore Economic Review Vol. 53 (1) (2008) p. 103-119)

Prof. Siti Setiati, MD, PhD

Education

- Medical degree and specialty in internal medicine FKUI.
- Post-graduate program in geriatric medicine in the Department of Geriatric and Rehabilitation Medicine, Royal Adelaide Hospital, Australia.
- Subspecialist Degree in Geriatric Medicine in FKUI.
- Master of Clinical Epidemiology and Doctor of Philosophy (PhD.) in Universitas Indonesia (UI).
- Professor of Medicine by Universitas Indonesia.

Appointments

1. Teaching Professor in the Faculty of Medicine Universitas Indonesia (FKUI)
2. Head of Clinical Epidemiology and Evidence Based Medicine (CEEBM) Unit in FKUI-RSCM since 2015.
3. Chairwoman in Indonesian College of Internal Medicine from 2012-2018,
4. Chairwoman in Indonesian Geriatrics Society (PERGEMI) from 2013 until now

Publications:

- Health Management of Geriatric Patient (2000)
- Internal Medicine Textbook, Proceeding of National Scientific Meeting of Internal Medicine (2003)
- Proceeding of Geriatric Scientific Meeting (2003-2017)
- Nutritional Support in Internal Medicine (2006)
- Well Being of Old Age (2010)
- Chronic Degenerative Diseases in Elderly: Update in Diagnostic and Management (2011)
- Evidence Based Practice in Geriatric Medicine (2012)

Dr. Vaikunthan Rajaratnam

Education

- He commenced his academic career at the University of Malaya in 1986 and later became a medical entrepreneur by setting up the first private trauma hospital in Malaysia.
- He maintained his academic affiliations with the University as honorary consultant and progressed to develop hand surgery and public and physician education on health and medicine in Malaysia through his leadership involvement in numerous professional bodies like the Malaysian Orthopaedic Association, Malaysian Society for the Surgery of the Hand, Malaysian Osteoporosis Society and the Malaysian Healthy Ageing Association.

Academic History and Appointments

- In 2001 Dr Vaikunthan Rajaratnam migrated to the UK working in the National Health Service as a senior Consultant Hand Surgeon with a subspecialty interest in peripheral nerve and brachial plexus surgery.
- He contributed extensively to the Royal Centre for Defence Medicine (RCDM) based at the Queen Elizabeth Hospital Birmingham providing surgical management to victims of military operational deployments in Iraq and Afghanistan.
- In 2011 he relocated to Singapore to KTPH and has been actively involved in the training of hand and orthopaedic surgeons .
- He has initiated innovative ways in delivering hand surgery service and is actively involved in research and teaching locally and regionally.
- He has developed an open online educational program for Hand Surgery , Medial Education and MBA competencies for doctors.
- His passion for teaching and education has taken him around the world to deliver workshop and lectures on surgery, surgical training and faculty development programs incorporating instructional design and technology use in medical and health care education.

Professor Dr Shahrul Bahyah Kamaruzzaman

Academic Qualifications

- **PhD** in Epidemiology and Population Health July 2010, (London School of Hygiene and Tropical Medicine), University of London UK
- **MRCP** (UK) (2000), Royal College of Physicians London, UK.
- **PG Dip Epidemiology**, 2008, University of London, UK.
- Diploma Geriatric Med**, (DGM)** 2001, Royal College of Physicians London, UK.
- **MBBCh**, July 1997 University of Wales College of Medicine, Cardiff, Wales, UK.

Academic Duties

- Program Coordinator for the Masters of Internal Medicine Program, January 2014-2016,Department of Medicine, Faculty of Medicine, University of Malaya.
- Chair for National Curriculum Writing group for Internal Medicine (National) 2015-current
- Faculty, Asia Pacific Geriatric Conference (Asia Oceania) 2018
- Deputy Head of Medicine, Department of Medicine,2018-Feb2019
- Head Department of Medicine Feb 2019-current

Professional Affiliations:

- Fellow of the Royal College of Physicians (FRCP) 2016, Royal College of Physicians London, UK.
- Malaysian Scientific Association 2016 (Member)
- Gerontological Association of Malaysia, Vice President, 2015, Deputy President 2018-current (National)
- Asian Working Group for Sarcopenia, Academic Advisory Panel, from 2013, (International)
- Alzheimer's Disease Foundation Malaysia (Exco Member)

Yuko Ohara-Hlirano, PhD

Degrees

- Ph.D. in Health Sciences, The University of Tokyo (1997)

Appointments

- Kyushu University, School of Health Sciences, Assistant Professor, 1997-2002
- Kyushu University, Department of Health Sciences, Assistant Professor, 2002-2007
- Kyushu University, Graduate School of Medicine, Associate Professor, 2007-2011
- Nagasaki University, Graduate School of Biomedical Sciences, Professor, 2011-
- Committee Member for Ministry of Health, Labor and Welfare in Reviewing Wordings of the National Board Examination for Nurses (2010)

Research Grants

- Grant-in-Aid for Scientific Research, Scientific Research (B), sponsored by the Japan Society for the Promotion of Science (JSPS), 'Study of Migration of Foreign Nurses to Japan under the Economic Partnership Agreements', Principal Investigator, FY2009-2012
- International Research Found, sponsored by the Pfizer Health Research Foundation, 'Study of Nurse Migration from Viet Nam under the Japan-Viet Nam Economic Partnership Agreements', Principal Investigator, FY2011-2012

Prof. Tri Budi W. Rahardjo

Appointments

- Geriatric Professor Universitas Indonesia
- Direktur Pusat Studi Penuaan, Universitas Indonesia (CAS UI). 2010
- Konsultan untuk Program Penuaan untuk Pemerintah Indonesia dan sektor swasta sejak 2011.
- Dekan Fakultas Ilmu Kesehatan , Universitas Respati Yogyakarta sejak 2011 hingga 2014.
- Anggota Asosiasi Gerontologi Indonesia sejak 2001
- Anggota Dewan Konsorsium Penuaan Aktif Asia Pasifik sejak 2009
- Anggota Jaringan Riset Penuaan Asia, sejak 2011
- Anggota Komisi Nasional untuk Orang Tua (NCOP) Indonesia 2005 - 2011
- Narasumber NCOP Indonesia hingga 2014.

Publications

- **Tri Budi W. Rahardjo et al.** Hubungan Antar-generasi di Indonesia. Lokakarya tentang Mengubah Hubungan Antar Generasi Di Eropa - Asia. Institut Penuaan Oxford, Universitas Oxford. Desember 2010
- **Tri Budi W. Rahardjo** . Menarik Dukungan Kehidupan di antara Orang Tua. Studi Kasus di Jakarta.Lokakarya Internasional untuk Pernyataan Kebijakan tentang Eutahanasia di India. New Delhi, 6 Agustus 2011
- **Tri Budi W. Rahardjo** dan Vita Priantinadewi. Mengatasi Populasi Aging dan Pengembangan Penelitian, Pendidikan / Pelatihan, dan Layanan di Universitas Indonesia. Konferensi tentang Kebijakan Komparatif dan Masalah Prioritas untuk Orang Lanjut Usia di Asia. NUS - ILC, Singapura 17-19 Agustus 2011

Dr. dr. Dewa Putu Pramantara Setiabudi, Sp.PD-KGer

Education

- 1982: MD at Faculty of Medicine Gadjah Mada University
- 1998: Got a brevet as Internist at Faculty of Medicine Gadjah Mada University
- 2011: Got a brevet as PhD at Gadjah Mada University

Appointments

- Internal Medicine lecturer at Faculty of Medicine Gadjah Mada University

I Gede Putu Darma Suyasa, S.Kp, MNg, PhD

Education

- 2009-2013: PhD, School of Nursing and Midwifery, Flinders University
- (Dikti Scholarship)
- 2005-2006: Master of Nursing, School of Nursing and Midwifery, Flinders University (ADS Scholarship)
- 1996-2000: Bachelor of Nursing, Fakulty of Nursing, Universitas Indonesia (Scholarship from Foundation)

Appointments

- Rector of Institute of Technology and Health Bali
- Lecturer of Institute of Technology and Health Bali

Organization

- Member of Indonesian Nurse Association
- Member of International Continence Society

Journal Articles

- 2017: Paterson, J, Ostaszkiewicz, J, Suyasa, IGPD, Skelly, J & Belefeuille, L. Continence care: Development and validation of the role profile of the nurse continence specialist. Australian and New Zealand Continence Journal. 23(2)
- 2016: Paterson, J, Ostaszkiewicz, J, Suyasa, IGPD, Skelly, J & Bellefeuille, L. Development and Validation of the Role Profile of the Nurse Continence Specialist: A Project of the International Continence Society. Journal of Wound, Ostomy & Continence Nursing. 43 (6): 641-647.

Books

- 2016: Self-care guideline of faecal incontinence for older people
- 2014:Guidelines for research proposal
- 2014:Guidelines for thesis

Prof. Dr. Tan Maw Pin

Education

- Doctorate of Medicine with Commendation, Newcastle University, UK 2009
- Certificate of Completion of Training in Geriatric and General (Internal) Medicine, UK 2009
- Membership to the Royal College of Physicians, UK 2001
- Bachelor of Medicine and Bachelor of Surgery, University of Nottingham, 1998
- Bachelor of Medical Science (Honours), University of Nottingham, 1996

Professional Affiliations

- Honorary Secretary, Malaysian Society of Geriatric Medicine 2018-present
- Adjunct Professor, Sunway University, 2018 onwards
- Academic Editor, PLOS ONE, 2018 onwards
- Council Member, Malaysian Healthy Ageing Society 2012-present
- Member, Gerontological Association of Malaysia 2012-present
- 1st Fellow of the College of Physicians, Academy of Medicine Malaysia (Geriatrics Chapter) 2018-Present

Awards and Recognitions

- Kesatria Malaysia for the Malaysia Business Events Industry, Malaysia Convention and Exhibition Bureau, 2018-2020
- University of Malaya Excellent Service Certificate 2015, 2017, 2018
- University of Malaya Excellent Service Award 2016
- Best Oral Presentation- Asia Pacific Geriatric Conference, Taipei 2014

Dr. dr. I Ketut Suyasa, Sp.B. Sp.OT(K)

Education

- Dokter umum, Lulusan FK Unud 1991
- PPDS Bedah umum di FK UNUD, Lulusan 2001
- PPDS Orthopaedi dan Traumatologi di FK UI, Lulusan 2005
- Fellowship Spine FK UI 2009 – 2010
- Fellowship Spine, Seoul St Marrys Hospital, Catholic Medical Center Seoul. Korea Selatan.2010
- Doktor di FK Unud, Lulusan 2016

Appointments

- Sekretaris Program Studi Orthopaedi Traumatologi FK UNUD 2007 – Maret 2014
- Ka.SMF/SubBag Orthopaedi dan traumatologi FK UNUD/RSUP Sanglah Denpasar 2014-2017
- Anggota Kolegium Orthopaedi Traumatologi Indonesia 2007 - 2017
- Dekan Fakultas Kedokteran Universitas Udayana 2017-Sekarang
- Ketua AIPKI Wilayah V 2019

Organisasi

- Sekretaris Komisi IV Senat Fakultas Kedokteran Universitas Udayana, 2008 - 2018
- Sekretaris PABOI Cabang Bali Nusra 2010 – 2014.
- Ketua IDI Cabang Denpasar 2010-2017
- Ketua MKEK IDI Cabang Denpasar 2017- sekarang
- Wakil Ketua Perosi Bali 2010
- Ketua Perosi Bali 2014-sekarang
- Dekan Fakultas Kedokteran Universitas Udayana 2017-Sekarang

Awards

- Dokter Teladan III Kabupaten Jembrana, 1993
- Dokter Teladan I, kabupaten Jembrana, 1994
- Dokter Teladan I , Propinsi Bali, 1994
- Dokter Teladan Nasional 1994
- Satya Lencana Keteladan Bhakti Husada, 1994
- Satya Lencana Karya Satya XX 2018

MS. Ranuga Devy M. Packirisamy

Academic Qualifications

- 1995 University of Wolverhampton, U.K.
- Degree in Nutrition and Dietetics

Appointments

- Advocate and Solicitor Malaysian Bar
- Hon. Secretary of the Malaysian Healthy Ageing Society
- Guest lecturer to the Faculty of Medicine at University Putra Malaysia
- Guest lecturer Occupational Therapy students at Perdana University
- Sole proprietor of Ranuga & Associates.

Prof. RA Tuty Kuswardhani MD. PhD, MHA, FINASIM

Education

- 1988: Medical Doctor Udayana University, Denpasar
- 1999: Internist Airlangga University, Surabaya
- 2004: Consultant of Geriatriy Indonesia University, Jakarta
- 2009: PhD. Udayana University, Denpasar
- 2011: M.HA , Airlangga University, Surabaya

Informal education

- 2006: Fellow Ship on Respite Care Departement Zaans Centrum Hospital & Utreht Nursing Home Centrum , Holland
- 2007: Post Graduate Course On Cardiology Geriatry and Anti Aging, Barcelona-Spain
- 2014:Visiting Doctor in Vienna Austria Hospital (AKH, Kranken Hausen, Frans Joseph, Sofieen Hospital)
- 2014: Visiting Doctor in Freiburg Hospital, Germany

Occupations

- Director of Udayana University Hospital
- Head of Division Geriatric Internal Medicine
- Vice President of Acossiation Geriatric Indonesia
- Head of Geriatric Acossiation Bali

Organizations

- 1988- now: IDI (Association of Doctor Indonesia)
- 1999- now: PAPDI (Association of Internal Medicine Indonesia)
- 2002-now: PERGEMI (Association of GerontologyIndonesia)
- 2010- now: PEROSI (Association of Osteoporosis Indonesia)

Dr. dr. A.A. Wiradewi Lestari, Sp.PK

Education

- 2001 : MD, Faculty of Medicine, Udayana University, Denpasar-Bali
- 2006 : Specialist of Clinical Pathologist in Faculty of medicine, Airlangga University, Surabaya, East Java
- 2013 : Doctor, Udayana University, Denpasar, Bali

Academic History and Appointments

- 2002 – now : Education Staff in Department of Clinical Pathologist, Faculty of Medicine, Udayana University
- 2002 – now : Staff of Clinical Pathology Laboratory at Sanglah General Hospital Denpasar.
- 2008 – now : Head of Cilinical Laboratory at Surya Husadha Hospital Denpasar
- 2014 – 2017 : Head of Cilinical Pathology Department, Udayana University, Denpasar, Bali, Indonesia
- 2017 – 2021 : Vice Dean Faculty of Medicine, Udayana University

dr. I Gusti Putu Suka Aryana, Sp.PD-KGer

Education

- 1997: Medical studies at Udayana University
- 2002: visiting research fellow in Kobe Japan
- 2005: Specialist degree in internal medicine at Udayana University.
- 2009: Geriatric consultant education
- 2010: Geriatric emergency cource in Singapore

Appointments

- Staff of Geriatric Internal Medicine Division, Sanglah Teaching Hospital.
- Chairman of Accreditation and Standardization, College of Internal Medicine
- Chairman of the education coordinating committee in the faculty of medicine Udayana University
- Instructure of some medical training: perioperative, emergency in internal medicine, clinical emergency skill, soft skill, and clinical teacher training

Awards:

- Nominator the Best Young Investigator Award AFES 2003 in Singapore Nominator the Best Young Investigator Award AFES 2005 in Manila
- The Best Mustafa-Varon Award for the Best Free Paper On shock and Critical Care 2005
- The Best Young Investigator Award ASMIHA 2005 in Surabaya
- The best Scientific Free paper Geriatric Scientific Meeting 2009 in Jakarta.

Publication

- Internal Medicine Handbook, Role of Interleukin-15 in Sarcopenia:Future New Target Therapy, Epidemiology Study of Metabolic Syndrome in Rural Population,
- Histology and Biologic Characteristics of Breast Cancer in Elderly of Balinese Population, Sarcopenia in Elderly and others

Prem Kumar Chandrasekaran

Skills and Expertise

- mmECT
- Geriatric Psychiatry
- Clinical Psychiatry
- Psychopathology
- Mood Disorders
- Neuropsychiatry

Appointment

- Neurobehavioral unit at PAH since 2002
- Lecturer at RUMC (formerly Penang Medical College)

Research Experience

- 2009 - 2019: Adjunct Senior Lecturer Department of Psychiatry, Penang Medical College, George Town, Malaysia
- 2006 - 2007: Clinical Observer Department of Psychiatry, University of Melbourne, Melbourne, Victoria, Australia
- 2002 - 2019 Consultant Neuropsychiatrist and Head of Neurobehavioural Medicine Penang Adventist Hospital George Town, Penang, Malaysia
- 1996 – 2012 Trainee Psychiatrist/Clinical Specialist Department of Psycological Medicine, University of Malaya, Kuala Lumpur, Federal Territory, Malaysia

Dr. dr. Czeresna Heriawan Soejono, M.Epid, Sp.PD-KGer

Education

- 1985 Medical Doctor, FMUI
- 1996 Internist, FMUI
- 2000 Geriatric Consultant, Royal Adelaide Hospital
- 2003 Master of Epidemiology, FPH UI
- 2007 Ph.D, UI
- 2017 M.P.H, UGM

Positions

- Head, PHC Carangki Sulawesi Selatan, 1985
- Resident, Internal Medicine FMUI RSCM, 1989
- Lecturer, FMUI RSCM, 1996
- Head, Div. of Geriatrics RSCM FMUI, 2004
- Head, Department Internal Medicine, 2008
- Director Medical-Nursing RSCM, 2010
- President Director, RSCM. 2013-2018
- Senior Lecturer, Geriatric Consultant RSCM FMUI. 2007-now
- Governing Body of Prof. Kandou Hospital, Manado. 2018-now
- Medical Committee of RSCM, Deputy Head . 2018-now

Organizations

- IDI (IMA)
- PERGEMI (IGS)
- PAPDI (InaSIM)
- SIOG
- ISIM
- FACP
- BGS
- PADI(INASDC)
- ALZI

Prof. Dr.dr. I Putu Gede Adiatmika, M.Kes

Education

- S1 - Fakultas Kedokteran Universitas Udayana Bali (1992).
- S2 - Magister Fisiologi Olahraga Program Pascasarjana
- Universitas Udayana, Bali (2002).
- S3 - Ilmu Kedokteran Program Pascasarjana Universitas Udayana
- Bali (2007).

Informal Education

- Penyusunan Media Informasi bagi Fakultas Kedokteran di Yogyakarta (2005)
- Advanced Exercise Physiology for Athletes, at Charles Sturt University, Bathurst, New South Wales, Sydney – Australia (29 May – 5 June, 2009).
- Pemantapan Nilai Kebangsaan bagi KKI dan BPJS Kesehatan Angkatan II Lemhannas, di Jakarta (2-9 Desember 2015).

Publication

- High Intensity Interval Training Lebih Meningkatkan Ambang Anaerobik Dibandingkan Steady State Training Pada Siswa di Denpasar. Indira Vidiari J., **I Putu Gede Adiatmika**, Luh Made Indah S.H. Adiputra. Sport and Fitness Journal. Vol 5(3). 2017.
- Implementation of Total Ergonomics Approach through Multidisciplinary Sciences for the Improvement of Workers' Health Quality - Literature Review Doctoral Dissertation Udayana Bali – Indonesia. Wahyu Susihono, **I Putu Gede Adiatmika**. Journal of Global Pharma Technology. Vol. 09(9) . 2017.
- Penambahan Integrated Neuromuscular Technique Lebih Menurunkan Disabilitas Leher Daripada Contract Relax Stretching Pada Intervensi Ultrasound Dalam Kasus Sindrom Myofascial Otot Upper Trapezius. Putu Ayu Sita Saraswati, **I Putu Gede Adiatmika**, Syahmirza Indra Lesmana, I Wayan Weta, I Made Jawi, Wahyuddin. Sport and Fitness Journal ISSN: 2302-688X Volume 6, No.1, Januari 2018

Dr. dr. IGNM Dedi Silakarma, Sp. KFR

Education

- 2019 Doctor of Physical Exercise of Medicine Udayana University
- 2005 Medical Spesialist in Physical Rehabilitation Medicine Airlangga University Surabaya
- 1990 General Practtioner in Medical Faculty Udayana University

Professional Membership

- Member of the Indonesian Doctors Association
- Member of Association of Physicians Specialist in Physical Medicine and Rehabilitation

Administrative Experience

- Secretary of Physical Rehabilitation Medicine Department of Udayana University/Sanglah Hospital Denpasar 2010-2018
- Head of Physical Rehabilitation Medicine Department of Udayana University/ Sanglah Hospital (2018 until present)

Awards:

- "Satyalencana Karya Satya" for 20 years serving as government officer (as lecturer) from the President of Republic of Indonesia in 2014
- " Piagam Penghargaan Bakti Karya Husadha 16 years from Indonesian Minister of Health. 2014

Publications

- Prevalensi Gangguan Gastrointestinal pada anak Autis Spectrum disorder di Pusat layanan Autis. E Jurnal Medika Udayana
- The role of Brain derived neurotrophic factor (BDNF) in cognitive functions. Bali Medical Journal

Prof. Dr. dr. I Made Jawi, M.Kes

Current position and professional experiences

- 2018/3 ~ Head of Doctoral Program, Faculty of Medicine, Udayana University
- 2017/12 ~ Professor in Pharmacology

Publications

- F M Siswanto, **I. M Jawi** and B H Kartiko 2018. The role of E3 ubiquitin ligase seven in absentia homolog in the innate immune system: An overview. Veterinary World, 11(11): 1551-1557
- I W P Sutirta Yasa, **I M Jawi**, P Astawa.2018. The Comparative Effect of Liquid and Tablet Preparation of Purple Sweet Potato (Ipomoea batatas L) Extract to Lipid Profile, MDA, and SOD Level in Male Wistar Rats After Given HighCholesterol Diet. | Journal of Global Pharma Technology| ; 10(07):356-361
- G N M Suwarba, Soetjiningsih, I. M Bakta, **I. M Jawi**, I. D M Sukrama, I. W P Sutirta Yasa and I Mangunatmadja. 2019. Supplementation of Water Extract of Purple Sweet Potato (Ipomoeo Batatas L) in Improving the EEG Image, Decreasing the Seizure Frequency and Reducing the Frequency of Drugs Resistant of Focal Epilepsy in Children. Biomed Pharmacol J ;12(1).

Research Interest

- Complementary Medicine
- Alternative Medicine
- Antioxidant Natural

Nyoman Kertia MD. Mmed. Prof

Education

1980-1987 : Faculty of Medicine University of Udayana (finished in 1987 as a General Practitioner)

1993-1998 : Dept. of Internal Medicine Faculty of Medicine University of Gadjah Mada (finished in 1998, Got a brevet as Internist)

2002 : Got a brevet as Consultant on Rheumatology

2004 - 2009 : Got a brevet as PhD

2013 : Got a brevet as Professor at Department of Internal Medicine Faculty of Medicine, publich Health and Nursing Univ. Gadjah Mada

Appointments

1. Head of Rheumatology Sub. Department Department of Internal Medicine Faculty of Medicine University of Gadjah Mada
2. Lecturer of Phytopharmacy, Faculty of Medicine Gadjah Mada University.
3. Head of General Check-up Dr. Sardjito Hospital
4. Chief of herbal medicine development team of doctor Sardjito hospital
5. Chief of second commission of Yogyakarta research board
6. Member of national commission on jamu scientification

Awards:

1. The best researcher on Rheumatic Diseases in Indonesia (1999)
2. (Felden Award).
3. The best researcher on Rheumatic Diseases in Indonesia (2000)
4. (Pronalgest award)
5. Indonesian Good Company Award (2008)

Melissa Adiatman, DDS, PhD

Education

- 2008-2012: PhD in oral health promotion, graduate school of medical and dental sciences tokyo medical and dental university, japan
- 2001 – 2007: Doctor of dental surgery (DDS) faculty of dentistry, universitas indonesia

Appointments

- 2013 – Now: Lecturer in the department of dental public health and preventive dentistry, faculty of dentistry, Universitas Indonesia
- 2018 – Now: Head of international affairs unit, faculty of dentistry, Universitas Indonesia
- 2014 – 2018: Head of public relations and international affairs, faculty of dentistry, Universitas Indonesia

Awards:

- J Morita Junior Investigator Award for Geriatric Oral Research (2nd prize) at 89th General Session and Exhibition IADR, San Diego 16 – 19th March 2011
- Faculty of Dentistry, Universitas Indonesia Award (The Best Graduate of Newkat Sumpah Dokter Gigi Batch 3rd of March 2007)

Organizations

- 2018 – now : Chairman of Indonesian Society of Gerodontology
- 2018 – now : Chair of Collaboration and Venture division, Indonesian Society of Dental Public Health
- 2013 – now : Member of Indonesian Dental Association

Publication

- Doğan, Mehmet-Sinan; Callea, Michele; Kusdhany, Lindawati S; Aras, Ahmet; Maharani, Diah-Ayu; Mandasari, Masita, **Adiatman, Melissa**; Yavuz, Izzet; The evaluation of root fracture with cone beam computed tomography (CBCT): an epidemiological. Journal of clinical an Experimenta dentistry, 10 (1) 2018 Medicina Oral SL

Prof. Dr. Manoj Valappil

Education

- FRCPath: Royal College of Pathologists, London, 2008
- CCT (Microbiology & Virology): PMETB, London, 2006
- MRCPath (Virology): Royal College of Pathologists, London 2005
- MBBS: Govt. Medical College, University of Calicut, India 1995

Appointments

- Clinical Lead in Microbiology, Royal College of Surgeons in Ireland - Perdana University (RCSI-PU), Selangor, Malaysia (since November 2017).
- Director of Intermediate Cycle, PU-RCSI Undergraduate Medical School, Selangor, Malaysia.
- Chair, Perdana University Institutional Review Board (Ethics Committee).

Previous Appointments

- Consultant Virologist, Public Health England (PHE), Newcastle upon Tyne, 2006 – 2017.
- Honorary Consultant Virologist, Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) 2006-2017.
- Training Programme Director (Virology), Health Education England, North East (HEE NE) 2013-2017.
- Honorary clinical lecturer (Virology), Newcastle University 2011-2017.

Awards:

- Special interest in viral infections, emerging infections and Infections in immunocompromised hosts.
- More than 25 publications in International Peer reviewed Journals.

Prof. Nathan Vytialingam

Education

- Graduated from the British College of Occupational Therapists in 1976
- Post-graduate Diploma in Health Sciences in 1983
- Masters in Applied Science (Health) in 1984 under a Kellogg Fellowship

Appointments

- Dean of the Perdana University School of Occupational Therapy (PUScOT).
- President of Malaysian Occupational Therapy Association

Associations Represented

- 2012 – Organizing Chairman for the 1st World Congress on Healthy Ageing (Kuala Lumpur)
- 2015 - Advisor for the 2nd World Congress of Healthy Ageing (South Africa)
- 2015 – 2017 - Advisory Panel for Global Coalition on Aging
- 2019- Advisory Council for Adult Vaccine Project

Recognitions

- 2008 awarded by the World Federation OF Occupational Therapists – merit award international recognition.
- 2015 Awarded as the Ambassador of Healthy Ageing by the Turkish Ambassador at the 2nd World Congress on Healthy Ageing, Johannesburg, South Africa,
- 2016 Awarded with **Honorary Fellow** by the World Federation of Occupational Therapists in

Assoc Prof Dr. Ravindran Kanesvaran

Current Positions

1) Senior Consultant in the Division of Medical Oncology, National Cancer Centre Singapore since May 2018
2) Clinical Senior Lecturer, Yong Loo Lin School of Medicine, National University of Singapore
3) Associate Professor, Duke-NUS Medical School
4) Program Director, Medical Oncology Senior Residency Program (NCCS)
5) Core Faculty Internal Medicine Residency Program (Singhealth) 2012- 2018
6) Visiting Consultant, Changi General Hospital (CGH)
7) Subspecialty education site Lead in Medical Oncology for National Healthcare Group (NHG) Internal Medicine Residency Program (2012- 2015)
8) Immediate Past President, Singapore Society of Oncology (SSO)

Qualifications

1) Bachelor Medical Sciences (Hons.) Universiti Putra Malaysia 2001 2)Doctor of Medicine (MD) Universiti Putra Malaysia 2003 3)Member of the Royal College of Physicians (United Kingdom) 2007 4)Specialist Accreditation Board Singapore (Medical Oncology) 2011 5)European Society of Medical Oncology Board Exam 2011
2) Academy of Medicine Education Institute (AM- EI) Fellow 2015-2016
3) Singhealth Team Leadership Program Completion Certificate Feb 2018 (TLP52)

Professional Affiliations:

1) Foundation Merit Award 2009 (Genitourinary Symposium)
2) American Association for Cancer Research (AACR) Scholar-in-Training Award 2010
3) Singapore General Hospital Annual Scientific Meeting 2011 Young Investigator Award (Finalist)
4) Healthcare Manpower Development Plan (HMDP) Scholarship (Ministry of Health Singapore) 2011

Dr. dr. I Putu Eka Widyadharma, M.SC, Sp.S

Education

- Sep 2015 – Jul 2018: Udayana University PhD, Biomedical Sciences Denpasar, Bali, Indonesia
- Jan 2006 – Sep 2009: Gadjah Mada University Master of Science, Clinical Medicine of Neurology Yogyakarta, Daerah Istimewa Yogyakarta, Indonesia
- Jan 2006 – Nov 2009: Universitas Gadjah Mada Neurologist, Neurology Yogyakarta, Yogyakarta, Indonesia
- Sep 1993 – Dec 1999: Fakultas Kedokteran Universitas Udayana MD, Medical
  Badung, Bali, Indonesia

Research Experience

- Sep 2010 – present Researcher
  The Indonesian Neurological Association,
  Jakarta, Jakarta Raya, Indonesia

Awards & Grants

- Oct 2018 Award: The Best Graduates of the Udayana University Doctoral Program
- Jan 2017 Grant: Purple Sweet Potato Extract Lowers Levels of Malondialdehyde, Prostaglandin E2, Expression of Microglial P2X4R and Decrease Neuropathic Pain Behavior in Wistar Rat with Peripheral Nerve Injury.
- Sep 2015 Scholarship: PhD program Scholarship for Lecturer From Indonesian Ministry of Technology Research and higer Education
- Apr 2013 Scholarship: Pain Management Camp from IASP
- Jan 2012 Grant: THE CORRELATION OF LOW CD4 COUNT AND NEUROPATIC PAIN IN HIV PATIENTS

Professor Dr. Parikial Philip George

Education and Academic Qualifications

- Member of the Academy of Medicine of Malaysia, 2006
- University of Melbourne and St. Vincent's Health, 2003 Certificate in Substance Abuse
- University of Melbourne, 2003. Certificate in International Mental Health Leadership
- University Kebangsaan Malaysia, Malaysia / Medical Faculty, 1996, Masters in Medicine **(Psychiatry)**
- University of Mangalore, India / Kasturba Medical College, 1988, M.B.B.S.

Field of Specialization

- Psychiatry and sub-specialty in Addiction Medicine

Current and Previous Appointments and Work Experience

- Professor in Psychiatry, International Medical University.
- Honorary Consultant Psychiatrist, Hospital Seremban
- Visiting Consultant Psychiatrist at Assunta Hospital, Petaling Jaya.
- Visiting Consultant Psychiatrist at "Women's Desk of the Archdiocese Office for Human Development", Kuala Lumpur
- Visiting Consultant Psychiatrist & Medical Director at The Mind Faculty, Solaris, Kuala Lumpur.
- Senior Staff Specialist & Consultant Psychiatrist, Alcohol & Drug Program, ACT Health, Australia

Dr. Arum Febriani, M.A.

Education

- 2013 - 2016 Dr. (Doctor) in Social Psychology Université Paris Descartes-Sorbonne Paris Cité (France)
- 2008 - 2010 M.A (Master) in Developmental Psychology Universitas Gadjah Mada (Indonesia)
- 2004 - 2008 S. Psi (*Baccalaureate*) in Psychology Universitas Gadjah Mada (Indonesia)

Academic History and Appointments

- 2013-2016 DIKTI scholarship for doctoral program in Université Paris Descartes - Sorbonne Paris Cité (offered by Indonesian Ministry of Education-Directorate General of Higher Education)
- 2012 *HIBAH Penelitian Dosen Muda* - Research grant from Faculty of Psychology UGM (No.1617)
- 2011 *HIBAH Penelitian Dosen* - Research grant from Faculty of Psychology UGM (No. 1274)

Presentation

- The 31st International Congress of Psychology (ICP2016), 24-29 July 2016, Yokohama, Japan. Title: Impact of intergenerational contact on the link between stereotype threat and performance: A study in two cultures
- The 7th Asian Association of Indigenous and Cultural Psychology (AAICP), 25-27 August 2015, Bandung, Indonesia. Title: The effects of stereotype threat and intergenerational contacts on the performance of the elderly: A comparative study of France and Indonesia
- Asian Association of Indigenous and Cultural Psychology Conference (AAICP), 20-22 December 2012, Langkawi, Malaysia. Title: Stereotypes of the elderly among Javanese in Indonesia
- The 2nd International Conference of Indigenous and Cultural Psychology (ICIP), 22-23 December 2011, Bali, Indonesia Title: The effectiveness of role-play method to increase pre-school children's moral development

Prof Aris Ananta

Appointments

- Professor at the Faculty of Economics and Business, Universitas Indonesia, Indonesia.
- Teach economic and financial aspects of ageing population at the Singapore University of Social Sciences, Singapore.
- President of Asian Population Association, 2019-2021.
- Senior Fellow at the Department of Economics, National University of Singapore during 1999-2000
- Senior Research Fellow at the Institute of Southeast Asian Studies, Singapore, 2001-2014.

Research Interest

- Desirable and sustainable pension system; population mobility; demography of ethnicity, religion, and language

Dr. I Gusti Wayan Murjana Yasa, SE, MSi

Education

1983: Got a brevet Drs at Udayana University
1993: Got a brevet MSi at Gadjah Mada University
2000: Got a brevet PhD at Gadjah Mada University

Appointments

- Lecturer at Magister Economy Udayana University

Prof. Dr. dr. J. Alex Pangkahila, M.Sc, Sp.And

Education

- Dokter, di Universitas Udayana Denpasar, 1973
- Spesialis Andrologi, di Universitas Airlangga Surabaya, 1983
- Master of Science dengan tesis Occupational Factors Influence Male Fertility and Sexuality, di Catholic University of LeuvenBelgia, 1983
- Doktor ilmu kesehatan dengan disertasi : Latihan kebugaran jasmani, latihan seksual dan otot-otot dasar panggul meningkatkan potensi seksual, di Universitas Airlangga Surabaya, 1992

Informal education

- Indonesian University Lecturer Scheme, di New South Wales University Sidney, 1978
- Pendidikan Perilaku Seksual, di La Trobe University Melbourne, 1978
- Ahli Seksologi Kedokteran, di Institute of Family and Sexological Sciences, Catholic University of Leuven Belgia, 1983
- Ahli Andrologi di Faculty of Medicine, Catholic University of Leuven Belgia, 1983
- Pendidikan latihan otot-otot dasar panggul, di Institute of Perrymetry San Francisco, 1989

Appointments

- Guru Besar pada Fakultas Kedokteran dan Pascasarjana Universitas Udayana :
- S2 Fisiologi Olahraga dan Fisioterapi
- S2 Ergonomi dan Fisiologi Kerja
- S2 Biomedik (Kedokteran Reproduksi, Kedokteran Anti Penuaan)
- S3 Ilmu Kedokteran
- Konsultan Seksologi dan Peneliti Masalah Seksual
- Diplomate American Board of Sexology, 1985
- Anggota Yayasan Proyek Kesejahteraan

Prof. Mohamad Farouk Abdullah

Occupation

- The Dean and Clinical Professor in Obstetrics & Gynaecology at the Perdana University Graduate School of Medicine (PUGSOM)
- He obtained postgraduate qualifications in O&G (MRCOG) and Subspecialty training in Reproductive Medicine in the UK
- Fellow of the Royal College of Obstetricians and Gynaecologists, United Kingdom

Academic History and Appointments

- He recently retired as Head, Senior Consultant and Reproductive Medicine Subspecialist at the Department of Obstetrics and Gynaecology, Hospital Tengku Ampuan Rahimah, Klang following 35 years of service
- During this time, he acted as a resource person to the Ministry of Health in matters related to Reproductive Medicine and Women's Health.
- Chairman, Sexual and Reproductive Health & Rights Subcommittee of the Obstetrical and Gynaecological Society of Malaysia (OGSM)
- President of the Cancer Awareness and Screening Society (CARESS)
- Past President of the Obstetrical and Gynaecological Society of Malaysia (OGSM).

Yasuko Akutsu

Qualification

- Advisor of Japan Organization of Better Sleep Reteaming Coach of Brief
- Therapy Institute Education: Bachelor of Liberal Arts(Tsuda College) Master of environmental science （Tsukuba University）

Appointments

- MT Health Care Design Research Inc., President & CEO CHIYODA-KU

Dr. dr. Gea Pandhita S, M.Kes, Sp.S

RIWAYAT PENDIDIKAN

- 2019 Program Doktor Epidemiologi Klinik, Fakultas Kesehatan Masyarakat, Universitas Indonesia
- 2006 Program Pendidikan Dokter Spesialis I, Ilmu Penyakit Saraf, Sekolah Pascasarjana, Fakultas Kedokteran, Universitas Gadjah Mada
- 2004 MKes S-2 Program Studi Ilmu Kedokteran Klinik, Epidemiologi Klinik, Sekolah Pascasarjana, Fakultas Kedokteran, Universitas Gadjah Mada
- 2001 Program Pendidikan Dokter,Fakultas Kedokteran, Universitas Gadjah Mada

RIWAYAT PEKERJAAN

- 2004 - 2014:Staf Pengajar dan Asisten Peneliti Clinical Epidemiology & Biostatistics Unit (CE&BU), Fakultas Kedokteran, Universitas Gadjah Mada
- 2006 - 2007:Staf Pengajar Fakultas Kedokteran, Universitas YARSI
- 2007 - 2012:Staf Pengajar Magister Manajemen Rumah Sakit, Fakultas Kedokteran, Universitas Gadjah Mada

AKTIVITAS ORGANISASI

- 2010-2015:Bidang Pengembangan Rumah Sakit, Majelis Pembina Kesehatan Umum (MPKU), PP Muhammadiyah
- 2013-2017:Ketua Tim Pengelola Klub Gerak Latih Otak Lansia "Teratai", RS Islam Jakarta Pondok Kopi, Jakarta
- 2015-2019: Ketua Pokdi Neuro-Epidemiologi,Perhimpunan Dokter Spesialis Saraf Indonesia, cabang Jakarta (PERDOSSI JAYA)
- 2015-2019:Anggota Pokdi Neuro-Behaviour,Perhimpunan Dokter Spesialis Saraf Indonesia (PERDOSSI)

Dr. Anupama Roy Chowdhury

Education

- Dr Anupama Roy Chowdhury graduated from the National University of Singapore in 2002.
- She completed her MRCS A and E (Edin) and MRCP (UK) in 2007.
- She then went onto doing her advanced specialist training in Geriatric Medicine which she completed in 2010.
- She did a 6 month HMDP fellowship in Dementia and Cognitive Disorders at the Alzheimer's Clinic, University of British Columbia Hospital, Vancouver from August 2013 to January 2014.

Academic History and Appointments

- She is currently a Senior Consultant in Geriatric Medicine at Sengkang General Hospital.
- She has held posts as committee member, secretary and vice president in the Society of Geriatric Medicine, Singapore (SGMS).

Dr. Takeo Ogawa

Education

- M.A. (Letters), Kyushu University, Fukuoka, Japan, March 1970.
- Ph. D. (Letters), Kurume University, Kurume, Japan, November 1996.

Appointments

- President, Non-Profit Organization Asian Aging Business Center
- Project Manager, Preventive Long-term Care Promotion Project in Bangkok Metropolitan Administration (JICA Partnership Program)
- Emeritus Professor, Yamaguchi University, Yamaguchi, Japan
- Emeritus Professor, Kyushu University, Fukuoka, Japan
- Founder and First President, ACTIVE AGING CONSORTIUM ASIA PACIFIC

Books

- Takeo Ogawa, Editor, "CHALLENGES TOWARD AGING IN EAST ASIA, Fukuoka, Japan": KYUSHU UNIVERSITY PRESS, 2010. Etc.

Essay

- Takeo Ogawa, 2018. 'Beyond the Trance of "Urashima Taro".' AARP Journal. Vol. 11. 2018 Edition, LEADERS IN LONGEVITY: Special Feature: Japan; 3-4.

Dwi Endah, MPH

Education

- Bachelor's Degree, Public Health Faculty Diponegoro University, Semarang (2008)
- Post Graduate, Public Health, Faculty of Medicine Gadjah Mada University (2014)

Academic History and Appointments

- Lecture in Public Health Program, Respati Yogyakarta University
- International Speaker of the workshop on Introducing Good Practices in Busan Korea
- Consultant of Corporate Social Responsibility (CSR) on Public Health and elderly program in the community
- Elderly School Initiator
- Trainer caregiver informal programs
- Age friendly village program director
- Director of Indonesia Ramah Lansia (IRL)

Dr. dr. I Nyoman Astika, Sp.PD-KGer

Education

- 1990: MD at Faculty of Medicine Udayana University
- 2003: Internist Faculty of Medicine Udayana University
- 2009: Geriatric Consultant PB PAPDI

Appointments

- 1990 s/d 1994: Staff doctor at the Manggis I Health Center, Karangasem
- 1994 s/d 1997: Head of Manggis I Health Center, Karangasem
- 1998 s/d 2003: Internal Medicine resident in Sanglah Hospital Denpasar
- 2003 s/d 2004: Staff Internal Medicine of Ende Hospital, NTT
- 2004-sekarang: Staff of the Geriatric Division of Internal Medicine at Sanglah Hospital
- 2014-sekarang: Head of Geriatric Installation at Sanglah Hospital Denpasar
- 2016-sekarang: KARS Medical Surveior

Organizations

- Member of IDI (Association of Doctor Indonesia)
- Member of PAPDI (Association of Internal Medicine Indonesia)
- Member of PERGEMI (Association of GerontologyIndonesia)

Dr. Ni Ketut Sri Diniari SpKJ (K)

Education

- 1993: Medical Doctor Udayana University, Denpasar
- 2010: Psychiatist of Udayana University Denpasar

Organizations

- 1988- now: IDI (Association of Doctor Indonesia)

Shelley de la Vega, MD
MSc FPCGM

Specialty & Subspecialty Board & Status
Lifetime Fellow Philippine College of Geriatric Medicine

Course & School Graduated

- BS Psychology, cum laude at the University of the Philippines Diliman
- Doctor of Medicine, University of the Philippines Manila College of Medicine
- Trained in Internal Medicine at the State University of New York after which served as Chief Resident
- 2-year Fellowship in Geriatric Medicine at the Division on Aging, Harvard Medical School, Boston, USA.
- Received board certificate in Internal Medicine and Geriatric Medicine from the American Board of Internal Medicine.
- Master of Science in Clinical Epidemiology at the University of the Philippines Manila

Current / Significant Past Position

- Professor, UP College of Medicine
- Director, Institute on Aging NIH UP Manila
- President of the Philippine Foundation for Vaccination
- Past President of the Philippine College of Geriatric Medicine
- Founding Director of The Center for Healthy Aging
- Former Chief of the Section of Geriatrics at The Medical City Ortigas

Other pertinent/significant achievements

- Former Chairperson of the Committee on Aging and Degenerative Diseases (COMADD)
- Former Director of the Institute of Health Policy and Development Studies National Institutes of Health
- Member of the National Advisory Council on Active Aging (NAST)

Dr. dr. Purwita Wijaya Laksmi, Sp.PD

Education

- Medical doctor, Faculty of Medicine University of Indonesia, Jakarta- Indonesia 2000
- Internal Medicine, Faculty of Medicine University of Indonesia, Jakarta, Indonesia 2005
- Geriatric Medicine, Departement of Internal Medicine, Faculty of Medicine University of Indonesia, Jakarta, Indonesia 2013
- Doctoral Programme, Faculty of Medicine University of Indonesia, Jakarta, Indonesia 2017

Academic History and Appointments

- Staff of Geriatric Division, Department of Internal Medicine FMUI/ dr. Cipto Mangunkusumo Hospital, Jakarta-Indonesia
- Member of Indonesian Geriatric Society (PB PERGEMI and PERGEMI Jaya)
- Digital Library and Knowledge Center Cluster of IMERI FMUI

Organizations

- IDI (Association of Doctor Indonesia)
- PAPDI (Association of Internal Medicine Indonesia)

Evi Nurvidya Arifin, PhD

Education

- PhD. 2001 (Social Statistics), majoring in Demography, University of Southampton, United Kingdom. Dissertation: 'Contraceptive Use Dynamics in Indonesia with a Special Focus on Bali: Measurements and Determinants'
- M.Sc. 1995 (Population and Labour Studies), University of Indonesia, Jakarta, Indonesia. Thesis: Analisis Fertilitas di Indonesia: Pendekatan Proximate Determinant [Fertility Determinant: Proximate Determinant Approach]
- B.A. 1988 (Community Nutrition), Bogor Agricultural University, Bogor, West Java, Indonesia. Thesis: Distribusi Konsumsi dan Pengeluaran Pangan Hewani di Jawa, 1984 [Distribution of Consumption and Expenditure for Food in Java, 1984].

Academic History and Appointments

- 2001 – 2002 The Wellcome Trust Post-Doctoral Fellowship (UK)
- 2000 – 2001 University Research for Graduate Education (URGE), World Bank
- 1999 – 2000 Social Science Dissertation Fellowship, Population Council, USA
- 1998 – 1999 Far Eastern Hardship Fund (UK)
- 1997 – 1998 University Research for Graduate Educate, World Bank
- 1992 – 1995 Demographic Institute, University of Indonesia
- 1992 Summer Seminar East West Centre Fellowship
- 2010 The APA (Asia Population Association) Travel Grant Awardee
- 2009 The IUSSP Travel Grant Awardee
- 2002 The PAA (Population Association of America) Travel Grant Awardee
- 2000 The Population Council Travel Grant Awardee

Dr. Ritu Sharma

Educational Qualification

- PhD in Psychology (2010) tilted as "Role of life style intervention in the psychological health and well-being of elderly" from Department of Psychology, University of Delhi.
- Qualified NET examination in 2007 June.
- Certificate of 'Psychological Assessment' from Ramjas College in 2006.
- M.A. Psychology from Delhi University in 1996, field of specialization is Organization Behavior.
- B.A. (Hons.) Psychology from Delhi University in 1994, area of specialization Industrial

Present work status

- Working as Assistant Professor in Department of Psychology, "Aditi Mahavidyalaya" of Delhi University.

Papers for Publication (Communicated)

- N.K.Chadha, Ritu Sharma, Priya Bir and Shivani Garg (2013). Emotional intelligence, spiritual intelligence, leadership and burnout: interface with age
- Ritu Sharma (2013). Social support as a mental health indicator and its influence on IADL of the community dwelling senior citizens in Delhi.
- Ritu Sharma (2009). Self rated mental health and life satisfaction as the predictors of successful aging: a comparison of age and gender

PROF.DR. Dr. KETUT SUASTIKA, SP.PD -KEMD, FINASIM

Education

- Medical Doctor (MD): Udayana University Faculty of Medicine (UUFM), Denpasar, 1980
- Specialist training on Internal Medicine (Internist): Airlangga University, Surabaya, 1988
- Consultant-Endocrinologist: Indonesian Association of Endocrinology, 1997
- PhD: Airlangga University, Surabaya, 2000
- Short-course on Genetics of Type 2 Diabetes: Yamaguchi University, Japan, 1992
- Observer, Management of Obesitas: Royal Adelaide Hospital, 2003

Academic History and Appointments

- Staff at Department of Internal Medicine UUFM: 1980-present
- Staff at Division of Endocrinology-Metabolism: 1989-present
- Professor of Medicine: 2002-present
- Visiting Professor Kobe Women's University: 2011-present
- Head, Division of Endocrinology and Metabolism, UUFM 2005-present
- Chair, Specialist Program on Internal Medicine UUFM: 1997-2001
- Head, Department of Internal Medicine UUFM: 2001-2006
- Secretary, PhD Program on Medicine: 2001-2006
- Vice Dean for Academic Affair UUFM: 2006-2008
- Dean, UUFM: 2008-2012 and 2012-2013
- Chair, Udayana Alumni Association: 2010-2014, 2015-2019
- Chair, Indonesian Association of Endocrinology, Bali Branch: 2005-2019
- Chair, Indonesian of Internal Medicine Association, Bali Branch: 2010-2013
- Member, Advisory Board Sanglah Hospital: 2011-2016
- Rector/President, Udayana University 2013-2017.
- President, Indonesian Medical Tennis Association: 2014-2016
- President, Asean-European Academic University Network (Asea Uninet): 2014-2016
- President, Indonesian Endocrine Society: 2018-2021.

Dato Tan Yoke Hwa PDCHyp, SpCertCBH, MBSH, DipDietetics, MSc.

Occupation

- Clinical Hypnotherapist
- She is also a dietitian with vast experience in healthcare settings and have an interest in helping people with issues on weight management, chronic diseases that are diet - related and help cope with demands / challenges to achieve healthy living.

Academic History and Appointments

- She is a member of the British Society of Clinical Hypnosis and Malaysian Society of Clinical Hypnosis. She speaks languages like English, Bahasa Malaysia and Mandarin as well as dialects, like Cantonese, Hokkien, Teochew and Hakka.

Dr. dr. I Wayan Weta, MS, Sp.GK

Education

- Clinical Nutritionist – Kolegium Ilmu Gizi Klinik Indonesia

Appointments

- Clinical Nutrisionist at Sanglah Hospital Denpasar
- Clinical Nutritionist at Balimed Hospital Denpasar

dr. Novira Widajanti, Sp.PD,K-Ger

Education

- Medical doctor, Faculty of Medicine University of Airlangga, Surabaya, Indonesia 1994
- Internal Medicine, Faculty of Medicine University of Airlangga, Surabaya, Indonesia 2008
- Geriatric Medicine, Departement of Internal Medicine, Faculty of Medicine University of Indonesia, Jakarta, Indonesia 2013
- Doctoral Programme, Faculty of Medicine University of Airlangga , Surabaya, Indonesia

Occupations

- Staff of Geriatric Division , Intenal Medicine Department Dr Soetomo Hospital – Faculty of Medicine Airlangga University, Surabaya, Indonesia

Organizations

- IDI (Association of Doctor Indonesia)
- PAPDI (Association of Internal Medicine Indonesia)

Dr. dr. Kuntjoro Harimurti, Sp.PD-KGer, MSc

Education

- Medical Doctor, Faculty of Medicine Univ of Indonesia, Jakarta (1999)
- Internist, Faculty of Medicine Univ of Indonesia, Jakarta (2005)
- Geriatric Consultant, Indonesian College of Internal Medicine (2013)
- Postgradute Master Program in Clinical Epidemiology, Utrecht University, the Netherlands (2011)
- PhD Candidate (Faculty of Medicine UI - Jakarta and Utrecht University - Netherland)

Appointments

- Staff to Division of Geriatric Medicine, Department of Internal Medicine, Cipto Mangunkusumo Hospital / Faculty of Medicine Univ of Indonesia, Jakarta.
- Board of Fellow, Center for Clinical Epidemiology and Evidence-Based Medicine, Cipto Mangunkusumo Hospital / Faculty of Medicine Univ of Indonesia, Jakarta.

Organization

- Indonesian Medical Association; Member2.
- Indonesian Society of Internal Medicine; Member3.
- Indonesian Geriatric Society; Member, Research Coordinator

Dr. Leng Leng Thang

Education

- PhD in Anthropology from University of Illinois at Urbana-Champaign

Appointments

- Associate professor and head of the Department of Japanese Studies at National University of Singapore
- Co-Director of Next Age Institute at the Faculty of Arts and Social Sciences, National University of Singapore.
- Co-editor-in-chief of the Journal of Intergenerational Relationships
- President of Fei Yue Family Service Centre in Singapore.

Research

- The conceptualization of the intergenerational contact zone (ICZ), caregiving in Singapore, and transnational care and retirement

Made Diah Lestari, M.Psi

Education

- Master degree on Clinical Psychology, Faculty of Psychology University of Indonesia
- PhD candidate in School of Psychology, College of Humanities and Social Sciences, Massey University, New Zealand.

Appointments

- Teaches clinical psychology, gerontology, mental health, and sexual psychology.
- Facilitator on older people group activity in Bantas Village,
- member of expert team of ageing policy-making in Bali
- contributed in research on *lifelong education* for Indonesian National Development Planning 2020-2025. Currently,

Publication

- Program on Building Positive Self-Concept in Girls to Suppress the Number of Early Marriages in Pengotan Village of Bangli, Bali. Udayana Journal of Social Sciences and Humanity vol: 2/1 2018
- Persahabatan: Makna dan Kontribusinya Bagi Kebahagiaan dan Kesehatan Lansia. (Friendship: The Meaning and Its Contribution to Happiness and Healthiness in Older People. Community Based-Participatory Research Using Photovoice). Jurnal Psikologi Ulayat Vol: 4/1 2017

Award

- Community Development Activity Awardee in Indonesia Services Movement as part of Mental Revolution Movement.
- Indonesia Coordinating Ministry for Human Development and Cultural Affairs. 2017
- StuNed Scholarship Awardee StuNed Indonesia. 2017
- The Best 10 Article Making canang with *pekak and nini:* Intergenerational program in building sense of productivity in older people and maintain culture among the younger generations. Indonesian Psychological Association. 2016

Herman Kwik, PhD

Education

- MBA from the University of Oregon
- Ph.D. from Portland State University

Appointments

- Founder, RUKUN Senior Living, Sentul, Indonesia
- Vice Chairman of Asosiasi Senior Living Indonesia (Indonesia Senior Living Association)

Dr. Gede Wiryana Patrajaya, MHA

Education

- Master Degree (Magister Hospital Administration)

Appointments

- Director of graha asih hospital
- Founder & ceo of sada jiwa (bali healthy ageing facility)
- Vice chairman of bali red cross
- Vice chairman of bali industrial association
- Chairman of indonesia hospital association bali region
- Member of international relation compartment in indonesia hospital association

Previous Appointments

- Head of public health center (1990-1995)
- Head of public health department in bali health office (1996-2002)
- Vice director of tabanan hospital (quality control department) 2002-2006
- Director of tabanan hospital (2006-2012)
- Ceo of bali royal hospital (2012-2018)
- Consultant management of manuaba hospital, bali jimbaran hospital,premagana hospital, bali mandara hospital, harapan bunda hospital

Training

- Hiv/aids management training programme di medical faculty university of new south wales , sidney, australia (1997)
- Care course in national university hospital singapore (2003)
- Hospital management training in parkway health singapore (2007)
- Hospital management training in tokhusukai group japan (2005)

Dr Wong Teck Wee MBBS, FRCP, FAMS, MRCP,AM, FSCAI, FNHAM

Education

- MB, BS from University of Melbourne, under the Australian EMSS (Equity and Merit Scholarship Scheme).
- MRCP (Membership of the Royal College of Physician United Kingdom) in 1999
- FRCP (Fellowship of Royal College of Physician Edinburgh)
- Singapore Cardiology Advanced Specialist Training
- Fellow of the Academic Medicine of Singapore for Cardiology in Aug 2004.
- Cardiovascular interventional fellowship at the National Heart Centre, Singapore
- Fellow of the American Society for Cardiovascular Angiography and Interventions.

Appointments

- Consultant Interventional Cardiologist and Physician at iHEAL Medical Centre.
- Associate Professor of Medicine at UPM and Hospital Serdang.
- Previous head of cardiology unit at medical department, UPM.
- President of Malaysian Healthy Ageing Society, an NGO championing preventive health for elderly.

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PLENARY ABSTRACT SECTION

BKKBN POLICY SCOPES AND RESEARCH RELATED TO AGEING

M Rizal Martua Damanik

Deputy of Training, Research and Development of Indonesia National Population and Family Planning Board. Professor of Human Nutrition IPB University, Bogor Indonesia.

According to Indonesian Population Projection 2010-2035 developed by National Development Planning Agency and Central Bureau of Statistics, that in 2035 the proportion of elderly di Indonesia will reach 10 percent of total population, which makes Indonesia becoming an old population structure. Further the elderly proportion will reach 28 percent by year 2050, yields from the cohort period of birth around the 70s decade, that 60 years later in 2030, will be entering old ages.

Regional difference of the Indonesian elderly indicates that provinces so-called well prosperous and modernized tend to have more elderly. West Papua has the lowest proportion of elderly. Elderly in Indonesia currently accounts for around two millions people.

Several key variables to examine Indonesian elderly would be: whether they earn income, their caregivers to live with, urban rural differences, survival rate across gender, present marital status, daily activities, and type of works, whether still seek for jobs, types of disability, cause of deaths, and sources where they access health services.

Indonesia National Population and Family Planning Board (or BKKBN) based upon the Indonesian Law Number 52 Year 2009 executes its mandates on population, family planning and family development, which the issue on elderly would be closely embedded. BKKBN embraces its program implementation according to human life cycle approach. One of the innovations is through community group activity for families living with elderly (or BKL), with its purpose is to improve quality living among elderly and their family.

HEALTHY SERVICE PROGRAM FOR ELDERLY POPULATION IN BALI

Ketut Suarjaya

One of the impacts of successful health development is the decline in birth rates, morbidity and mortality rates as well as an increase in the life expectancy of Indonesia. Based on article 138 health constitution No. 36/2019 stipulates that health care efforts for the elderly are aimed at keeping the elderly healthy and socially and economically productive. For this reason, the Government is obliged to guarantee the availability of health service facilities and facilitate the elderly group to be able to live a healthy, active, independent, productive and efficient life for their families and communities. Besides the right to health, the elderly also have the same rights in social, national and state life. Efforts to improve elderly welfare are directed so that the elderly remain empowered so that they can play a role in development activities by taking into account the functions, skills, age and physical condition of the elderly. In order to improve the quality of elderly health services, strong programs and strategies are needed to ensure the health of the elderly as for the 1) strategy. Policies to strengthen the legal basis, 2). Increasing the number of the quality of the elderly in primary health care and secondary health care, 3) Building / developing partnerships and networks, 4). Increasing the availability of data and information on health of the elderly, 5) Increasing the empowerment of the elderly, family and community in improving the health of the elderly, 6) Increasing the empowerment of the elderly in family and community health. With this strategy, it is expected that in the future the puskesmas can become a well-rounded puskesmas and all hospitals have geriatric services so that access to health services for the elderly is easy to obtain.

Keywords: elderly health services

HEALTHY AGING: GERIATRICS' PERSPECTIVE

Siti Setiati

In Indonesia, based on INA-FRAGILE study done by Setiati, et al in 2014 showed that only 13.2% of elderly people in Indonesia had robust/fit condition, compared to 61.6% in pre-frail and 25% in frail condition.[1] Frailty is a clinical state in which there is an increase in individual's vulnerability for developing increased dependency and/or mortality when exposed to a stressor. Frailty itself can increase the risk of mortality, hospitalization, physical dependence, falls and fractures.[2-3]

There are two categories of elderly patients, which are robust/fit elderly, and pre-frail and frail elderly. For those with robust condition, preventing chronic condition and ensuring early detection and control is the target, which is to prevent turning into pre-frail condition. In the second group, which is pre-frail and frail group, clinicians define this group as geriatric patients, with criteria based on Permenkes RI 79/2014.

Several characteristics of geriatric in frail group patients include multimorbidity, decline in physiological function, unspecified clinical symptoms, changes in functional and cognitive status (including dementia), changes in nutritional status, and geriatric syndrome. Fortunately, it is not impossible to reverse the frail condition as study showed that combination of nutrition, cognition, and physical activity intervention can reverse the frail condition in 12 months.[4]

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ORAL HEALTH FOR HEALTHY AGEING POPULATION

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Chairman of Indonesian Association of Gerodontology

Tooth loss can affect the chewing ability in older people and may affect nutritional status and eventually their quality of life. The aim of this study were to examine oral health status and masticatory performance of Indonesian independent older people, and their relationship with nutritional status and quality of life. During conducting this study, we also try to implement the oral function promotion program that has been successfully applied in Japan. We evaluate the response of the study subjects. Oral function program aims to maintain the oral function ability of Independent older people. Preventive programs should also be implemented to dependent older people to maintain their oral hygiene.

Independent older people living in Jakarta were recruited through a multistage cluster sampling. 4 public health centers throughout three different municipality were included in the study. Oral health status was recorded using DMFT index and periodontal index based on WHO standards, and masticatory performance was recorded using color changing chewing gum. Nutritional status was evaluated using anthropometric measurement (BMI) as well as interview using Mini Nutritional Assessment (MNA). Quality of life was recorded using several items of WHO questionnaire and Indonesian version of GOHAI questionnaire.

There is significant relationship between oral health status and masticatory performance, with quality of life of Indonesian older people. Subjects were able to follow the oral function promotion program, and it is more effective if it is incorporated with other physical exercise.

INFECTION IN OLDER POPULATION

Manoj Valappil

Perdana University-Royal College of Surgeons in Ireland Medical School, Malaysia

Infections accounts for significant morbidity and mortality in the older population. Factors such as age related immunosenescence & changes to the normal organ functions, co-morbid conditions, increased risk of infections associated with health care and long term care facilities, including multidrug resistant infections and atypical clinical presentations leading to diagnostic difficulties are some of the challenges in this age group. Particular attention is needed to prevent and manage infection related morbidity and mortality and maintain the wellbeing of this group. This presentation will focus on current best practice in the prevention and management of infections in the elderly population.

HEALTHY AGEING IS NOT ANTI AGEING

Nathan Vytialingam

Everyone aspires to look fitter and younger than their actual chronological age. There is a lucrative market out there for products which erase the effects of ageing on the skin and body shape. Cosmetic surgery, various hormones and therapies are used to improve physical appearance. Unfortunately, enhancing the cosmetic appearance does nothing to mitigate the effects of obesity on diseases like diabetes, heart disease and stroke. Adiposity of the visceral organs, a reflection of the diseased states of vital organs, is untouched by cosmetic surgery.

Ageing is a chronological progression of physiological changes in response to both external and internal influences. Our body physiology responds well to a well-balanced diet with physical exercise and poorly to vices or unhealthy habits such as living a sedentary lifestyle, overindulging in food or promiscuous sex .This holds true across races, despite genetic variation.

Conventional medicine is based on reductionist principles, which attempts to use logic attempt to understand how things work physiologically. Addressing problems solely from a materialistic or physical dimension might hold true for numerous medical conditions. However, this approach fails with spiritual or emotional conditions. Eastern medicine, however, seeks to heal the body holistically, involving mind, body and spirit and has the benefit of experience over millennia.

We believe that both approaches, used synergistically, can show us the most effective way to maintain healthy lives. Healthy ageing should be holistic, encompassing the physical, mental, social, as well as spiritual aspects of health and should include traditional and complementary medicine.

HEALTHY AGEING DECADE (2020-2030) AND INTEGRATED CARE FOR OLDER PEOPLE (ICOPE)

IGP Suka Aryana

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The number of persons 60 years and older will grow fastest in developing countries. By the end of this Decade of Healthy Ageing - in 2030 - the number of people 60 years and older will grow by 56 per cent, from 962 million (2017) to 1.4 billion (2030). By 2050, the global population of older people will more than double to 2.1 billion. a Decade of Healthy Ageing 2020-2030, ten years of concerted, catalytic and sustained collaboration, led by WHO. Older people themselves will be at the centre of this effort that will bring together governments, civil society, international agencies, professionals, academia, the media and the private sector to improve the lives of older people, their families and the communities they live in. Healthy Ageing is relevant for everybody. It is defined as the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional ability is determined by the person's intrinsic capacity (the combination of all the individual's physical and mental capacities), relevant environmental factors, and the interaction between the two. Environmental factors include policies, systems, and services related to transport, housing, social protection, streets and parks, social facilities, and health and long-term care; politics; products and technologies; relationships with friends, family, and care givers; and cultural and social attitudes and values. Combating ageism, must be integral to the three action areas that are intended to improve the lives of older people, their families and their communities: 1. communities become age-friendly, 2. ensure person centred integrated care for older people, 3. provide older people who need it access to long-term care at community level. Conventional approaches to health care for older people have focused on medical conditions, putting the diagnosis and management of these at the centre. Addressing these diseases remains important, but focusing too much on them tends to overlook difficulties. As populations age, there is a pressing need to develop comprehensive community- based approaches that include interventions to prevent declines in intrinsic capacity, foster healthy ageing and support caregivers of older people. WHO's ICOPE approach addresses this need. This guidance seeks to support

health and social care workers in community settings to detect and manage declines in intrinsic capacity, based on WHO's Guidelines on community-level interventions to manage declines in intrinsic capacity, and to address the health and social care needs of older adults comprehensively.

Keyword: healthy ageing, integrated care for older people, ICOPE, WHO

HEALTHY AGEING REVOLUTION IN ASEAN

Wong Teck Wee

President of Malaysia Healthy Ageing Society

ASEAN has a long tradition of family and community support for older people, but it is rapidly changing as lower fertility, mass migration and globalization change family structures and values. As older people are increasingly left to fend for themselves, current government healthcare and other protection systems are stretched too thin to meet their needs.

Self-Empowerment is fundamental to release the potential generated by longevity. It is a key component in the promotion and maintenance of health, lifelong learning and social participation, as well as in the quality of life until the end of life. Healthy ageing highlights that ageing is a lifelong process from young firmly rooted in the ideas of health prevention and health promotion. Actions at both the personal and the public policy level are essential to optimize opportunities for people as they age.

In this era, people ages 50 and older are better positioned now to influence and take more responsibility for their healthcare. This means they may well be telling physicians how they'd like to be treated, as well as disclosing details on their psychological and social health. All this self-empowerment has led to new models of healthcare, which must take patient values into consideration in treatment.

Self-empowered patients also do more research; get an in-depth look into how hospitals are becoming more transparent in surgical outcomes, infection rates, and doctors who fall outside the norm in cost or outcomes. Patients are more educated about care in general, and are more willing to ask questions and demand understandable answers.

Knowing which questions to ask can be a challenge for older adults who have trouble finding and understanding the information available on health and medicine. Asia-Pacific countries could actually reap a "longevity dividend" if older people were enabled to work for longer, but in ways appropriate to their age. Age-friendly employment policies, flexible retirement and investment in human capital, infrastructure and public services could help make this happen, alongside doing away with laws that discriminate on the basis of age. These and other approaches can and should be adopted, and a growing number of countries have already started exploring various options.

Keyword: healthy ageing, happiness, longevity

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SYMPOSIUM ABSTRACT SECTION

GERIATRIC CARE FACILITY "A DAY CARE FOR THE AGED"

Vaikunthan Rajaratnam

The increasing ageing population ,one of the major global trends, is a major healthcare, economic and social challenge to countries. Many cities have an increasing population that is over 60 years of age, and in Malaysia, 10 percent of the population is above the age of 60 and this percentage will continue to increase to 15 percent by 2035. The evidence shows that good quality community care ensures better health care status of older persons.

Family members, particularly spouses and children, are crucial resources for the support system for the ageing population in Malaysia. However, the demands of work of the younger generation and caregivers, present challenges for them to provide elderly care.

Many family caregivers do not have the knowledge or skills to provide safe and quality care for their aged loved ones. A day care for the aged model is proposed as a solution and we used a design and development method to create a prototype based in suburban area on the city of Kuala Lumpur.

We will present our methodology and early results of the perception of the public on a care pathway that are not hospital dependent, but structured to improve quality of life and wellness under professional supervision in a daycare setting. It provides the processes for safe, structured, supervised, reliable and harmonious care delivered by trained and competent caregivers.

MODELS OF CARE FOR FRAILTY AND SARCOPENIA IN COMMUNITY DWELLING OLDER PEOPLE

Shahrul Bahyah Kamaruzzaman

Frailty and sarcopenia often result in poor outcomes if not detected and intervened early along itscontinuum.Given the high morbidity and mortality associated with both geriatric syndromes, increased awareness of these syndromes, their early diagnosis, and therefore, timely implementation of apropriate interventions are essential in improving healthoutcomes and quality of life among older people. A deeper understanding of core concepts of the different models of care is important to prevent or delay the development of frailty and sarcopenia. This paper will review the experience of implementing models of integrated care among community dwelling older people. It will explore the evidence of a few models of integrated care that were specifically designed to prevent and tackle frailty/sarcopenia in the community and at the interface between primary and secondary/tertiary care. Current evidence supports the case for a more holistic approach to frailty that involve both patient and caregivers; incorporating chronic care management with education, enablement and rehabilitation to optimise function. This is implemented particularly at times of a sudden deterioration in health, or when transitioning between home, hospital or care home. These approaches in anysettingsshould be supported by comprehensive assessment and multidimensional interventions tailored to modifiable physical, psychological, cognitive and social factors associated with both syndromes.

Keyword : frailty, sarcopenia, intervention

TRANSFER OF JAPAN'S ORAL CARE TECHNOLOGY TO INDONESIA: A PRELIMINARY STUDY

Yuko O. Hirano

Nagasaki University

BACKGROUND - Oral care is one of the key forms of care work to support the ADL and QOL among the elderly, as well as to help them cope with imminent risks such as aspiration pneumonia and asphyxiation. Despite the prerequisite of high skills for administering oral care that involves invasive care, little attention has been paid to this aspect. Since Japan has a long history of providing oral care by sharing such care with other health specialists, it has acquired many skills and accumulated a lot of experience in performing oral care.

OBJECTIVE - The final goal of this study is to develop a universal model of oral care to be disseminated globally, based on Japan's oral care system.

METHODS - The research involved two steps. First, an observational study by a team of Indonesian and Japanese researchers was conducted. Second, a quantitative survey was performed by distributing questionnaires. An Indonesian public elderly home was chosen as the observation site. Based on observations, a 42-item oral care check list was drafted and revised as agreed upon by the researchers from both countries. The check list was distributed to Indonesian care workers in Indonesia and Japan through questionnaires.

RESULTS - The results indicated that Indonesian care workers in Indonesia were more likely to pay attention to the overall health condition of the elderly when administering oral care than Indonesian care workers in Japan. This reflects that the care work in Japan is much too segmented to provide systematic care.

CONCLUSION - The study's results indicated that the care workers' roles are subject not only to the physical or mental condition of the care receivers, but also to the cultural and social systems of the country, where they are engaged in such work.

WHO CONCEPT OF LONG TERM CARE FOR OLDER PERSONS AND THE NEED OF CARE GIVER TRAINING AND EDUCATION

Tri Budi W. Rahardjo

WHO, 2012 defines Long Term Care (LTC) as a system of activities undertaken by informal caregivers , or professionals to ensure that a person who is not fully capable of self care, can maintain the highest possible quality of life , according to his or her preferences, with the greatest possible degree on independence, autonomy, participation, personal fulfillment and humanity. Long-term care for older persons is one of strategy objectives of Global Strategy and Action Plan on Ageing and Health 2016 – 2020. LTC encompasses a wide array of medical, social, personal, and supportive and specialized housing services needed by individuals who have lost some capacity for self-care because of a chronic illness or disabling condition. Hence, the need and demand of care givers are very high. Informal caregiver *and* family caregiver are terms used to refer to unpaid individuals such as family members, partners, friends and neighbors who provide care. These persons can be primary (i.e. the person who spends the most time helping) or secondary caregivers, full time or part time, and can live with the person being cared for or live separately. Formal caregivers are volunteers or paid care providers associated with a service system. Both informal and formal care giver need such training and or education. In Indonesia, training and education of LTC care givers is going to be standardized. Starting for informal care giver (Family caregivers, Neighbor, Volunteers) 50 hrs training ; Level 1 called entry level, 300 – 600 hrs training; Level 2: Work under a direction, 3 years experience of level 1 ; Level 3: Work by oneself without a direction, 1 year education from high school; Level 4: Not only work by oneself but also take leadership in a team, 2 years education from high school, or 1 year from vocational care giver high school; Level 5: Professional skills, expertise, and good reputation, 3 years education from high school, /2 years from vocational care giver high school /300 – 600 hrs training from nursing and or social care /adaption course for care giver returner from Japan

Keywords: WHO Concept, LTC, Care Givers, older persons, training, education

IMPROVING HOME HEALTH CARE SERVICES FOR ELDERLY

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The increasing of elderly population in Indonesia and in the world that continuous from year to year has resulted in the number and percentage of elderly people increasing exponentially. In 2020, it is predicted that Indonesia will become the 6th country with the most number of elderly in the world. This increase in the elderly population creates challenges in providing health services. The existing health services have not been able to meet the needs of elderly with their characteristics. Basically, geriatric services include two things that are medical services and social services. Social services must be considered as an effort to minimize or overcome the impact of the aging process and diseases in elderly individuals in the form of impairment, disability, effective for the elderly who have disabilities and handicaps with chronic stable medical conditions is home care services.

Komisi Akreditasi Rumah Sakit (KARS) Indonesia has included geriatric services as one of the national goals. Home care service is absolutely necessary as a component of geriatric services at a simple, complete, and perfect level. Ideal home care service must meet the following requirements such as managed by either government or private institutions, the services provided are holistic and comprehensive services to individuals and their families in their homes, aimed at improving, maintaining, and restoring their health conditions or minimizing the effects of illness and their limitations, the services provided must be planned, coordinated, and implemented according to the patient's needs and family economic capabilities.

The experience of developing home care service in Sardjito General Hospital, Yogyakarta starts from the Geriatric sub-section to the last stage as a Home Care Installation. Upgrading or improving this service requires commitment by the hospital director or program manager. Things that need to be considered are human resources, especially nurses and physiotherapists in addition to supporting staff, equipment or home service kits, case criteria and types of safe services performed at home, cost packages, reporting and monitoring activities. Home care services data, dominant staff involved, obstacles encountered when running home care services need to be reported.

It is concluded that home care service is needed for elderly patients, with a variety of services that can be accessed and provide comfort and security. For certain types of services is proven to be cost-effective compared with hospitalization.

Keywords : elderly,homecare,cost-effectiveness.

SELF-CARE MANAGEMENT FOR OLDER PEOPLE LIVING IN THE COMMUNITY

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The term self-care reflects two aspects – individual and family self-care as WHO defined “selfcare” as “the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider” (WHO 2013). In the management of chronic conditions and health problems in older people, self-care management is essential. In ASEAN countries, family has a big role as informal caregivers in providing care for the older person, not only direct care but also in terms of financial. However, individual and family are often poorly educated and untrained to provide adequate care for themselves or for their families at home. In addition, limited financial support from family and government add another burden in caring for the older person. Therefore, a model for self-care management for older people living in the community is imperative. This paper describes a new model for the development of self-care guidelines. Through this model, family caregivers are helped to be able to identify their health problems, to decide the best way to handle the problem, to provide care for elderly at home, to modify social and physical environment, and to maintain reciprocal relationship with health care providers. This model combines evidence from high quality research published in the literature, voices of consumers and point of view of health care providers. By combining these three items, the developed selfcare guideline are understandable for audience and applicable in their home settings. This model has been used to develop a self-care guideline for community-dwelling older people with fecal incontinence and a self-care guideline to prevent and manage fall in older people living at home.

Key words: Consumer publication, Self-care management, Chronic condition, Ageing

FALLS-FINDINGS FROM MyFAIT

Tan Maw Pin

One in 4 Malaysians aged 65 years and over fall at least once per year. Falls are associated with hip fractures, vertebral fractures, head injury and other serious complications. In addition, older persons may developed psychological consequences such as fear of falling and depression. The healthcare, social and economic burden associated with falls in older adults is large due to its hospitalisation and long term care costs. With population ageing, there is an urgent need to develop effective strategies to reduce the burden of falls in older adults in our region. Nearly all clinical trials for fall in interventions to date have been conducted in developed nations in primarily Caucasian populations. The Malaysian Falls Assessment and Intervention Trial (MyFAIT) was a randomised controlled study involving 264 individuals aged 65 years and over with at least two falls or one injurious fall in the past 12 months. Participants were randomised to a six-component multifactorial, individualized programme comprising cardiovascular, visual, medication, exercise, home safety and education interventions or routine care. The primary outcome was time to first fall. Secondary outcomes of fall occurrence, fall frequency, physical and psychological outcomes were also measured. Falls outcomes were recorded using a falls diary with daily entry.

Keyword: accidental falls; aged; osteoporosis; depression; Malaysia

ORTHOPEDIC COMPLICATIONS OF FALLS IN ELDERLY PATIENTS

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Falls are common and often cause morbidity, mortality, and disability that reguire regular nursing. Most of these falls are associated with one or more identifiable risk factors, such as weakness, unsteady gait, confusion and medication use. Usually, it occurs due to a combination of multiple risk factors, such as imbalance, degenerative diseases, porotic bone, and metabolic disturbances. Though in orthopaedic field, falls will most often result in injury such as femoral neck and proximal humerus fractures, all other parts of the body may also be affected due to various mechanisms of injury. As a disabling phenomenon, fractures due to falls in elderly may then proceed to series of complications, from early to late complications, from local (such as non union, muscle atrophy, disuse osteoporosis, etc) to systemic complications (such as pressure sores, pneumonia, ulcers, urinary tract infection, ileus, etc).

Early risk factor assessment and prevention such as regular exercise will reduce the incidence of falls among elderly.

Keywords: complication, elderly, falls, risk factors

ETHICAL & MORAL ISSUES FACED BY THE OLDER PERSON

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Advocate & Solicitor High Court of Malaya

The issues pertaining to the elderly started to receive attention from the society when the abuse that had taken place was highlighted via the social media.

It has been noted that the concerns of the elderly have not been adequately addressed by international human right's law. In fact, the human rights of the elderly are still very much in development stages.

There is a lack of data on how elder abuse is reported, although numerous accounts of elders being abandoned or neglected have surface in the media over the years.

In Asian culture, filial piety is greatly valued, and abuse would be embarrassing, especially when the majority of elders reside with their grown children or families and the abuser would likely be a family member. Implying abuse itself may be viewed as an insult to the family structure and admitting to it may be regarded as bringing shame to the family.

Although extensive research has been done in this area of law, an overview of these laws would be addressed to indicate the current status of protection in Asian countries.

LAW AND MEDICAL ETHICS IN GERIATRIC PATIENT IN INDONESIA

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The medical community has frequently been attacked for its attitude toward patients, it is usually conceded that paternalism can be justified if certain criteria are met; if the dangers averted or benefits gained for the person outweigh the loss of autonomy resulting from intervention; if the person is too ill to choose freely and if other persons in similar circumstances would likely choose the same intervention. Ethical aspect on geriatrics service is based on autonomy principle and later emphasized on various things as follows: Patient should join to participate in the process of decision taking and decision making. Eventually decision taking must be voluntarily. Patient must be getting sufficient explanation regarding treatment or decision to be taken completely and clearly. Decision to be made only considered legitimate if patient is considered capable mentally. Based on the things aforementioned then ethical aspect regarding autonomy later is written in the form of law as the consent of medical treatment or informed consent. On the things aforementioned, so patient is entitled to reject medical treatment suggested by the physician, but it doesn't mean they can choose the treatment, if based on doctor's observation the treatment being chosen is useless or even harmful. The capacity to make decision is very complicated ethical and legal aspect. The basis of capacity assessment of decision making by patient should be from patient's functional capacity and not based on diagnosis label. The powerful than directives of patient's wish is what referred to as testament of death/living will, namely a statement from patient when he/she is still capable functionally to face a legal officer (lawyer/notary). This living will can provide a legal force over physician's treatment to give, cease or release all treatment with life sustaining devices.

Keyword: Law, medical ethics, geriatric patient

MARKER IN HEALTY AGEING

Anak Agung Wiradewi Lestari

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Background - Aging is a major risk factor for most chronic diseases and functional impairments. Within a homogeneous age sample there is a considerable variation in the extent of disease and functional impairment risk, revealing a need for valid biomarkers to aid in characterizing the complex aging processes.There is no gold standard tool for assessing healthy ageing at the individual or population levels. Quantitative biomarkers of aging are valuable tools to measure physiological age, assess the extent of 'healthy aging', and potentially predict health span and life span for an individual.

Discussion - we have identified important biomarkers of healthy ageing classified as subdomains of the main are as proposed. Cardiovascular and lung function, glucose metabolism and musculoskeletal function are key subdomains of physiological function. Strength, locomotion, balance and dexterity are key physical capability subdomains. Memory, processing speed and executive function emerged as key subdomains of cognitive function.

Markers of the HPA-axis, sex hormones and growth hormones were important biomarkers of endocrine function. Finally, inflammatory factors were identified as important biomarkers of immune function

Summary - Thus, there has been no identification of a single biomarker or gold standard tool that can monitor successful or healthy aging. Biomarker for Physiological function are Blood pressure, Blood lipids, FEV1, fasting glucose, HbA1c, waist circumference, BMI, Bone mass/density, and muscle mass. Biomarker for endocrine function are DHEAS, cortisol, testosteron, estrogen, growth hormon, and IGF1. Biomarker for Immune Function are IL6 and TNF α

Keywords

Biomarkers, Ageing, Physical capability, Cognitive function, Physiological function, Musculoskeletal function, Endocrine function, Immune function

MYOKINE, MARKER FOR HEALTHY AGEING

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Aging process is a process that takes place naturally with complex mechanisms and multilevel due to various risk factors. The most common and popular basic mechanism for experts is the presence of free radicals which cause an inflammatory process. An imbalance of free radicals and antioxidants followed by an inflammatory and anti-inflammatory imbalance causes the aging process to continue. Aging continues to decrease the function of various organs and increase morbidity and mortality. Markers to find out the number of free radicals and the high inflammatory process have been widely studied. The aging process causes immunosnesence to cause a condition called Inflammageing, where chronic inflammation occurs in a low degree. This process is influenced by the amount of inflammatory cytokines produced by immune cells and fats. Chronic inflammation is a contributor to the pathophysiology of various degenerative diseases. Providing therapy to reduce inflammation is crucial, but pharmacological approaches do not show significant results on this. Others various studies have shown that physical activity can stimulate Myokine secretion from contracted striated muscles. Some of the known Myokine include IL-6, IL-8, IL-5, BDNF, FGF-21, LIF, Irisin, and SPARC. Myokine can affect the metabolism of glucose, fatty acids, angiogenesis, neurogenesis and can explain the relationship between striated muscle with liver, fat tissue, and brain. Through this mechanism, physical activity is expected to reduce the incidence of various degenerative diseases so that they can maintain their health until old age (Healthy Aging). Myokine can be opportunity as a target marker (diagnosis) and target therapy in the future.

Keyword: aging, myokine, healthy aging

DEPRESSIVE PSEUDODEMENTIA IN THE ELDERLY

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Delirium, dementia and depression are the 3 D's that affect cognitions in the elderly. As age advances, those patients at risk of developing dementia often suffer from depression. Conversely, some older patients who have depression exhibit cognitive symptoms that are frequently confused with a dementing process. This entity is known as depressive pseudodementia (DPD), first described in the 1960s and is the most common variety of a group of disorders that constitute pseudodementia.

Pseudodementias have proved to be a popular clinical concept and are not limited to a single entity but instead refer to conditions resembling organic dementia. There have been many controversies surrounding the use of the term and it is interesting that in our technologically advancing era of neuropsychiatry, we are still faced with many doubts pertaining to the application of these syndromes and their detection, differential diagnoses and management modalities, which have all undoubtedly contributed to missed treatment opportunities.

This symposium session will expound mainly on the highest occuring and most well-known of these disorders, namely DPD. Its clinical picture resembles that of dementia and it is imperative that an accurate diagnosis is made early. Countless errors and post-dated changes in diagnoses from dementia to depression makes it worthy of deliberation as cognitive deficits in DPD may be temporarily reversed and true dementia postponed as a result of active treatment.

PHYSICAL ACTIVITY FOR MAINTENANCE OF COGNITIVE FUNCTION

Czeresna H. Soejono

RSCM FMUI

Report of Alzheimer disease international showed that the number of the elderly with dementia is increasing significantly . The number of people with dementia will reach 75 million in 2030. Already 58% of people with dementia live in low and middle income countries; that percentage will increase to 68% by the year 2050 (ADI website, 2018).

The issue of dependency, care giver distress, dependency ratio, and elderly abuse are just some of negative impacts if this raising number of dementia prevalence is not being tackled worldwide. National as well as international colaboration with innovation in managing dementia epidemiy are very urgent.

While medications for treating dementia are still not able to fully reverse the course of illness and some newer drugs are also still in research level; the number of new cases cannot be withheld. In fact, comprehensive management of dementia is not merely rely on medications; active participation of patients and their family in various aspects of their lives are mandatory in facilitating disease progression. Social aspect of dementia in daily life is very huge. Therefore, engaging dementia patient in any stage would have benefit not only for the patients and their family but also for the community.

Social engagement and physical activity are two modalities that could jointly play important role in the management of cognitive function. Anykind of physical activity should lead to core outcome goal of functional independency (highest possible functional independency) or functional abilities and independence (Goncalves AC, 2018). Combination of cognitive training and physical activity could further develop significant impact on cognitive function (Joubert C, 2018). Every countries have their own characteristics in social and cultural activities that might also have important role in preserving cognitive function. Poco-Poco dance from North Sulawesi Indonesia has been proven to be beneficial in preserving executive function in diabetic patient with mild cognitive impairment through improvements in neuronal functions and plasticity (Theresa RM, 2019).

PHYSIOLOGICAL CHANGE AND EXERCISE FOR ELDERLY: DO PHYSICAL ACTIVITY GUIDELINES MATTER?

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BACKGROUND – Elderly is a natural process for the human followed by physiological changing for all of the body system and lowering of its function. Exercise can be applied to maintain the system still optimum. But an elderly is a unique people. Physical activity must be arranged base on the elderly capacity.
OBJECTIVE – This article writen to explain the physiological changing in elderly, the important of exercise for elderly and the role of physical acvitivity guideline for optimum result.
METHODS – Study literature was done to find the related article about elderly and physical activity. All the information were collected and made into synthesis.
RESULTS – The result show that aging is a natural process for people. All the system within the body were change physiologically and made some effect particularly the physycial fitness and brain function. The musculoskeletal strength and endurance were changing in line with the age. Furthermore, decreasing of musculoskeletal was affect to balance, flexibility and risk of fall. Physical fitness were needed for endurance and supply of oxygen to the brain. Physical activity was known has anti aging effect and maintain the physiological function and finally will delay the aging process. Physical activity guideline is needed and can be appplied personally. Implementation of training dose must considered the capacity of each elderly.
CONCLUSION – Physiological changing was happen in elderly especially physical fitness and brain function. Physical activity can be applied to delay physiological changing. Specific dose was needed to be applied for elderly and can be implemented using specific guideline for each elderly people.

BARRIER DOING EXERCISE IN ELDERLY HOW TO MANAGE

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Many older adults are at risk for low levels of physical activity. The rising number of older adults and the burden of inactivity-related health problems on individuals and on society, mandate that healthcare providers address low physical activity levels in this population.

Regular physical activity is important or maintain long-term physical, cognitive and emotional health. However, few older adults engage in routine physical activity and even fewer take advantage of programs designed to enhance physical activity participation.

Regular exercise for the elderly offers great benefits, including extending lifespan. But alarmingly, only one in four people between the ages of 65 and 74 exercise regularly. According to the National Institute for Ageing, exercise is good for people of any age and can ease symptoms of many chronic conditions. And contrary to popular belief, weakness and poor balance are actually linked to inactivity, rather than age. Increased fitness, strength, confidence, coordination and mood are just some of the positive affects experienced after regular exercise.

There are barriers to and fasilitators of physical activity in elderly. Those are intrapersonal level factors like physical and mental health, individual preferences ; interpersonal level factors ; physical environment factors and structural and organizational factors.

Management and program participation of the barriers based on a social ecological framework. Older adult populations may benefit from greater support and information from their providers and health care systems on how to safely and successfully improve or maintain physical activity levels through later adulthood. Efforts among health care systems to boost physical activity among older adults may need to consider patient-centered adjustments to current physical activity programs, as well as alternative methods for promoting overall active lifestyle choices.

Keywords: elderly, exercise, physical activity, barrier.

PURPLE SWEET POTATO EXTRACT AS ANTIOXIDANT TO DELAY THE AGING PROCESS

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Research has proven that to be able to live in a healthy condition each cell needs certain levels of free radicals to maintain the signaling process in the cell. To keep the levels of free radicals balanced, it turns out that cells in the human body also have antioxidants that will maintain the redok system in the body in a balanced state. Oxidative stress is a state of imbalance between antioxidants and free radicals in the cell or in the body, thus causing a negative effect because it can cause oxidation of enzymes, proteins, DNA and lipids. As a result of oxidation, oxidative stress can cause various degenerative diseases such as coronary heart disease, accelerate the aging process and cancer. Antioxidants are needed to prevent the disease and delay the aging process.

In recent years, phytochemicals from various types of plants have attracted the attention of researchers, so that enough scientific research has proven that phytochemicals, can reduce oxidative damage caused by free radicals and delay the aging process. Anthocyanin is a flavonoid which is a phytochemical found in plants which has antioxidant properties.

Purple sweet potato has been studied in several countries and has been known to contain flavonoids, especially anthocyanins, which are quite high, so they are useful as natural antioxidants. In Bali, purple sweet potato tubers have been studied in various animals as antioxidants, and can reduce blood sugar levels, as hypolipidemic and are hepatoprotective through the effects of these antioxidants, so beneficial in life, especially delaying the aging process. This article will discuss some of the results of research on purple sweet potato tuber extract as an antioxidant, so it is beneficial to the health.

Keywords: Antioxidant, healthy aging, purple sweet potato

CURCUMA FOR COMPLEMENTARY THERAPY OF DEGENERATIVE DISEASE IN ELDERLY

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The evaluation of antioxidant potential of food has much attention in recent years. Antioxidant compounds can scavenge the free radicals and thereby can protect the human body from free radicals. The curcuminoid consist of three major components including curcumin, demethoxycurcumin, and bisemethoxycurcumin. The study of anti-inflammatory activity of curcumin has been done. Curcumin one component of curcuminoid has more powerful anti-inflammatory activity than the other components. Curcumin has many effect like anti-inflammatory, anti-oxydant, anti-hepatotoxicity and colagogum, anti neoplasm, and peptic ulcer prevention. In vitro curcumin inhibite the activity of phospholypase, lypoxigenase, cycloxigenase-2 (COX-2), leucotrien, prostaglandin, thromboxane, Nitric Oxide, collagenase, elastase, hyaluronidase, interferon, TNF-α and IL-12. The mixture of Curcuma xantorrhyza Roxb's essential oil and Curcuma domestica Val's curcuminoid extract could reduce ureum and creatinin compared to piroxicam. Therefor, using curcumin can be used as a alternative therapy in patient with degenerative disease like osteoarthritis.

Keywords : Anti-oxidant, Curcumin, degenerative disease

GERIATRIC ONCOLOGY: IMPROVING QUALITY OF LIFE IN ELDERLY CANCER PATIENTS

Ravindran Kanesvaran

Older adults with cancer in Singapore and worldwide bear the greatest burden on the healthcare system compared to other patients with other diseases. In the Singapore for example, more than 60% of all cancers arise in the elderly population. Nevertheless, for oncology professionals and older cancer patients, decisions about cancer treatment often present great challenges related to patients' tolerance of and adherence to cancer treatment. Many older patients begin the cancer journey with pre-existing co-morbidity, low physiological reserves, low functionality, nutritional problems and cognitive impairments that may aggravate the toxicity of cancer treatment. Studies indicate that older cancer patients have an increased risk for chemotherapy toxicity, particularly febrile neutropenia, anaemia, complications associated with nausea and vomiting, depression, insomnia and fatigue. Older cancer patients therefore require special attention in order to improve their supportive care needs because their care needs are enormous and complex during cancer treatment. In this talk, I will explore the various methods we have developed in the field geriatric oncology to enable older cancer patients to get the appropriate treatment while maintaining or improving their quality of life.

CANCER PAIN MANAGEMENT IN ELDERLY

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Advanced age brings forth a multitude of health problems, including cancer. Cancer prevalence increases with age and peaks at the age above 60 years old. Cancer can have several consequences including pain, depression, insomnia, loss of appetite and others. Pain is the most frequent complaint conveyed by cancer patients and remain to be the source of main affliction among cancer patients.

Cancer pain according to its etiology belongs to mixed pain, i.e. a combination between nociceptive, neuropathic, and dysfunctional pain. Multidicipline approach, comprising pharmacological and non-pharmacological treatments are essential for the treatment of cancer-associated pain in elderly. Pharmacological treatment in general consists of analgesics with or without adjuvants. Analgesics comprise non-steroidal anti-inflammatory drugs and opioid, while adjuvant analgesics comprise anticonvulsants and antidepressants. Furthermore, advanced age also correlates with decreased organ function, including GI tract, heart, lungs, kidney, and liver. Pain medication may more or less affect these organs. Selection of medication and dose may depend on the adjustment with aforementioned factors. Family and caregiver support are also essential to increase successful treatment goals.

Conclusion: Comprehensive management involving multidiciplinary approach as well family and caregiver support is paramount to determine the success of cancer pain management in elderly.

Keywords: elderly, cancer pain, mixed pain, analgesics, multidiscipline

MENTAL HEALTH IN OLDER PERSONS

Philip George

Population of old and particularly very old people is rapidly increasing in developed and developing countries such as ours. This is largely due to improved health and social conditions. Most older people live with good mental and physical health and continue to contribute to society and their families. In 2014, the World Health Organization reported that suicide rates were highest in people aged over 70 in almost all regions of the world. The Royal College of Psychiatrists (RCP) also found that 40% of older people in GP clinics experience mental ill-health problems in the UK.

Some mental illnesses such as dementia and depression are especially more common in old age. Differing presentations and clinical features pose challenges to management. Appropriate detection, assessment and treatment require specialist knowledge and skills as well as a multidisciplinary collaboration and approach. Priority needs to be given to these mental illnesses which can be the cause for serious stress not only to the older person themselves but also to their families.

Keyword: Mental Disorder, Older Persons

STRENGTHENING THE TIES BETWEEN GENERATION: HOW INTERGENERATIONAL CONTACTS CAN IMPROVE MEMORY PERFORMANCE OF THE ELDERLY UNDER STEREOTYPE THREAT?

Arum Febriani

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BACKGROUND – Prior research has shown that exposure to stereotype threat can harm the elderly's memory performance. However, those studies have been mainly confined to Western countries or cultures. It is important to examine their generalizability across cultures and to identify factors that can serve as buffers against the effects of stereotype threat among the elderly.
OBJECTIVE – The present study examined whether intergenerational contacts can reduce the negative effects of stereotype threat on the memory performance of the elderly in two countries/cultures, i.e., France and Indonesia. The extent to which this is mediated by anxiety (performance anxiety and/or intergroup anxiety) as a function of cultural groups was also examined.
METHODS – A total of 80 elderly people in France and in Indonesia completed a task that was framed as a memory test (high-threat situation) or a cognitive exercise (low-threat situation). Following the task, participants completed several questionnaires, namely performance anxiety, intergroup anxiety, and intergroup contact.
RESULTS – Results showed that, in both countries, stereotype threat decreased the memory performance of the elderly, but only among those who had little positive contacts with young people outside the family. Among those who had more positive contacts, threat did not lower their performance. Underlying the importance of culture, performance anxiety mediates the effects of threat and contact on performance among the French, versus intergroup anxiety among the Indonesians.
CONCLUSION – This study provides evidence that stereotype threat effects, among elderly both in France and in Indonesia, can be reduced through positive contacts with young people. However, factors that mediated the effect of threat and contact on memory performance in both countries were different as a function of culture. It is also possible that culture may influence the ways people cope with or react to the stereotype threat.

DEMOGRAPHIC BONUS AND HEALTHY AGEING: A CONCEPTUAL ANALYSIS

Aris Ananta

This is actually an old debate on whether a large or small number of population is good or bad. In the 1960s to 1980s people were worried about large number/ percentage of population because of high fertility, often called "threat of population explosion". A large number of population was feared to aggravate poverty in low income countries

In the last decade people have been happy to learn demographic bonus/ dividend, believed to occur only once in their life time. This demographic bonus is related to the large number/ percentage of working age population (summation of employed population, unemployed population, and out of labour force, including discouraged labour force). This demographic bonus/dividend is concerned with "quantity" only and is expected to promote economic growth. At the same time people have been optimistically talking about active/ healthy ageing as a means to increase people well being, beyond economic growth, for all ages and genders. Active/ Healthy ageing is concerned with the quality of life of people. It uses a life course approach to raise well-being of people.

This paper makes a comparative discussion on the strength and weakness of the concepts of bonus demography and active/ healthy ageing.

THE ECONOMIC PROBLEMS OF AGING POPULATION IN INDONESIA, HOW TO MANAGE?

I Gusti Wayan Murjana Yasa

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The increase in the number and percentage of the elderly population which is relatively fast in Indonesia has consequences, both social and economic. This paper aims to examine the economic problems by the elderly population especially in Indonesia and look for alternative solutions to these problems. The analysis uses 2015 and 2017 Susenas data and several other sources. Data were analyzed descriptively.

The results of the study show that the responsibility of the elderly population economically in Indonesia is still very large. As many as 61.7 percent of the elderly population are heads of households, and economically 40.1 percent of them belong to the population group with the lowest 40 percent income or are classified as poor. The increasing age of poverty condition of the elderly population is higher. The limited coverage of various social security, especially for the elderly population, and the increasingly loosening of family support for guaranteeing the survival of the elderly population, requires an increasingly comprehensive and sustainable model of handling the elderly. Some important solutions include, strengthening social and economic support of the elderly population through family, secondly, developing life cycle- based social security patterns, thirdly, in the long term it is thought to be related to comprehensive pension benefits for the elderly population. And fourth, jobs that are suitable for the elderly population.

Keywords: aging population, poverty, social security, job security.

MANAGEMENT OF SEXUAL PROBLEMS IN ANDROPAUSE

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All humans in this world would experience the aging process. The aging process would be experienced by all humans in the world, but the speed of this process depends on several factors, including the lifestyle. This aging process 64% was caused by lifestyle. At the age of 40 years, growth hormone decreased to 50%, and at the age of 80, only a few percent remain. Lack of this hormone would cause symptoms of aging visible increasingly. One symptom of the aging process is the presence of sexual problems that will increase with age.

Sexual problems (sexual complaints, sexual dysfunction and paraphilia) were not experienced infrequently by married couples (couples) both husband and wife. This problem was experienced in almost all countries in the world. One of the aging processes experienced by women was menopause and in men was andropause. One of the problems experienced by andropause men is sexual problems, namely decreased libido, arousal, orgasm and sexual satisfaction. Andropause was experienced by all men but the level of the problem varies depending on various factors namely lifestyle, environment, sociocultural and spiritual.

Management of sexual problems in andropause requires integrated handling, it starts from the regulation of lifestyle that includes physical, psychological, and adjusting to the environment, socio-cultural and spiritual that was true and rational.

MENOPAUSE AND SEXUALITY

Mohamad Farouk Abdullah

There are more women over the age of 50 in the world today than at any point in history. For many this is accompanied by the fear that menopause signals the end of their sexual lives. Fears driven by commonly held stereotypes that older woman are unattractive and asexual. Clinical research and epidemiological studies further confirm that declining sex activity is one of the most common and vexing problems of menopausal women. Numerous physical conditions, many of which are treatable, contribute to this decline. Aging male partners also experience changes that can interfere with sex.

Sexuality is a natural and healthy part of living. Sexual feelings, desires and activities are present throughout life, including menopause and beyond. Previous attitudes often dictate midlife sexuality. Those who enjoyed sex in their younger years continue to do so while those who had just put up with it, welcome the reduction in sexual activity. Some women have an increased interest in sex, influenced to some extent by their partner's interest and capacity.

As sexuality changes with age, there is a need to understand, make adjustments and seek appropriate therapy. In general most couples can continue to have a satisfying sexual relationship (including sexual intercourse) throughout menopause and beyond.

AGE-FRIENDLY CITIES AND COMMUNITIES

Nathan Vytialingam

An age-friendly city and communities offers a supportive environment that enables citizens to grow older actively within their families, neighbourhoods, and civil society and offers wide-ranging opportunities for their participation in the community. In the more simple form, older people are able to be active in the life of the community through interaction with other people and using community resources. This may take the form of able to participate in driving, shopping locally, using parks and libraries, or attending religious activities. Older people can also partake in political and related organizations within the community to move towards an age-friendly city. The age-friendly city is to create a positive living environment for older people, the natural and built environment, social systems, participation, health, and safety which are the fundamentals that need to be considered. Overall, an age-friendly city and community are potentially “friendly” for all and not only the older people population.

ISOLATION ELDERLY OF URBAN PROBLEM IN JAPAN

Yasuko Akutsu

President & CEO of MT Healthcare Design Research Inc. Aging2.0Tokyo chapter ambassador. Representative Director of Advanced Gerontology In Next Generationin Japan

BACKGROUND - Japan is the supper aging society. In Japan,the aging population will rapidly increase in urban area., In 2035 the average aging rate will be 40% in Japan and the rate for average of aging living alone will be almost 40 % of the all the aging population. Especially Urban side Tokyo Osaka.

OBJECTIVE - Why is isolation big issue? The isolation will make aging Frail. The word “Frail” is Japanese coined word from English ward "Frailty" If we translate English ward "Frailty" into Japanese, it means "weakness", "aging", "fragility" . After much discussion , the Japanese Society of Geriatrics named the condition which elderly people can recover from "Frailty" “ Frail”.

The population of aging today are baby boomers and their lifestyle is very different from previous aging, and they are used to IT technology more than previous aging population.70% of over 60s are using smartphone and 50% are using Social media.

METHOD - I will introduce some trial that rescue aging population from isolation and our project managing Health expectancy using an Active meter and Tablet.

Our system is to enlighten people's consciousness (health literacy) and promote behavioral change based on specific indicators with scientific evidence (Nakanojo study). It is possible to extend the healthy life expectancy through and reduce medical costs. In addition to it send information about health condition and safety of aging people living alone to their family who live at long distances away.

CONCLUTION - The IT systems that rescue aging population from isolation have just started. So we don’t get the evidence if it could be effective for isolation of ging people living alone.

I would like to share the possibility that the IT technology might rescue the aging from isolation and improve their health condition.

EARLY DETECTION OF MILD COGNITIVE IMPAIRMENT IN THE ELDERLY IN PRIMARY HEALTH CARE IN INDONESIA

Gea Pandhita S

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BACKGROUND - The increase in the elderly population in Indonesia will have an impact on increasing the number of people with cognitive impairment. Mild Cognitive Impairment (MCI) is a transient cognitive condition between physiologic aging and dementia. MCI is predicted to be a common cognitive impairment in primary health care. Early detection and appropriate management of MCI can slow cognitive impairment to worse. The current methods for early detection of MCI have not been satisfactory for some doctors in primary health care in Indonesia. Therefore, a novel, easy, fast, and accurate method for early detection of MCI in primary health care is needed.
OBJECTIVE - This study intends to develop a neuropsychological algorithm which is a combination of several brief cognitive assessments for distinguishing elderly with MCI from normal elderly in primary health care in Indonesia.
METHODS - This is a diagnostic study using a cross-sectional study design, comparative analysis in elderly with normal cognition and those presenting with MCI. The Iterative Dichotomiser 3 decision tree classifier software was used. The placement of each predictor variable in the neuropsychological algorithm is based on the information gain of each predictor variable. Test of accuracy including sensitivity, specificity, likelihood ratio, predictive value, and time effectiveness ratio were done to analyze the validity and the applicability of the neuropsychological algorithm.
RESULTS - We enrolled 110 elderly people in East Jakarta, Indonesia, age 60 years or older. The neuropsychological algorithm which is a combination of Verbal Fluency Semantic Test, Subjective Memory Complain, Gender, and history of Hypertension has fairly good accuracy in distinguishing elderly with MCI from normal elderly (Accuracy = 90.91%) and easy to be used (Time Effectiveness ratio = 2.29).
CONCLUSION - The neuropsychological algorithm is an easy, fast, and accurate method for early detection of MCI in the elderly in primary health care in Indonesia.

Keywords: mild cognitive impairment, neuropsychological algorithm, elderly, early detection

BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

Anupama Roy Chowdhury

BPSD or Behavioral and Psychological Symptoms of dementia are experienced by several persons living with dementia (PWD), usually in the middle and later stages of their illness. They include symptoms such as aggression, agitation, wandering, anxiety, depression and sleep disturbances. They can be distressing to both, the person with dementia as well as the caregiver. If not addressed in a timely manner, they can lead to a negative relationship between carer and PWD, depression in the carer and institutionalization of the PWD. This talk will cover potential reasons for the challenging behaviours observed and non-pharmacological as well as pharmacological measures used in their management.

OLDER PERSONS FROM ONUS TO BONUS IN JAPAN

Takeo Ogawa

Kyushu University and Yamaguchi University President, (NPO) Asian Aging Business Center

In demographic theories, the demographic transition theory is well-known. It explains the convergent theory, in which every society is changing from high birth rate and high death rate to low birth rate and low death rate. In a process of demographic transition, a working age population increases temporally. It causes the demographic bonus for a society of economic growth. However, Japan did already change beyond the hypothesis of the demographic transition into a society with low birth rate and high death rate. Also, working age population is decreasing. Therefore, it might cause a demographic onus society.

However, it is not true that older persons are onus for economic growth. We should think about an equation of social expenditure. Social expenditure rate is constructed not only with a dependency ratio but also with a workforce rate and a labor productivity. If healthy older persons can work longer, it will be able to replace for a shortage of younger workforce. Actually, healthy older persons are more plentiful in large numbers than frail older persons. Also, the high labor productivity will enhance for older persons to be able to contribute for an economic growth. Almost 80% of older persons are healthy and active in Japan. An issue is how our society can mobilize older persons as bonus and assets.

Almost industrialized societies established a retirement age system mandatory. If one lives until centenarian, his or her working time will be a smaller ratio in his/her total life. Therefore, we will have to develop new life paradigm for surviving in a low fertility and aged society. Some best practices are showing that older persons are working as a contractor for seeking annual income, working as discretional workers, and working as prosumers. The productive ways of life include not only prosumer-type but also high innovative one with new technologies. Japanese national government decided to promote new innovative technological development under the recognition of “Society 5.0.” It means that older persons will able to survive in their latter life with utilizing artificial intelligence, internet of things, robotics and other new technologies. Fukuoka-city started the “Fukuoka 100” Project for realizing it.

Furthermore, Japanese government started “Asia Human Well-being Initiative,” which aims to resolve health and social issues in aging Asia. Under the initiative, Japanese society will invite many foreign care workers, trains them, and will send back to their origin countries.

In Japanese society as a highest rate of aged population in the world, there are many challenges to look for resolving the issue.

Keyword: Active Ageing, Demographic Onus, Society 5.0, Technological Innovation

ELDERLY SCHOOL INFORMAL EDUCATION MODEL IN THE COMMUNITY

Dwi Endah

Indonesia Ramah Lansia Foundation

Yogyakarta is a province in Indonesia which has the higest propotion of elderly as much as 13,4%. The number of elderly have challenge to make of elderly stay healthy and good quality of life. One of programs to contribute for the elderly is elderly informal school. One of the elderly school activities has been carried out in Yogyakarta province since last year. The number of participant currently 1134 elderly.

The purpose of this study to know achievement elderly school during one year to improving knowledge about degenerative of deseases like hypertension, diabetes mellitus and score participant of satisfaction. This research was conducted on 16 October 2018 in Imogiri Bantul Yogyakarta Province with quantitative methode, cross sectional study. Number of sampel is 87 participant elderly school and used descriptive analysis.

The result are attendance rate in elderly school 92%. The education of the participants was mostly only at the basic level (primary school) of 80%, an average of 85% working as laborer or crude worker. Elderly school have influence of 92% able to improve knowledge about degenerative diseases with good category. As many as 78% know the symtoms, 87% know how prevent degenerative diseases. The level of satisfaction of elderly school participants is 83%. The activity is carried out annually each month with a curriculum including health, social, economic and religious. The methode used with lectures, practice and self help group. Conclusion elderly school have the benefit of increasing participants knowledge and making happy. The education informal model for the elderly like elderly school has packaged in the form of an elderly school a curriculum to prevent disease and make the elderly happy.

Keyword : elderly, elderly school, informal education, age friendly, quality of life

COMORBIDITY EFFECT IN PROGNOSIS OF DELIRIUM SYNDROME IN ELDERLY

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Delirium is a complex neuropsychiatric syndrome, particularly prevalent among elderly hospitalized patients and characterized by a rapid onset of symptoms, fluctuating course, disturbance of attention and awareness, changes in cognition and with evidence of a physical cause. Risks for delirium can be divided into predisposing and precipitating factors. Patients at high risk of delirium because of multiple or severe predisposing factors need minimal precipitators to provoke a delirium episode. Alternatively, a patient with few predisposing factors would require multiple or severe triggers to provoke delirium. One of predisposing factors is comorbidties. Comorbidities in delirium patient may divided into 2 categories which are comorbid with psychiatric disorders (ex: dementia, depression) and with general medical conditions (ex: liver diaseases, kidney diseases, lung diseases, etc). Comorbidities also increase risk for more severe delirium. In Sanglah hospital, we found that comorbidities (measured with Charlson Age Comorbidity Index) has a significant role on the severity of delirium in elderly patient. Another study found that patients with more severe comorbid illness are not only at heightened risk for delirium but may go undetected by medical personnel. Therefore, systematic screening of delirium appears warranted for all patients admitted to hospital, where the high prevalence of medical illness may mask mild delirium symptoms. Recently, it was found that comorbidities also a prognostic factor in elderly patients with delirium. In Sanglah, we found that elderly patients with more comorbidities had a risk of death almost 2 times greater than those with fewer comorbidities. Because comorbidities has significant roles in delirium, a careful and comprehensive assessment (ex: using Comprehensive Geriatric Assessment/CGA) to psychiatric and general medical conditions is necessary in all elderly patients.

NONPHARMACOLOGY THERAPY FOR MANAGING DELIRIUM PROBLEM

Ni Ketut Sri Diniari

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BACKGROUND - Delirium is an acute confusional state characterized by consciousness disorder, decline in cognitive function and attention, abrupt onset and fluctuating course. Treatment of delirium is mainly based on resolution of the underlying condition combined with non-pharmacological interventions and specific pharmaceutical interventions. Non-pharmacological interventions have been the main approach used in patients with delirium, although it is unclear whether an episode of established delirium can be attenuated through nonpharmacological strategies.
OBJECTIVE - To describe non pharmacology therapy for managing delirium problems
METHODS - Study from literature review
RESULTS - Non pharmacology therapy, among them are mobilization, noise reduction, cognitive stimulant with reorientation, light therapy, and sleep protocol, has advantage to improve delirium condition. Non pharmacology approach involved collaboration between doctor and others, such as nurse, physiotherapist, and caregiver itself, generally applied together encompassing several domains. By optimalizing non pharmacology approach, pharmacology therapy can be minimalized and can give low-risk and low cost strategy.
CONCLUSION - Non pharmacology approach is important because it can improve delirium condition then pharmacology therapy can be minimalized.
Keyword: delirium, non pharmacology, managing

FIT OR FRAIL? COMMUNITY RESEARCH ON HEALTHY AGING IN THE PHILIPPINES

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Background - The Philippines is aging, with approximately 8 million of its population at the age of 60 years and over. While aging is inevitable, frailty is not. Frailty is defined as reduced strength and physiological malfunctioning that predisposes an older person to increased dependency, vulnerability and death. The project is funded by the Department of Health's Policy Development Bureau and managed by the Philippine Council of Health Research and Development. Ethical approval was granted by the Single Joint Review Ethics Board and the University ERB.

Objectives - 1. To identify what and how existing Health System are aligned in preparation for the WHO Healthy Aging Framework. 2. To describe the health status of older adults and describe the prevalence of frailty in select communities. 3. To identify interdisciplinary, socio-cultural and medical solutions to achieve healthy aging with a focus on the vulnerable frail senior citizens. The investigators seek to create a relevant national framework on Healthy Aging. This research project will help us understand the current policy landscape, services, workforce, health status, frailty states, and socio-environmental support systems for Healthy Aging.

Methods - Mixed methods approach using quantitative and qualitative techniques. Data collection is centered on the use of a locally validated Comprehensive Geriatric Assessment. This is augmented by oral health assessment, laboratory tests, a quantitative (census, survey) and ethnographic analysis using participant observation (PO) and in-depth interviews (IDI). Four Regions with the highest proportion of older persons in the three major island groups were selected. Random stratification of 424 participants age 60 years and older was performed.

Output and Application - This is an ongoing project. Policy recommendations, publications and a National Convention on Healthy Aging are envisioned as culminating events. Successful implementation of the research will help lead the way to viable health programs and longitudinal research.

Keyword : Healthy Aging, Philippines, Comprehensive Geriatric Assessment, CGA, Frailty, QOL, Health Systems, Framework, Mixed methods

LESSON FROM FRAILTY STUDY IN INDONESIA

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As geriatric syndrome emerges worldwide, frailty syndrome has caught major attention not only among geriatricians, but also other health care professions and researchers in Indonesia. Frailty studies in Indonesia varied in the study design (from cross sectional to cohort and randomized controlled clinical trial) and in the use of the frailty diagnostic tool (based on Fried criteria or frailty index). In addition, there was also increasing number of study on sarcopenia as an essential element of physical frailty. The proportion of sarcopenia and pre-sarcopenia among geriatric outpatients were approximately 15.8% and 4.2% respectively, which were slightly higher than the prevalence of sarcopenia in the world based on meta-analysis data of general population studies. The prevalence of frail elderly based on frailty index (FI) criteria among geriatric outpatients in multicenter study was 25.2%. Based on phenotype criteria, the proportion of frail geriatric outpatients was 14.1–29.2%, while among low socio-economic status urban community-dwelling elderly women was 24% and as many as 52% among elderly in nursing home. Study on diagnostic performance of several frailty tools has indicated that all those scoring systems were less appropriate to serve as screening tools since they all had high specificity, but low sensitivity compare to FI-40 items. Regarding sarcopenia, a different cut-off value to define low muscle mass based on Bioelectrical Impedance Analysis and calf circumference measurement was suggested. Moreover, combination of calf and thigh circumference with SARC-F questionnaire may serve as a good and practical tool in diagnosing sarcopenia in daily clinical practice. Study on the association between muscle mass and physical frailty has supported the use of appendicular lean mass (ALM) that adjusted by the height squared (ALM/height2) to indicate muscle mass index, instead of ALM that adjusted by the body mass index (ALM/BMI). The determinant of physical frailty was not a low lean mass, but rather the nutritional and functional status. The quite large range in the proportion of the physically frail elderly might be due to the proportion difference of underweight subjects. This finding was supported by several studies with different study design. Cohort study on geriatric outpatients which use frailty index to define frailty status also showed age as well as the

nutritional and functional status as the risk factors of becoming frail elderly, whereas age 70 years old or older, fair to poor health-related quality of life (HR QoL) and slow gait speed as the prognostic factors for frailty state deterioration. In addition to age, lower functional status and HR QoL, depressive symptoms also contributed as factor associated with frailty among community-dwelling elderly women. Although C-reactive protein (CRP) level showed insignificant association with frail status in that study, analysis on the Indonesia Family Life Survey (IFLS) 2007 data indicated significant association between high level of CRP and lower activity of daily activity (ADL) score for middle-aged and elderly. Elaboration on the component of physical frailty and sarcopenia also revealed that older age and being undernourished as significant risk factors for low handgrip strength. Based on the case control study, metformin has shown protective effect against frailty syndrome in elderly diabetics. Further study with RCT design has supported this result and revealed an improvement of usual gait speed of non-diabetic pre-frail elderly with metformin administration with the dose of 3x500 mg for 16 weeks.

Key words: frailty, Indonesia, sarcopenia

COMMON MENTAL DISORDERS AMONG OLDER PERSONS IN INDONESIA

Evi Nurvidya Arifin

As in many other countries, Indonesia is experiencing ageing population with population aged 60 years and above accounting for about 8 percent in 2015. Among other health problems, common mental disorders (CMDs) is one of non-communicable diseases often neglected than other diseases. This paper uses the 2013 Basic Health Research data, a second nationwide gathering information on CMDs. It aims to examine the prevalence of CMDs and associated factors among population aged 60 and above taking into account socio-demographic characteristics (sex, marital status, age, education, occupation, home ownership and residence); living arrangement, physical health status (self-rated health, and physical disability), social disability, and physical activity. The 20-item self-reporting questionnaire (SRQ-20) is used to measure CMDs. These questions consists of five type of symptoms, namely, depression, anxiety, somatic, cognitive, and lack of energy. The presence of CMDs is later categorized into three groups: no symptom, all five symptoms, and 1-4 symptoms. The analysis employs Chi-square and multinomial regression models. The study finds that 47.4% of older persons are mentally healthy, 5.3% of them are mentally unhealthy (suffering from all types of CMDs symptoms, and 47.3% experience one to four types of CMDs symptoms. All socio-demographic characteristics except marital status, and health variables are significantly associated with CMDs.

Keywords: common mental disorders (CMDs), older persons, SRQ-20, mental health, Indonesia

THE IMPACT OF RUMINATION AND SPIRITUALITY ON DEPRESSION IN GOLDEN YEARS

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Background - Depression is prevalent in old age across all the countries of the world irrespective of socio-economic status. Several researches found losses of dear ones, social status, physical strength, finances are the major contributing factors in depression. But often people face depression because they think about the negative outcomes of their actions in later life and develop guilt feelings within themselves, the ego restricts them to share their guilt feelings with others and make them feel low about themselves. Does the negative outcome of one's deeds results in depression? Does the spirituality harness those negative feelings and further develops a fear of being punished for the wrong deeds or does it strengthen the person with hope, happiness and optimism?

Objectives - 1) To determine the relationship between Rumination, Spirituality and Depression among older adults.

2) To identify the role of gender and education in the depressive state of older adults.

Methodology - A random sample of 126 was selected 63 from the spiritual groups and 63 from the non-spiritual groups. Spirituality scale (Biswas & Biswas), Geriatric depression scale (J.A. Yesavage) and Rumination scale (Susan Nolen-Hoeksema) were used for assessment.

Results: There is a poor correlation between spirituality and rumination (r=-0.158). The correlation between spirituality and depression is also significant and negative (r=-0.247**). Correlation is significant at the 0.01 level (2-tailed) among Rumination and Depression (r=0.482**). Regression analysis when depression is the dependent variable shows significant relation with rumination and spirituality.

Conclusion - Rumination is a leading cause of depression among older adults.

Keywords: Depression, Rumination, Spirituality, Mental Health, Psychological well-being, Mindfulness

CHALLENGE NUTRITIONAL MANAGEMENT IN ELDERLY WITH DIABETES

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Diabetes is a chronic progressive disease, characterized by hyperglycemia. Its prevalence was increased world-widely, and expected increasing by age. Based on Health Basic Research, Ministry of Health of Indonesia, from 2007 to 2018, the prevalence of diabetes in adults increased from 5.7% to become 10.9%. In our study in Bali (2011), the prevalence of diabetes in adults was 5.9%, and the prevalence of diabetes was 11.5% in age between 60-69, and 12.1% in people over 70 years old. How the mechanisms that in the elderly has higher prevalence of diabetes compared with the younger one, schematically can be seen in Figure 1. Since the population of older people increased recently, it is become health and social problems in many countries, including Indonesia. Talking the management of diabetes in the elderly, although in general is similar like in the younger adults, but in older adults may more complex because they often have co-morbidities and may need assistant (such as care giver) for caring, depend on the range of their health condition from healthy to frailty. Limitation on physical activity, self-care incapability, and other problem will contribute the complexity of diabetes care in elderly patient with diabetes. Thus, sometime they need health care provider team work to care them. The glycemic goal of therapy is also widely ranging from the tighter (HbA1c <7%) for healthy elderly until less tight (HbA1c <8.5%) for frailty elderly. Nutrition is an integral component of diabetes self-care for all people with diabetes regardless of age. Following a healthy diet is a well-recognized factor to achieve glycemic targets and prevent or delay the onset of severe diabetes complications; however, following a healthy diet is challenging for most people with diabetes, especially in older adults. In older adults with diabetes may present with unique challenges that impact their ability to follow a healthy diet. For example, older adults may have limited finances or experience difficulties with food shopping and/or meal preparation. Furthermore, older adults are at greater risk for altered taste and smell perception, swallowing difficulties, dentition problems, altered gastrointestinal functioning, anorexia due to undernutrition and skipping meals due to cognitive dysfunction and/or depression. As adults aged they may require fewer calories due to decreased

metabolic rates and reduced physical activity; however, older adults still require the same or higher levels of nutrients to promote optimal health outcomes. Referral to a dietitian or Certified Diabetes Educator can be useful in assessing an older adult's nutritional needs while developing strategies to address nutrition- specific self-care barriers.

Key words: nutritional management, diabetes, elderly

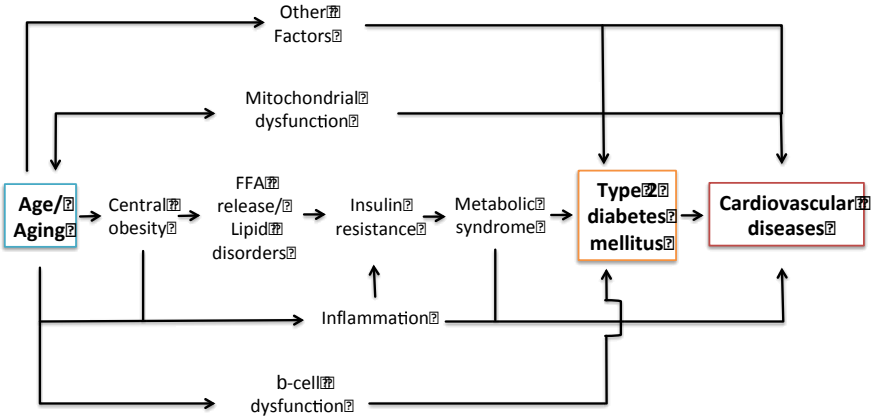

Figure 1. Summary of the relationship between age/aging and type 2 diabetes mellitus and cardiovascular diseases.
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KETOGENIC DIET FOR HEALTHY AGING. RISK AND BENEFIT?

Vaikunthan Rajaratnam

Diet and nutrition has been the cornerstone of many lifestyle diseases that plague the a large portions of the global population. Yet there has been no strategic and global attempt to change behaviour through healthy eating .

This paper will look at the evolution of the dietary advice ,food pyramid and the evidence for the various strategies to overcome the effects of poor diet and nutrition. It will explore the scientific basics for nutrients and their metabolism and how diets affect this and detail the myths and fake news about them.

It will provide a review of the current evidence for low carbohydrate and ketogenic diets for metabolic syndromes and other life style diseases. It will provide the methodology to alter the lifestyle of individuals for better eating habits and better health.

This lecture will provide the process to design and develop a personalized diet plan for individuals for a healthy lifestyle.

THE ROLE OF MACRONUTRIENTS AND MICRONUTRIENTS IN HEALTHY AGEING

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BACKGROUND - The aging population worldwide is increasing. It is projected doubling of people aged more than 60years by the year 2050, has major health and economic implications, especially in developing regions.
OBJECTIVE - To describe the health problem in aging process related to nutrition, to provide appropriate macronutrients and micronutrients intake to meet the requirement for promoting healthy aging.
METHODS - References review from relevant sources related to nutrition and aging.
RESULTS - Health problems of aging are dominated by age relative diseases such as obesity (especially sarcofenic obesity), many cardio-metabolic degenerative diseases, namely diabetes mellitus, cardio-neuro-vascular, cancer etc.
The main problems of nutrition related to aging in over 40 year old people depend on two conditions. The first is excess of energy intake, especially from simple sugar, saturated fat and protein, but less of fiber and long-chain omega-3 fatty acids. The second is deficient most of micronutrients, such as vitamin A, vitamins B-6, B-12, vitamins C, vitamin D, vitamin E, folic acid, iron, calcium, magnesium, potassium, zinc and iodine.
The relationship of energy intake and its macronutrients composition to longevity is explained by geometric frame-work model of nutrition. Energy restriction, with low protein: calories ratio, in young- and middle-aged non-obese adults lead to reduce the risk factors of some non communicable disease such as cardio-metabolic. Omega-3 fatty acid contributed to promote cognitive and neurologic function of older people.
However, in contrast, there is also research that suggests that overweight and mild obesity are associated with the lowest all-cause mortality in older individuals.
Low intake of micronutrients contributed of less antioxidant and reduce body immunities to againts oxidative stress.

CONCLUSION - Energy restriction with low protein:calories ratio, enought of fiber and omega-3 fatty acid, as well as suficient of micronutrient (vitamins and minerals), promote the healthy aging and longevity of the older people.

Key words: macronutrients, micronutrients, healthy aging, longevity.

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INFLUENZA IN ELDERLY AND CONSEQUENS

Novira Widajanti

Viruses are an important threat to the health of older adults. Influenza is an acute respiratory infection that is found throughout the world and is known to infect humans, other mammals, and birds. This is a self-limiting disease in most individuals. Influenza is still one of the main causes of morbidity and mortality in the elderly. Adults 65 years or older represent a high-risk population. These patients are responsible for hospitalization related to seasonal influenza and related complications. Most seasonal influenza-related deaths occur in older people. To properly understand the effects of influenza in older adults, it is important to recognize some of the main characteristics of the virus. The structure of influenza consists of an envelope with a central nucleic acid core consisting of a single-stranded RNA that codes for the main structural proteins of the virus including hemagglutinin and neuraminidase in the envelope. There are three types of influenza viruses A, B, and C. However only A and B are clinically relevant. Classic symptoms such as acute flu develop in about 50% of people and include fever (usually 101 ° - 102 ° F), myalgia, sore throat, unproductive cough, and headache. In older adults, the presentation may be smoother with cough and the initial temperature change dominates. Often, older people present with worsening comorbid conditions such as chronic obstructive pulmonary disease or exacerbation of congestive heart failure. It is transmitted through respiratory droplets from sneezing and coughing, starting around 1 to 2 days before symptoms appear until 5 to 10 days later, but the infection can last longer in the elderly. Secondary complications, such as pneumonia, bronchitis, and sinus and ear infections, and worsening chronic medical conditions, are a source of considerable morbidity and mortality.

CURRENT LESSON FROM LATEST STUDIES OF INFLUENZA VACCINE IN ELDERLY

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Despite many controversies and debates on its effectiveness, vaccination still considered as the most effective measure to prevent influenza infection in elderly. Age-related changes in immune system and multi-morbidities among elderly persons can lead to less responsiveness to vaccination. On the other hand, due to increasing risk to and suffering complications from influenza infections, the effect of vaccination -even small- still have some benefits to reduce the probability of worse outcomes due to influenza infections.

The goals of vaccination in elderly are the prevention of serious infections, complications, hospitalizations, and deaths due to influenza. A recent and updated Cochrane Systematic Review showed that older adults receiving influenza vaccination experienced less influenza assessed by laboratory as well as influenza-like illness assessed by subjective reports. No different of death between those who are vaccinated and those who are not vaccinated during influenza season. Other Cochrane's review concludes that in patients with cardiovascular diseases, influenza vaccination may reduce cardiovascular mortality and combined cardiovascular events. These effects also confirmed in elderly with cardiovascular diseases.

Some strategies have been proposed to enhance the effectiveness of influenza vaccination among elderly, including use of quadrivalent vaccine, high-dose vaccine, and different routes of administration. These strategies were also already studied in elderly population and the results revealed their potential roles to cover the impacts of influenza infections.

ACTIVE AGING AND INTERGENERATIONAL BONDING

Leng Leng Thang

National University of Singapore

Since 2000, the concept of active aging has become an increasingly popular framework impacting individuals and policy makers' attitudes towards growing old. Defined by WHO as the "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (2002:12), it is most common to conceive of active aging as enabling one's autonomy and interdependence in old age. Moreover, the WHO report also highlights the importance of interdependence and intergenerational solidarity as tenets of active aging. In what ways can intergenerational bonding contribute to active aging? How will they add diversity to the framework of active aging? This presentation focusing on intergenerational bonding thus seeks to explore how connections between the young and old contribute to the grounded meanings of active aging. Data through the author's various research projects on intergenerational bonding in Singapore will form the basis of discussion. Through opportunities for intergenerational interaction in various intergenerational initiatives in the community and between grandparents and grandchildren, the presentation hopes to contribute to an intergenerational perspective on active aging.

Keyword: Intergenerational relations, active aging, grand- parenthood, generativity

MULTIGENERATIONAL CAREGIVING FOR OLDER PEOPLE IN BALI: THE CRITICAL REVIEW

Made Diah Lestari

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The ageing population is a global issue experienced by many countries in the world, but with a different level of readiness and pattern. Thus, discussion on the effects of the ageing population to the society remains unclear. The experiences, status, resources, and trajectory of the ageing are influenced by social structures, economic conditions, and cultural factors of the place where older people live. Nevertheless, psychology approach to ageing issues tends to emphasize on a micro perspective rather than a macro perspective. On the other hand, changes in the macro level are believed to provide significant impacts on the micro level of ageing. This study combines these two perspectives on understanding the experience of family caregiving in multigenerational households. This study is a critical review of Balinese practices in family caregiving, where the ageing policy legitimates local knowledge, but at the same time adopts the successful ageing approach. This has produced social change on how older people are viewed in the ageing policy document as well as in society. As a result, while government tends to support the family as older people' primary support, family roles in caregiving for older people are not well addressed in the regulations. Whilst there are around 25% Balinese older people who still need care and support due to medical decline. Moreover, most of the existing researches on family caregiving having been conducted so far use a nuclear family consisting only of parents and children as the research population, and women as the primary caregivers. In the context of multigenerational households, the caregiving pattern for the older people will be significantly different. The older people and other family members are faced with two different conditions. On the one hand, staying with the family provides a major source of social support for older people, but on the other hand, there may be potential psychological conflicts resulting from intergenerational disparities. It is important to explore the possible link between households structure and caregiving patterns in the family, especially in cultures where the role of older people' care is family responsibility. Using critical gerontology perspective and understanding of Balinese local knowledge, this

study expected to contribute to the knowledge and practices in caregiving as well as ageing policy on this area.

Keywords: ageing policy, critical gerontology, multigenerational caregiving

SHARING MANAGE SENIOR LIVING

Herman Kwik

Founder, RUKUN Senior Living, Sentul, Indonesia

Senior Living residential communities are a new housing concept beginning to take root in Southeast Asia. In Indonesia growth challenges exist from the concept being counter to the Asian cultural values of filial piety. In addition, human resources must be developed from scratch and continually improved to provide the desired level of service. This presentation will share the challenges of pioneering a senior living enterprise in Indonesia and steps taken to overcome them.

PERSPECTIVE OF COMMUNITY SENIOR LIVING IN BALI

I Gede Wiryana Patra Jaya

Founder and CEO of Sada Jiwa Bali

Bali province is one of the 34 provinces that is in Indonesia with a total of approximately of 4.4 million people living. This province consists of 8 regencies and 1 city with an area of 5,780 km^2. The life expectancy of Balinese are above 71 years according to a research done in Bali. Bali is fixed to be one of the Elderly Province where approximately 11% of the total population is the elderly (more than 60 years old). Bali is also known as a tourist destination and a lot of foreigners live for a long period of time in Bali to work or for retirement. The province is also known to foreigners as a paradise island, an island with a thousand temples, etc. Foreigners that live in Bali made groups such as Japan Club, Netherlands Club, Korea Club, America Club, Australia Club, etc. Therefore, Bali has a high potential to develop for the Senior Living program. Sada Jiwa is a clinic with a superior service known as Senior Living program, Stroke Rehabilitation program and Cancer Support Center. The Senior Living programs aims to maintain the quality of life of the elderly. The programs are focused on the physical, mental, social and spiritual of the elderly.
Keywords: Senior Living, Bali, Sada Jiwa

2nd ASEAN Conference on Healthy Ageing 2019

ORAL ABSTRACT SECTION

COGNITIVE IMPAIRMENT IN BRAIN TUMOR PATIENTS IN SANGLAH GENERAL HOSPITAL : SERIAL CASE REPORT

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ABSTRACT

Brain tumor patients often suffered with cognitive impairment as a major cause of disability. Cognitive impairment, is a common finding in the brain tumors patients. It may result from the tumor itself or it can be caused by the treatment used, surgery, chemotherapy or radiotherapy. Surgery may improve cognitive function due to the release of compression. Patients with brain tumor may have cognitive impairment, behavioral disorder and emotional changes. Cognitive impairment may affect the processing of speed, memory, attention and executive function of patients and influence patients daily living activities. Cognitive rehabilitation program is effective in patients with brain tumor, so early recognition and rehabilitation are needed in order to prevent the advance impact of cognitive impairment in brain tumor patients, either primary brain tumor or metastatic brain tumor. The goal of this case report is to provide early recognition in order to give proper cognitive stimulation and to give education to patients and care giver about the prognosis of the cognitive impairment. During 2 months, in this serial case report, there were 8 cases of brain tumor ini Sanglah General Hospital, age range between 30 years up to 70 years old. The diagnosis were based on history taking, physical examination, neurological examination and imaging modalities (head CT or MRI). Cognitive function was assessed with MMSE and MoCA-INA. Cognitive impairment was found in all patients 8 (100%), majority of subject had bilateral lesion 6 (75%) and localized in more than 1 lobe 4(50%), there was 1 subject (12,5%) with multiple lesion in both hemispheres and there were 3 subject (37,5%) with single lesion only in 1 lobe. Cognitive impairment was much higher and more severe in patients with multiple lesion in more than 1 lobe. The difference of age did not affect the severity of cognitive impairment.

Keyword : cognitive impairment, brain tumor,MMSE, MoCA-INA

A PRELIMINARY SCORING MODEL TO PREDICT IN-HOSPITAL MORTALITY RISK FOR GERIATRIC PATIENTS WITH DELIRIUM

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ABSTRACT

BACKGROUND
Elderly patients are at an increased risk of death, particularly those with altered mental status. Several studies have attempted to determine the elderly with increased risk of death, however these requires relatively long time for clinician.
OBJECTIVE
We aimed to develop a scoring model from simple clinical data and routine laboratory testing that available in most of hospitals to aid in predicting in-hospital mortality risk for geriatric patients with delirium.
METHODS
A total of 73 geriatric patients hospitalized in geriatric ward of Sanglah General Hospital were included. All patients were in delirium. All potential variables were subject to bivariate analysis. A multivariate regression analysis was performed to obtain independent risk factors to predict in-hospital mortality in geriatric patients with delirium. A specific formula was used to calculate the scores for each variable in scoring system.
RESULTS
A total of 25 (34.2%) of patients were death when being hospitalized. The mean age of the patients was 73.27 ± 7.8. From a total of 20 probable variables which analyzed with logistic regression, three variables were then included in constructing the scoring model; no care giver ($p < 0.012$), abnormal diastolic blood pressure ($p < 0.05$), abnormal serum SGOT levels ($p < 0.03$). Each variable were scored as 1, following the use of formula. Total score range from 0 to maximum of 3. The cut-off score of ≥ 2 provided the best accuracy with sensitivity of 40% and specificity of 89.6% (AUC: 0.751; SE: 0.058; $p < 0.001$).

The probability of in-hospital mortality were 8.8%, 32.6%, 70.8% and 92.4% for the total score of 0, 1, 2 and 3, respectively.

CONCLUSION

This scoring system, using interview, physical examination, and routine laboratory testing may aid to identify geriatric patients with delirium which possess higher risk for in-hospital mortality.

Keywords: Delirium, in-hospital mortality risk, geriatric, scoring model

CONCERNS OF THE ELDERLY BLIND PEOPLE IN DELHI

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Aditi MahaVidyalaya
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Introduction

This study covered blind people in the age group of 60 to 84 years. Only, those blind people were examined who either had blindness by birth or acquired it by the age of 40.

The research sought to look at the factors causing low self-esteem amongst the elderly blind people. It further examines how blindness leads to their desertion from their family. It also focuses on the inevitably important role of the spouse and the spouse of their children especially in the scenario where they do not extend gestures of respect to the blind people. Expanding the horizon the study also analyzed the impact of technology, information and communication on the lives of elderly blind people in their mainstreaming and inclusion

With the aim to gauge the ways to improvise the condition of elderly visually impaired this paper also looked at the instrument of state protecting the human rights and ensuring social security to the elderly blind people.

Objective

1) The identification of concerns of elderly blind people in India.

2). Understanding the perception of spouse and of children on the potentials and needs of elderly blind people.

3) Exploring the challenges of elderly blind people in their mainstreaming in the sphere of literacy, technology accessibility, leisure time and mobility.

4) Understanding the social setup for the elderly blind people.

4) The aim was also to initiate a conversation with the family members of elderly blind people for their acceptance.

Vision

Formation of an Inclusive Society for the Visually Impaired Persons.

Methodology

The participants method and cross sectional study method was used for this research. The sample of population was taken from New Delhi. Of the 250 respondents approached 90 % responded. The sample constituted 53.1%

women whose mean age was 66.1 . 46.8%respondants had no formal education. 53.5% were staying with their family, 23.2% were staying at the home for elderly ,23.2% are staying in homes for blind based on charity. 250 elderly visually impaired were enumerated. The family members, the head of homes for elderly and the family members of the respondents were also interviewed by the researcher.

Results

The research suggests that out of the total visually impaired surveyed 79.2% had no mobility restriction. 62% were in emotional turmoil for they felt lack of inclusion in family. A roaring measure of 77.8% felt that they were avoided by their spouse and children on family functions and social events. This clearly indicates the imperative role played by family members in overall wellbeing of elderly visually impaired.

Visual Impairment can cause social, physical and economic stress because of the prevailing social set up in the country. Finally family members and public institutions can play an immensely important role in the improvement of their condition.

DESIRE AND AGEING : A STUDY OF THE TRAJECTORY OF AGEING AND SOCIO-CULTURAL PATTERNS IN PHILIP ROTH'S NOVELS

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BACKGROUND

Often ageing is seen as a deteriorating and deleterious business and is closely related to degeneration where the presence or manifestation of desire might be considered an anomaly. However, the complexity of human mind and a person's socio- cultural niche affect his/her behaviour in unseen and multiple ways. That ,desire in old age could be a life-force as well a source of devastation, is a moot point.

OBJECTIVE:

The purpose of my paper is to study Philip Roth's novelsThe Human Stain (2000) and Sabbath's Theater (1995). The study focuses on tracing the trajectory of the desire of a 71 year-old professor; to understand the moral conflicts emerging out of his sexual involvement with a 34 year old uneducated janitor; and to analyse loneliness and isolation, the major fears associated with old age. The societal responses, that emerge out of the socio- cultural patterns, are seen as recriminating and punitive.

METHODS:

My paper is based on the qualitative research and exegesis of Philip Roth's works, his oeuvre and especially the novels The Human Stain (2000) and Sabbath's Theater (1995). A survey and acknowledgement of many secondary sources has been made.

Literary analyses of the emotional and the psychological states of the central characters is a chief method.

RESULTS:

The notion that part of modern American society though, quite prurient in nature, recriminates where grim matters of race and ageism come together. The results can be deadly.

CONCLUSION:

The study is an indictment of the modern social attitudes. Roth's fiction is a powerfully moving documentation of emotional landscape of the desire of the individual and supplements comprehension of ageing vis-a-vis desire.

WANA SRAYA NURSING HOME INTEGRATED SERVICES TO ESTABLISH HEALTHY AND HAPPY ELDERLY

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ABSTRACT

BACKGROUND The increasing number of elderly people in Indonesia reflects the success in various aspects of service, but on the other hand these conditions have brought about the consequences of various social problems among the elderly such as; physical, spiritual, social and economic deterioration.
OBJECTIVE To find out about Wana Sraya Nursing Home in Denpasar, Bali. and the psychiatric aspects of the elderly who live there.
METHODS Qualitative study was conducted in April 2019.
RESULTS Wana Sraya Nursing Home was founded in 1975 with the aim of developing the nursing home as a service center, guidance and information on social welfare for the elderly. The activities of the elderly include mental / spiritual guidance, exercise, recreation, and routine health services. Receiving the elderly who were escorted by their family and who were found neglected.
NKS, Male, 72 years old, has been living in nursing home since 5 years ago after his wife died. His married daughter felt unfilial because she let him stay there, but he convinced her that he feels happy to stay there because he had many peers and many activities. He also helped the staff to work voluntarily.
IAT, a 76-year-old woman, has been living in nursing home since 11 years ago after her husband died and have no children. Shet is of Brahmin descent but is married to an ordinary man so when her husband died she cannot return to her parents' home. At first she felt sad, but because the staff were very nice and have many activities, she could gradually forget her sadness and now feel healthy and happy.
CONCLUSION Various social and cultural aspects are the reasons for living in a nursing home and with an integrated services, the elderly feel comfortable and meaningful.

TRANSENDENTAL MEDITATION CONTROL BLOOD SUGAR LEVELS ON ELDERLY PEOPLE IN 'BUDI LUHUR' UNIT, 'TRESNA WREDHA' SENIOR NURSING HOME, KASIHAN, BANTUL, YOGYAKARTA

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ABSTRACT

BACKGROUND: The proportion of diabetes melitus patient's number increases along with age. The proportion of glucose tolerance disorder increases along with age among people in the 65-74 age group. Result of preliminary study in BPSTW Yogyakarta, Budi Luhur Unit, in 10 elderly persons showed that 4 elderly persons suffered from hyperglycemia, 3 elderly persons suffered from hypoglycemia, and 3 elderly persons had normal blood glucose level. The transcendental meditation therapy is a therapy intenden to lower the cortisone hormone level, in order to increase the effectiveness of the insulin hormone.
OBJECTIVE: To determine the effectiveness of transcendental meditation therapy on blood glucose level in elderly people at BPSTW Yogyakarta, Budi Luhur Unit.
METHODS: This is a quasi experiment research with a pre and post test without control design, the research sampe were selected using a consecutive sampling technique, seluting 31 respondents. The data collected were analyzed using Wilcoxon test.
RESULTS: Result of statistic test before the meditation therapy showed a minimum value of 104 and maximum value of 420 with a median value of 179.00, and after the meditation therapy, the result showed minimum value of 85 and maximum value of 282 with a median value of 129.00. Result of the statistic test using Wilcoxon test showed a p-value =0.000(p-value<0.05)
CONCLUSION: There is an influence of transcendental meditation therapy on bloon glucose level in elderly people at BPSTW Yogyakarta Budi Luhur Unit, Kasihan Bantul.

QUALITY OF LIFE IN PANTI WREDA SOSIAL SALIB PUTIH: SOCIAL AND NUTRITION ASPECTS AMONG ELDERLY WOMEN

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ABSTRACT

BACKGROUND – Vulnerability among older women than older men create a different challenge to achieve their quality of life. Different place to stay and aging process can affect a high risk to malnutrition among older people. Based on Indonesia regulation no. 11/2009, government build one program to ensure older people get social welfare. But negative stigma toward panti wreda from community provokes panti wreda's challenge in their services. Moreover, different aging process creates different challenge. Sometimes, older people find difficulty to communicate in recent place, different physical activity, and nutrition status.
OBJECTIVE – To explore quality life from older women in panti wreda from social and nutrition aspect.
METHODS – this study use descriptive quantitative methods. Recall, Index Bartel, and Mini Nutrition Assessment (MNA) are used to collect data in Panti Wreda Sosial Salib Putih. Data can collected from 13 older women among 16 totals older women in Panti Wreda. Three older women cannot be collected regarding their condition, i.e bed rest and mental health problems.
RESULT – Panti Wreda Sosial Salib Putih has challenge to provide diet requirement among older women. Tight budget cause Panti Wreda Sosial Salib Putih only can provide indifferent food everyday. Limited diet requirement among older people lead to high risk in malnutrition. Recall data show that older people in Panti Wreda Sosial Salib Putih have excess in protein and fats. And based on MNA, 7 older women from 13 older women in total have malnutrition. While data from index bartel show that all older women has independent status.
CONCLUSION – older women in Panti Wreda Salib Putih still have challenge to meet their diet requirement while independent status can create a new challenge to have malnutrition.

Keywords: Elderly Women, Malnutrition, Nutritional Status, Salatiga, Social aspect

SOCIAL AND LEGAL PROTECTION FOR DOMESTIC VIOLENCE ON ELDERLY CASE STUDY IN BALI

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ABSTRACT

Background: Elder abuse is widespread and impacts everyone in our society. It takes away from our public health, civic participation, and economic resources. The mistreatment of older people can take many forms, including physical and emotional abuse, financial exploitation, and neglect. Majority of cases go unreported for many reasons, including a lack of social supports needed to make reporting easier. Article 321 of the Civil Code provides for mutual obligations between parents and children. Article 9 of the Law on the Elimination of Domestic Violence regulates the scope of households and the prohibition of neglecting a person within the scope of the household. Article 8 of Law Number 13 Year 1998 on Elderly Welfare affirms that government, community and family are responsible for the improvement of elderly welfare. What can we do? The existence of a mental disorder that is not realized by the family is one of the obstacles that can damage the relationship and affection in the family.
Objective: To find out the dynamics of one's life, especially when accessing ageing. How far can an elderly person live alone without a helping hand from their sons and daughters. Methods: A case study that discusses the life of an abandoned elderly woman, carried out by in- depth interviews.
Results: Social and legal protection is an expensive item that is difficult for the elderly to obtain. Violence in the household that has been done by parents against children opposes the change into a venue for retaliation Conclusion: We need to understand more fundamentally about the family in the order of modern society, so that each family member understands their rights.

Keywords: legal protection - neglect of the elderly – domestic violence

COMPARISON PATHOGEN OF PNEUMONIA IN ELDERLY AND NON-ELDERLY PATIENTS AGAINTS MORTALITY IN DR. MOEWARDI HOSPITAL FROM JUNE 2017-JUNE 2018

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BACKGROUND: Pneumonia is the second leading reason for hospitalization of medicare beneficiaries. The elderly are more susceptible to pneumonia and more likely to die from this infection than younger people. Elderly with pneumonia requiring hospitalization are more likely to develop complications necessitating longer hospital stays. Pneumonia in elderly is progressive and the prognosis is poor

OBJECTIVE: This study aims to determine the comparison of pathogen pneumonia in elderly and non-elderly patients against mortality in Dr. Moewardi hospital from June 2017-June 2018. METHODS: A retrospective observational study using medical record data was conducted on inpatients during the period June 2017 - June 2018. Patients with ICD X J.18 were included in the statistical calculations. A total of 129 patients met the criteria. Chi square test was used in this study.

RESULTS: From 129 pneumonia patients, there were 58 patients who died and 29 of them are elderly. The most common pathogen found in died elderly patients is Klebsiella Pneumoniae (44.8%) while in non-elderly is Streptococcus Hemolyticus (34.5%). From this study, it was found that the value of $p = 0.087 > 0.05$, which means there was no significant difference in pathogen pneumonia against mortality in elderly and non-elderly.

CONCLUSSION: There was no difference in mortality due to pneumonia in elderly and non- elderly. The mortality in pneumonia depends not only from ageing but also the severity of the infection including comorbidities and low functional status while ageing is among the risk factors for most chronic disease.

WOMEN'S PREPARATION IN FACING MENOPAUSE AT YOGYAKARTA

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ABSTRACT

BACKGROUND: Menopause is diagnosed after 12 months of amenorrhoea resulting from the permanent cessation of ovarian function, described as a period of psychological difficulties that changes the lifestyle of women in multiple ways. Menopausal women require more information about their physical and psychosocial needs. The physiology and clinical manifestations of this transition to menopause are not well understood; however, some symptoms, such as hot flashes, certainly begin in the perimenopause.
OBJECTIVE: The objective of the research was to find out physical and psychological preparation and women's preparation in facing menopause.
METHODS: The research used descriptive method with the samples of 86 women who is 40-50 years old. It was taken by using simple random sampling technique. The research instrument was questionnaires on women's physical and psychological preparation in facing menopause.
RESULTS: The result of the research showed that 42 respondents (48,83%) had physical preparation, 76 respondents (88,4%) had psychological preparation, 64 (74,4%) respondents had prepared for the period of menopause.
CONCLUSION: It is recommended that professional health care should play an important role in the evaluation, education, counseling, and treatment for women in facing menopause so that they will be getting maximal and accurate information about menopause.

Keywords: Preparation, Perimenopause, Menopause

EFFECT OF HORMONE REPLACEMENT THERAPY ON INCIDENCE OF 4 MAJOR CANCERS OF POSTMENOPAUSAL WOMEN: FROM THE KOREAN NATIONAL HEALTH INSURANCE HEALTH EXAMINATION COHORT (2002-2013)

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BACKGROUND- According to the Korean National Health and Nutrition Survey, the average life expectancy for Korean women came to 84.6years but the average of age at menopause still remained at 49.9 years in 2012. Based on this report, a Korean woman could be expected to live about 34.7 years, i.e. 40% of her lifetime in menopausal state. however, most Korean women have postmenopausal estrogen deficiency hesitated to start HRT even though they were suffered from debilitating climacteric syndrome because it has been widely believed that HRT was directly related with significant cancer risk.

OBJECTIVE-To assess the effect of hormone replacement therapy (HRT) on the occurrence of cancer including breast, lung, colorectal and stomach cancer in Korean postmenopausal women.

METHODS- We used cohort dataset of Health examination DB from the National Health Insurance Service, which included 514,866 subjects from 2002 to 2016. We chose women aged 40-69 between 2002 and 2003(n=168,043). Follow-up cancer diagnosis was carried out up until 2013. We used a nested case-control design because both groups have to match the exposure period. To adjust for any potential confounders, a propensity score matched analysis was carried out using the logistic regression model and 1:3 propensity-matched groups.We used the Cox proportional regression model to calculate the hazard ratio (HR).

RESULTS- There were 9,764 cases of HRT and 27,818 cases of never user between 2002 and 2003. During 11 year total follow-up period, 3,515 (9.35%) cases of primary cancer were identified. On the basis of survival analysis, we adopted the Cox proportional hazards model and found that HRT was negative associated with cancer occurrence (HR: 0.80, 95% CI: 0.73 - 0.88, p = 0.012).

Especially the incidence of lung, colorectal, stomach and breast cancer were significantly negative associated with HRT. The type of HRT was also one of the major interesting. As a results, HRs were decreased by tibolone and estrogen-progestine user.

CONCLUSION- The HRT has preventing effect in occurrence of cancer. Especially The type of HRT using tibolone and estorogen-progestine is effective. The HRT is needed for ageing of healthy women.

QUALITY OF LIFE IN ELDERLY AND ITS ASSOCIATION WITH MARITAL STATUS AND LIVING ARRANGEMENTS

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BACKGROUND: Quality of Life (QOL) is as important in old age as at other times during human life. In India, due to patriarchy and recent breaking of joint families into nuclear ones, living arrangements of elderly is taken care of by sons or sometimes widowed older people have to live in old age homes.
OBJECTIVE To explore the association of QOL in elderly with marital status and living arrangements.
METHODS 100 subjects (>60 years), attending senior Citizen Clinic held in our hospital every Sunday between 2014-16 were included after they consented, after approval by the Institutional Ethical Committee. Patients with acute infectious conditions were excluded. This work is a retrospective analysis of previously collected data interrogating the dataset for possible associations between marital status and living arrangements of older people visiting our hospital for chronic non-communicable co morbidities. To evaluate this relationship, we compared the mean scores between different categories of marital status and living arrangements using analysis of variance.
RESULTS The age of the subjects ranged from 60 to 84 years. The 100 subjects comprised of 53 (53%) males. The BMI ranged from 15.6 to 32.76 kg/m2. Classifying by marital status, 67 of the subjects were married, one was single while 32 were divorced. 57 lived with their spouse and children, 32 with their children only, 7 with their spouse only, and 4 lived alone. The mean QOL score was found to be significantly more among the currently married compared to those who were widowed, in the three domains of Physical health, Psychological and Environment ($p<0.05$ in all three comparisons) and also higher in the Social relationships domain though not statistically significant ($p=0.08$). The mean QOL score (in all four domains) was highest for the elderly living with spouse and children.
CONCLUSION We found that marital status and Living arrangements impact Quality of Life. Subjects who are married and live with spouse and children have significantly better QOL.

EFFECTIVENESS OF PUZZLE THERAPY ON COGNITIVE FUNCTION IN ELDERLY DEMENTIA

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Background: People with Alzheimer's dementia can experience a disruption in their daily activities, which can increase the burden of treatment costs. Non-pharmacological puzzle therapy can encourage the release of the expression of the sufferer of Alzheimer's through artistic expression and creative processes, to understand emotions and improve cognitive status.
Objective: To determine the effectiveness of puzzle therapy on cognitive function of elderly dementia.
Methods: The Quasy experimental method of pre-post with control group design was used in this study with the number of respondents in the intervention group 44 and the control group of 27 elderly. Bivariate paired t-test and independent t- test were used to analyze the results of cognitive status measurements with the Hopkins Verbal Learning Test (HVLT) instrument.
Results: Based on the results of the test in the intervention group that had dementia p-value was 0.013 and there was an increase in the mean value of 2.16 (± 2.67). The intervention group without dementia was found to be p-value 0,000 and there was an increase of 2,097 (± 2.19). While the control group who had dementia obtained a p-value of 0.356 and an increase of 0.29 (± 0.75). The control group without dementia was found to be p-value 0.008 and there was an increase of 0.5 (± 0.7).
Conclusion: Puzzle therapy intervention can improve cognitive scores significantly in all elderly people who have dementia or not. In the control group, the elderly who did not experience dementia had a higher increase than those who had dementia because at elderly residents/ Balai Pelayanan Sosial Tresna Werdha (BPSTW) routinely continued to provide cognitive interventions such as singing, spiritual, and skills.

Keywords: Elderly, Cognitive status, Puzzle Therapy

HEALTH STATUS OF OLDER PEOPLE MIGRANT IN PAPUA: THE ROLE OF ACCESSIBILITY TO HEALTH CARE

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ABSTRACT

BACKGROUND – Study on ageing often use health as main framework. The decrease of function and physic of older as nature process will affect to the health become a main analysis. Moreover, the health status of older people migrant have no get adequate attention. Even they are vulnerable to health problems because-migration as a response to the economy problems was not followed by better well being.

OBJECTIVE – This paper examine the older people migrant living, the health condition in new area and identify the aspects that influence their health condition.

METHODS - The socio economic survey in Teluk Bintuni Regency has been administered in 2015 and serve a huge information, including the migration. This research used that data which covered 17.125 household and 652 among them were older people migrant. The data analysed descriptively and inferential to capture the condition living of older people migrant. The empirical model is presented in : D (health condition) = x (a set of household characteristics) + w1 (income) + w2 (accessibility to health care).

RESULTS – The research result showed that older people migrant have better living in the new area compared to the origin. Older people migrant, have better access to health care than non migrant. Migrant older tend to access health care when they feel unhealthy (18,12 per cent) compared to the non migrant (6,89 per cent). Controlling for household characteristics (education, age, gender, main activity, income, and migrant status have a significant impact on the health status.

CONCLUSION - This result is in line with the evident for the role of access to health care in increasing the health status. The findings of this study show that improvement in accessibility to health care could be a

complementary intervention in improving the health of the older migrant people migrant in West Papua, Indonesia.

PSYCHOLOGICAL BASIC NEEDS OF THE ELDERLY WITH DEPRESSION: A GROUNDED THEORY

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ABSTRACT

BACKGROUND: Geriatric depression is common among elderly. However, the disorder remains under-diagnosed and under-treated. Depressed elderly with high satisfaction of psychological needs have significantly higher levels of purpose in life and personal growth than participants with the profile of a low satisfaction of psychological needs.
OBJECTIVE: The purpose of this study was to develop a theoretical explanation of the psychological basic needs of the elderly with depression.
METHODS: A total of 20 interviews were conducted in DKI Jakarta, who represent 4 region province administrative. A Grounded Theory method was selected because of its demonstrated effectivenes in generating theory around dynamic and complex processes on which little is known, all of which is the case with depression. Constant comparison analysis, memo writing, member checking, and theoretical sampling were adopted.
RESULT: Four themes emerged from the analysis: 1) knowledge about specific mental disorders, 2) culture-specific knowledge and beliefs on the causes of depression, 3) awareness about professional help, and 4) cultural attitudes toward seeking mental health service. Relatedness need satisfaction was significantly and positively related to personal growth, and autonomy and relatedness needs satisfaction was related to purpose of life.
CONCLUSION: The findings indicated that cultural beliefs of elders impact their ability to understand, recognize, and respond to depression. Barriers to treatment were identified and recommendations were made to reduce mental health disparity in this elderly population. Our results offer evidence that old age can be fruitful and show that autonomy and relatedness need satisfaction is positively associated with indicators of well-being such as purpose in life and personal growth.
KEYWORD: psychological basic needs, elderly, depression

MUSIC AND VIDEO MUSIC THERAPY ARE EFFECTIVE IN REDUCING STRESS IN THE ELDERLY AT YOGYAKARTA SOCIAL SERVICE CENTER OF TRESNA WERDHA, ABIYOSO PAKEM UNIT, SLEMAN REGENCY

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ABSTRACT

BACKGROUND: The elderly will experience several physical and psychological changes. Such problems will inevitably lead to stress in the elderly. The prevalence of stress events in the elderly in Indonesia is 8.34% and at Yogyakarta Social Service Center of Tresna Werdha, Abiyoso Pakem Unit, Sleman is 38.4%. If left unchecked, stress can result in prolonged depression. Non-pharmacological treatments such as music and music video therapy may contribute to reducing stress.

OBJECTIVE: To identify the effectiveness of music and music video on stress in the elderly at Yogyakarta Social Service Center of Tresna Werdha, Abiyoso Pakem Unit, Sleman.

METHODS: This research is a quasi-experiment with Pre-and Posttest Without Control design. The number of samples of 24 respondents, music intervention was given to 12 respondents and music video intervention to 12 respondents. The samples were taken using Simple Random Sampling. Data were analyzed using paired t test to look at the effect of therapy, and using independent t test to look at the differences in therapy. Stress was measured using DASS.

RESULTS: The analysis using paired t test indicated that there was an effect of music therapy on the elderly, namely p value = 0.000 with α = 0.05, mean =12.08, and there was an effect of music video therapy with p value = 0. 000 with α = 0.05, mean =11.83.

CONCLUSION: Music and music video therapies is effective to reduce stress in the elderly. Keywords: Elderly, Stress, Music Therapy, Music Video Therapy.

SEXUAL EXPERIENCE AMONG POSTMENOPAUSAL WOMEN IN YOGYAKARTA: A QUALITATIVE STUDY

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ABSTRACT

BACKGROUND: Women in postmenopausal period will experience hormonal shift that makes them facing difficulties ranging from symptoms to complication. Vaginal dryness, hot flashes, decreased thinned vaginal mucosa may cause painful intercourse. This problem may adversely affect sexual activity among postmenopausal women such as: a decrease in libido or sexual desire, inability to reach orgasm, pain during sexual intercourse, and fatigue.
OBJECTIVE: To explore sexual experience among postmenopausal women in rural area in Yogyakarta
METHODS: This was a descriptive qualitative study. Twelve participants aged 50-60 years old who met the criteria were purposively selected. Individual face to face, semi-structured and in-depth interviews were performed for data collection. All interviews were audio recorded and transcribed. We employed conventional content analysis to derive coding categories from raw data.
RESULTS: Three main themes emerged from data analysis: (1)"negative changes in sexual function" (decreased in frequency of sex, low libido, vaginal dryness, anorgasmia, and fatigue), (2)"intimacy with the couple" (couple communication and romance, lack of physical intimacy), (3)"coping with the symptoms in postmenopausal period" (acceptance of negative changes in sexual function, improve healthy diet and physical activity).
CONCLUSION: This finding demonstrated that postmenopausal women experienced negative changes in sexual function. They found lack of intimacy with the couple and having a positive coping strategy to improve their sexual relationship. Health education intervention strategy is one of the alternative strategies to improve women's attitude and coping in postmenopausal period.

Keywords: sexual experience, postmenopausal, sexuality

THE ORAL HEALTH STATUS OF FILIPINO ELDERLY, PRELIMINARY RESULTS OF THE FITFORFRAIL STUDY INSTITUTE ON AGING NATIONAL INSTITUTES OF HEALTH UNIVERSITY OF THE PHILIPPINES MANILA

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ABSTRACT

BACKGROUND – The FITforFRAIL research project is the first study in the country that has included oral health in its comprehensive geriatric assessment (CGA) of the elderly. The preliminary results of one of the four communities are presented in this abstract.

OBJECTIVE – To assess the oral health status of the elderly in four select communities in the Philippines.

METHODS - Dental assessors were oriented and familiarized with the World Health Organization oral health survey method. Ball end probes; disposable mouth mirrors; and white lights were used. Calibration and refinement of methods were done to assure validity and reliability. Detailed periodontal data as well as reasons for delaying dental visits were collected. Data was encoded using EPI INFO and analyzed using SPSS. Data analysis includes measurements of central tendencies, frequencies and some bivariate analysis

RESULTS - One hundred eighty (180) completed the oral health assessment in 2 communities. Of the seventy one (71) analyzed data, forty eight (48) were women and twenty three (23) men with age ranging from 60 to 80 years and over. The mean DMFT was 26.7, with eighty-seven percent (87%) belonging to

the missing component. Results indicate that all seventy-seven percent (77%) of the participants had some form of edentulism with a mean of 23 teeth missing (SD=8.9). Some 47 percent (47%) of the sample required some form of dentures and immediate oral treatment, with 11 percent (11%) requiring medical evaluation. Some 32. 4 percent delayed dental visit for a variety of reasons including the need for a companion to the dental clinic. All quality of life indicators are associated with the need for dentures.

CONCLUSION: -The elderly in the analyzed study sample will require access to basic dental services as well as rehabilitative care. This is needed to restore not only function but to improve their quality of life.

ACUTE TOXICITY PROFILE AND SUN PROTECTION FACTOR NANOEMULGEL COMBINATION OF C-PHENYLCALIX[4]RESORCINARYL OCTACINNAMATE , C-METHYLCALIX[4]RESORCINARYL OCTABENZOATE, AND QUERCETINE IN VITRO AND IN VIVO

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ABSTRACT

The aging process (photoaging) can be caused by sun exposure especially ultraviolet light. Organic and inorganic sunscreen products are commercially available. Two calixarene organic compounds, namely C-phenylcalix[4]resorcinaryl octacinnamate and C-methylcalix[4]resorcinaryl octabenzoate, have been successfully synthesized. The antioxidant quercetine can be potentially combined with these two compounds since ultraviolet rays also cause reactive oxygen species that can be overcome by the administration of antioxidant. These three compounds have low solubility in water, thus sunscreen preparation must be formulated as nanoemulgel. Three optimal nanoemulgel formulations was formulated. The first formula consisted of C-phenylcalix[4]resorcinaryl octacinnamate and quercetine, the second formula

consisted of C-phenylcalix[4]resorcinaryl octacinnamate, C-methylcalix[4]resorcinaryl octabenzoate, quercetine, and the third one consisted of C-phenylcalix[4]resorcinaryl octacinnamate and C-methylcalix[4]resorcinaryl octabenzoate . The aim of this study was to evaluate acute toxicity profile in vitro by cell line vero and to develop optimal activity of the product in New Zealand rabbit skin.

Optimal formulation of three formulas nanoemulgel of sunscreen was using D Optimal Mixture Design. Acute cytotoxicity test in vitro by culture cell line vero was using randomized post-test only control group design. Activity of the product was measured by the value of Sun Protection Factor (SPF) in vivo using randomized post-test only control group design. Data of acute toxicity in vitro test (IC50 value) was analysed using probit analysis and activity sun protection factor were analysed using one-way Anova

Three nanoemulgel sunscreen products were produced with the three highest SPF values. SPF in vivo test showed that the nanoemulgel protection capability of the formula 1, 2, and 3 were 34; 36; dan 43 respectively. The results of in vitro toxicity test of formula 1, 2, 3 nanoemulgel were 2,940.569 µg/mL; 13,489.728 µg/mL; 6,289.248 µg/mL respectively.

From this study, it concluded that nanoemulgel sunscreen products were successfully formulated with high in vivo SPF value and can be potentially developed as organic suncreens in the future because it is not toxic in culture cell.

Keywords: C-phenylcalix[4]resorcinaryl octacinnamate, C-methylcalix[4]resorcinaryl octabenzoate, quercetine , nanoemulgel , acute toxicity, sun protection factor

2nd ASEAN Conference on Healthy Ageing 2019

POSTER ABSTRACT SECTION

RISK FACTORS ASSOCIATED WITH MORTALITY OUTCOME IN EDERLY PATIENT WITH ISCHEMIC STROKE THAT ADMITTED IN SANGLAH GENERAL HOSPITAL PERIOD OF JULY 2018-JUNE 2019

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BACKGROUND – Stroke is the third leading cause of death after cardiac disease and cancer, and the second leading cause of disability after cardiac death, with ischemic stroke being the most prevalent. Incidence and outcomes after stroke are highly influenced by increased age. Risk factor associated with the mortality outcome of ischemic stroke in elderly rarely compared to each other.

OBJECTIVE – This study aims to find the association between risk factors with mortality outcome of ischemic stroke patient in elderly population. A better understanding of this might have important practical implications not only for clinical management, but also for preventive strategies and future health-care policies

METHODS – This is retrospective, descriptive, and analytical study, conducted from 1st July 2018 to 31th June 2019 in Sanglah General Hospital. It involved 163 ederly patients with ischemic stroke in neurology ward, brought together through comprehensive sampling.

RESULTS – From 163 subjects, mortality outcome were 36 subjects (22,1%), 22 subjects were male (61.1%), 16 subjects in middle old (44.4%), 20 subjects were moderate stroke (55.6%), and 24 subjects were cardioembolic group (66.7%). Most comorbidity were hypertension in 21 subjects (58.3%), and most complication is cerebral herniation 17 subjects (47.2%). There was significant correlation between etiology of stroke (r= 0,215; p= 0,006), severity of stroke (r= 0,547; p= 0,001), complication (r= 0,811; p= 0,001), white blood cell (r= 0,393; p= 0,001), neutrophil-lymphocyte ratio (r= 0,432; p= 0,001), albumin (r= 0,234; p= 0,003), reactive hiperglicemia (r= 0,240; p= 0,002) with outcome stroke.

CONCLUSION – Etiology of stroke, complication, white blood cell, neutrophil-lymphocyte ratio, hipolbumin, reactive hiperglicemia were significantly

associated with outcome of ederly ischemic stroke patients admitted in Sanglah General Hospital.

QUALITY OF SERVICE MANAGEMENT AND PATIENT SATISFACTION IN ELDERLY CLINIC AT PUSKESMAS SUKMAJAYA DEPOK: DESCRIPTIVE STUDY USING BROWN THEORY

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The integration of local health insurance (Jaminan Kesehatan Daerah; Jamkesda) into national health insurance (Jaminan Kesehatan Nasional; JKN) has led to changes, such as an increase in the number of patient visits, which results in a less optimal impact of the given service. This study aimed to investigate patients' satisfaction, specifically patients of the Older Persons' Clinic at Sukmajaya Community Health Center (*Puskesmas*) in Depok, and their quality of service management received by the patients. The research was conducted using qualitative methods, with Brown's theory of eight dimensions of quality assurance (access, technical competence, security, effectiveness, efficiency, interpersonal relationships, amenities, and sustainability of service). Participants were chosen using purposive sampling; from the Older Persons' Clinic, and also health officers from the *Puskesmas* and the Public Health Office. Among the eight dimensions of quality assurance, the most unsatisfactory according to the participants is the dimension of amenities, for example, there is a lack of privacy in patient examinations. Therefore, it is necessary to evaluate the quality service management and make improvements by adding human resources, friendly service, facilities, and privacy in health examinations, to maintain the dignity of older patients and meet their expectations for service.

Keywords: Quality Service Management, Quality Assurance, Patient Satisfaction, Elderly

RELATIONSHIP OF ALBUMIN SERUM LEVEL AND NEUTROPHIL LYMPHOCYTE RATIO ON ACTIVITIES OF DAILY LIVING ELDERLY PATIENTS WITH DELIRIUM IN SANGLAH HOSPITAL DENPASAR

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BACKGROUND: Delirium is a problem that often occurs in the elderly. Delirium is associated with inflammation, malnutrition and low ADL (Activities of Daily Living). The reduced ADL is associated with poor outcome and death. ADL is said to be affected by malnutrition and inflammation. Albumin is a marker of malnutrition and inflammation, while the neutrophil lymphocyte ratio is a new marker of inflammation. Initial examination of these markers is thought to provide an overview of the ADL status and can be used as a simple initial guideline in improving more comprehensive interventions on the basic functional status of elderly delirium patients.

OBJECTIVE: Purpose of this study is to determine the relationship between albumin and neutrophil lymphocytes ratios to ADL in elderly delirium patients in Sanglah Hospital Denpasar.

METHODS: This study was a cross sectional correlative study of elderly delirium patients who were hospitalized in Sanglah Hospital Denpasar from January to July 2018. The variables studied were albumin levels, neutrophil lymphocyte ratios and ADL scores. ADL scores were calculated using the Barthel ADL Index. Data analysis using Pearson and Spearman correlation tests to determine the relationship between the variables studied.

RESULTS: A total of 73 patients were sampled. The average albumin levels was 3.35 gram/dL, the median neutrophil lymphocyte ratios was 8.17 and median ADL scores was 3. There was no significant relationship between albumin and ADL in elderly delirium patients ($p=0.35$, $r=0.10$), but a significant correlation was obtained between the neutrophil lymphocyte ratios to the ADL scores ($r=-0.24$, $p=0.04$).

CONCLUSION: Albumin did not significantly affect ADL of elderly delirium patients. The neutrophil lymphocyte ratio is negatively correlated with ADL of

elderly delirium patients. The higher the neutrophil lymphocyte ratio, the lower the ADL of elderly delirium patients.

KEYWORDS: Albumin, neutrophil lymphocyte ratio, ADL.

ALCOHOL ADDICTION AND ITS EFFECTS ON DEPRESSION, SLEEP DISORDER AND AGING ; A CASE REPORT

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BACKGROUND – Alcohol addiction has multifaceted effects on aging. Evidence reveals that alcoholism may trigger accelerated aging, premature aging and exaggerated aging. The effects of alcohol abuse/misuse on the aging process consists of hypertension, cardiac dysrhythmia, cancers, gastrointestinal disorders, neurocognitive deficits, bone loss, and emotional disturbances especially depression.

OBJECTIVE – Sleep problems and depression are common, costly, and potentially fatal in older adults. Sleep problems are also normally associated with alcoholism. Yet, few studies have examined the combined effects of alcoholism and aging on sleep and depression. The purpose of this case report was to investigate the main and interactive effects between alcohol with sleep and depression.

METHODS – A Case Report

RESULTS – A 33-year old divorced woman with a daughter who has been experiencing violence from her husband. She sought peace by going to the karaoke and drinking alcohol every day. This caused a severe sadness and sleep disturbance. The patient looked depressed, no enthusiasm, looked tired, no appetite, decreased concentration, and often despair. Patients also experienced seizures that were handled by a neurologist. The patient began to feel the need to get help, so he went to a psychiatrist. After taken medication and psychotherapy for 3 months from a psychiatrist, the patient showed improvement. She finally reduced her addiction to alcohol. Her face looked brighter, her sleep cycle improved, and started to go to work and cared for her abandoned children.

CONCLUSION – Alcohol addiction did not a cure to the problem but instead caused depression, sleep disorder, which had an impact on the emergence of other diseases as well as comorbidities and aging. This will need a psychiatrist to treat alcohol addiction in order to prevent depression, sleep disorder, and aging.

Keywords: Alcohol, Depression, Sleep Disorder, Aging

ASSOCIATION BETWEEN BODY MASS INDEX AND ACTIVITY OF DAILY LIVING IN POPULATION-BASED ELDERLY AT SINGARAJA AND TABANAN AREA

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BACKGROUND: High Body Mass Index (BMI) is associated with mortality and morbidity among the elderly. Overweight or obesity may cause many chronic illnesses. BMI shows associations with impaired physical functioning also. But another studies also shows opposite result that high BMI as a protective against Activity of Daily Living (ADL). It suggest malnutrition risk is decrease in elderly with high BMI. Accurate quantification of the role of BMI in the incidence of disability in ADL is desirable in the face of the increasing prevalence of individuals with overweight and obesity and prolonged life span in the population. This study was held in urban and rural area of Bali Province to give a mix sample representation.
OBJECTIVE: In this study our aim was to investigate the association between Body Mass Index and Activity of Daily Living in population-based elderly.
METHOD: This is an observational analytic study, data we collect from cross sectional study in urban and rural area of Bali Province. Body Mass Index and Barthel Index score were recorded to statistical program; $p \leq 0.05$ was considered as statistically significant.
RESULTS: One hundred and sixty seven geriatric sample from urban and rural area of Bali Province is 74 sample (44.3%) male and 93 (55.7%) female. We use Spearman correlation method. There is significant positive correlation between weight and Activity of Daily Living ($r= 0,168$, $p<0,05$). The relations between gender and Activity of Daily Living were not statistically significant ($p>0,05$). There is significant positive correlation between Body Mass Index and Activity of Daily Living ($r= 0,158$, $p<0,05$).
CONCLUSION: Our study showed increased values of Body Mass Index is a protective effects to Activity of Daily Living.

KEYWORDS: Body Mass Index, Activity of Daily Living, elderly

ASSOCIATION BETWEEN POLYPHARMACY AND FRAILTY IN HOSPITALIZED ELDERLY PATIENTS

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Introduction: Polypharmacy has become a common phenomenon in aged populations. Some epidemiological studies provide evidence that polypharmacy is associated with increased risk of frailty and mortality in old people although conflicting results exist. Frailty is a geriatric concept that refers to an increased vulnerability to stressors. There is a general agreement that frailty is an ageing-related state, which is the result of a decrease in physiological reserves of multiple systems. However, multiple operational definitions of frailty coexist, the most known is the Frailty Index (proposed by Rockwood and colleagues based on the data from the Canadian Study of Health and Aging.)
Objectives: To define association between polypharmacy and frailty in hospitalized elderly patient.
Methods: A cross sectional study in hospitalized Elderly patient of Cipto Mangunkusumo General Hospital, a referral hospital in Jakarta. All subjects were taken consecutively between September and November 2018. Polypharmacy define as a consumption 5 drugs or more per day within two weeks prior hospitalization. Frailty define by Frailty Index 40 by Rockwood. Bivariate analysis using chi square , and multivariate analysis using logistic regression.
Results: A total for 461 participants, 258 male (56 %), mean of age 68,2. Polypharmacy was reported in 23,4% (n = 108). Prevalence of frailty was present in 319 (69,2%) participants. Polypharmacy in frail participants was reported 73,1% (n=79) and polypharmacy in non frail participant was 26,9% (n=29). Polypharmacy associated with prevalent frailty with odds ratios 1,28 (95% confidence interval 0,79-2,07; *p:* 0,3). After adjustment of confounding factors (i.e old age and comorbidities) we found the Adjusted OR 1,06 (95% confidence interval 0,61-1,87 ; *p*: 0,8) with the conversion to risk ratio 1,04.

Conclusion: There are no statistically significant association between polypharmacy and frailty.

Key words: Polypharmacy, Frailty, Elderly Patients

DETECTING AN ELDER ABUSE : A CASE REPORT

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BACKGROUND - Elder abuse is a multidimensional phenomenon that encompasses a broad range of behaviors, events, and circumstances that results in harm or threatened harm to the health and welfare of an older adult. Elder abuse is affecting 5%-10% of community dwelling older adults each year. Although common, serious, and costly, elder abuse is infrequently detected, with research suggesting that only 1 in 24 cases of abuse is identified and reported to the authorities. Much of the morbidity and mortality is likely because of not detecting it and intervening. Its necessary for health workers to know about elder abuse, so that it can be quickly detected and handled.

OBJECTIVE - To detect case of elder abuse and making its assessment.

METHOD - A case report study

RESULTS/CASE REPORT - A female, 90 years old was brought by her daughter to our hospital with the chief complaint wounds at regio buttock, back, extremities, and all her body. There were contractures almost all joints. Patient is being bedridden for 7 months because history of falling and didn't get any medication. We screen the possibility of elder abuse by several ways. First, by identifying potential high-risk patient such as functional dependence or disability, poor physical or mental health, cognitive impairment/dementia, low income/socioeconomic status, social isolation/low social support, or previous history of family violence. Second by observations from older adult/caregiver interaction that should raise concern for elder abuse or neglect and see from medical history such as unexplained injuries, frequent injuries, delay between onset of medical illness. Third from physical signs suspicious for potential physical or sexual abuse, or neglect, such as cachexia/malnutrition, dehydration, pressure sores/decubitus ulcers, poor body hygiene, unchanged diaper, dirty, bad hygienes.

CONCLUSION - We found the risk factors for elder abuse in this patient were disability, low income/socio-economic state, social isolation/low social support and neglegences.

RELATIONSHIP BETWEEN SPIRITUALITY AND ELDERLY DEPRESSION AT DKI JAKARTA SOCIAL SERVICE

Achmad Nasikin

PT. Insika Medika Persada

Elderly as the final stage of the human life cycle, often characterized by living conditions that are not in line with expectations, resulting in mental disorders such as depression. This study aims to determine the relationship between spirituality and depression in the elderly in the DKI Jakarta Social Service. This type of research is descriptive analytical, with a cross sectional study design. The population in this study was 110 people, with a sample of 52 people taken with a simple random sampling technique. The results of the univariate analysis showed that respondents experienced mild depression (63.5%) and bad spirituality (55.8%). While bivariate analysis showed that there was a significant relationship between spirituality and depression with a value (p = 0.003). This study concluded that spirituality variables have a significant relationship with deperations in the elderly.

Keywords: Elderly, Spirituality, Depression

MOTHER'S ANXIETY IN FACING MENOPAUSE AND ITS CAUSE FACTORS

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Background: Menopause is a healthy journey of a woman where, according to age, of course, all bodily functions of the body also begin to show significant changes. In Indonesia, in 2025, it is estimated that there will be 60 million menopausal women. Women's life expectancy jumped from 40 years in 1930 to 67 years in 1998. While the estimated age of menopause in Indonesia is 48 years. Increasing life expectancy causes more and more women to experience menopause. Preparation in the menopause is needed to see the readiness of women in undergoing time menopause.

Objective: This study aims to determine the anxiety level of women to deal with menopause, to find out what factors are related to women's anxiety levels in dealing with menopause and to find out the relationship between trigger factors and women's anxiety level

Method: The study conducted with a crossectional approach. Samples in the study were women who had 40-50 years of age total of 42 participants in Makmur Jaya Village, Rengasdengklok Sub-District, Karawang with univariate, and bivariate data analysis. The tools used in this study were the identity questionnaire and questionnaire for the measurement of anxiety on the HRS-A Scale. The data used is primary data and using interview techniques with all respondents

Results: Statistically, there is no relationship between independent variables (education, work, knowledge, and family support), and the dependent variable is maternal anxiety in the face of menopause.

Conclusion: The author concludes that there are still many mothers who do not know and understand about menopause and the factors that cause anxiety in facing menopause. Suggestion: appeal to mothers to find information about menopause it self by asking the surrounding health workers and reading books or looking for social media.

Keywords: Anxiety, menopause, mother, knowledge, attitude

REINCARNATION, BALINESE LOCAL WISDOM AS SUPPORTIVE THERAPY IN ELDERLY DEPRESSION : A CASE STUDY

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BACKGROUND. Reincarnation (reborn after death), is a Hindu belief in Bali. Proof is done by the 'ngaluwang' ritual. In this ritual, every person who has a newborn baby, will ask the help of 'orang pintar' to find out whose *atman* (spirit) has manifested as the baby. With reincarnation, a family member that has died can be present again in the world in the family, so that the sadness, grief, and even depression that occurs can disappear. By returning to the world, there is no more sadness or loss to the elderly who suffer from the death of a spouse or other family member.
OBJECTIVES. To know reincarnation as supportive therapy in eldrly depression.
METHODS. A qualitative case study with in-depth interviews with 2 (two) elderly people with a history of depression disorders.
Case 1. A woman, 72 years old, retired, experienced severe depression since her first son died in an accident at the age of 28. The sadness is very deep because the accident was unexpected and very sudden. Daily activities are impaired heavily. After his second son married, she has 3 grandchildren, where the third grandchild was the reincarnation of her first son who had died, the depression was healed and recovered perfectly because she felt the family was complete again, the feeling of loss no longer exists.
Case 2. A woman, 80 years old, a farmer who is depressed because her husband died when she was not there. She felt guilty about not being able to take good care of her husband. The sadness gets heavier because she feels lonely when her children go to work. When her great-grandchildren which was the reincarnation of her deceased husband was born, the depression immediately recovered. She took care of her the great-grandchild happily, even doing the laundry and changing diapers as if she was devoting herself to her husband who had returned to her.
RESULTS. From the case study above, the elderly experienced improvement in depressive symptoms after feelings of loss, sadness, loneliness, guilt and hopelessness disappeared with the return of dead members who were the source of their sadness. The reincarnation of a loved one makes sadness and loss cease to exist so symptoms of depression are healed.
CONCLUSION. Reincarnation which is believed to be a certain culture or religion is one part of the local wisdom that can provide healing of depression symptoms in the elderly.

Keywords: Reincarnation, depression, elderly

SERUM INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) AS PREDICTOR OF DELIRIUM SEVERITY IN ELDERLY PATIENT

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INTRODUCTION - Delirium is an acute syndrome characterized by altered levels of consciousness, attention, and cognitive function. Increasing experimental and clinical evidence is available to suggest that trauma, infection or surgery can lead to increased production of proinflammatory cytokines, which might, in susceptible individuals, induce delirium. Interleukin 1 receptor antagonist (IL-1RA) levels are elevated in the blood of patients with a variety of infectious, immune, or traumatic conditions. This study aimed to determine whether there is a correlation serum IL-1RA with delirium severity in elderly patient.

METHODS - From Januari 2018 to Desember 2018, a total of 76 geriatric patients in hospitalized in geriatric ward of Sanglah General Hospital were included in this study. All patients were in delirium. Bivariate analysis performed with independent T test or Mann-whitney test when appropriate. The receiver operating characteristic (ROC) curve was used to predict IL1-RA with delirium severity. All statistical analysis performed with SPSS 23.

RESULTS - From the total of 76 samples, 50 (65.8%) of patients were classified as moderate-severe delirium. The mean age of the patients involved in this study was 73.32 ± 7.73. The mean value of IL-1RA was 2574.66 ± 1324.22 pg/ml. IL-1RA inversely correlated with delirium severity (MDAS score) (p = 0.009, r = -0.23). Serum IL-1RA may predict moderate-severe delirium, with p = 0.021, AUC: 0.338 (0.213-0.464), cut off 2615.82 (sensitivity 34%, specificity 34.6%).

CONCLUSION - Serum IL-1RA inversely correlated with delirium severity. Serum IL1-RA may predict delirium severity in elderly patients, but with low sensitivity and low specificity.

Keywords : IL1-RA, delirium, geriatric

THE CORRELATION BETWEEN CENTRAL OBESITY AND THE MASS AND FUNCTION OF EXTREMITY MUSCLE OF THE ELDERLY POPULATION AT THE RURAL AREA OF BALI PROVINCE-INDONESIA

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Background: Getting old affects on body composition changes. The increase of obesity prevalency and the decrease of muscle mass and strength is known as Sarcopenia Obesity. Inflammation process is one of the etiology contributes to the pathogenesis of muscle mass and function decrease (sarcopenia).

Method : This research is a cross-sectional study took place in Pendawa Village at Buleleng Regency, Kapal Village at Badung Regency, and Penebel Village at Tababan Regency. The objects are the village elderly above the age of 60. The research method are : measuring the weight (stampede weight scales, Onemed, kg), waist circumference (tape line, cm), body composition test (BIA : Omron Karada Scan HBT-375), Muscle strength (Camry Handgrip dynamometer), functional capacity (walking speed in 6 meters), body mass index > 25 kg/m^2 (WHO,2000), the decrease of muscle strength (handgrip strength) < 18 kg or the decrease of functional capacity (walking speed 6 meters) : < 0.8 m/s.

Results : Obesity prevalency is found in 60 persons out of 303 population (20%) consists of 20 men (16%) and 43 women (23%), 31 out of 63 (49%) with obesity are 65 years old or more. This research found that visceral fat amount correlates neither to the mass of superior extrimity muscle of the elderly population. ($r=0.4$, $p <0.001$ and $r = -0.74$, $p<0.001$) and with the mass of inferior extrimity muscle. The visceral fat amount of both old men and women correlate with the strength of hand grip ($r = 0.242$, $p = 0.008$ and $r = 0.173$, $p = 0.002$) and with the walking speed ($r = 0.231$, $p = 0.01$ and $r = 0.211$, $p = 0.04$).

Discussion : Gaining weight as getting old indicated by fat accumulation in abdomen (central obesity). Central obesity relates to the the increase of pro inflammation sitokin secretion (CRP, IL6, TH Fa, etc.), Leptin increase and

inflammation process. Low grade inflammation mechanism contributes to the occurence and severity of sarcopenia. Inflammation increase will increase catabolusm that contributes to muscle wasting/athropy. The decrease of muscle protein synthesis inflicts upon the decrease of muscle mass and strength.
Conclusion: Central Obesity correlates to the decrease of muscle mass especially to the superior extremity muscle. Management of control obesity to the elderly is highly recommended. Weight reduce up to ideal weight by aerobics exercises, increase of protein intake and arm strength exercises may prevent arm muscles mass decrease.

Key Words *: Central Obesity, Sarcopenia, Inflammation*

PERFORMANCE ON MINI-MENTAL STATUS EXAMINATION BY OLDER PERSONS VISITING A TERTIARY CARE HOSPITAL FOR COMORBIDITIES

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BACKGROUND-Mini-Mental State Examination has been used since 1975 to assess cognitive function under domains like orientation, registration, recall, attention, language and ability to follow a command. In a 30-point questionnaire a score of 21 or less denotes impairment. It requires no training or equipment and is convenient in bedside assessment. However, it is affected by age and educational status and has thus come under conflict.

OBJECTIVE-To study the relation between performance of older persons in Delhi on individual components of MMSE and years spent on formal education.

METHODS-Random subjects above sixty years, attending out-patient clinics of Department of Medicine or Senior Citizen Clinic between November 2014-April 2016 were included in the study approved by Institutional Ethical Committee after they consented. Patients with acute infectious conditions were excluded. Participants were assessed using a pre-designed MMSE. Frequency tables for all components were constructed. Relation between education and MMSE was calculated using coefficient of correlation. To evaluate relationship between gender and MMSE, *t*-test was used.

RESULTS-104 subjects were included in this cross-sectional assessment. >90% people were oriented to space and were able to repeat and recall all 3 objects. The average total score was 24.86. 55 people scored 30 points. Males had a higher score than women. The correlation between education and total score was high (0.74) affecting serial deduction, obeying a 3 stage command, writing, drawing and responding to a written command due to which only 50% people scored well in these parameters.

CONCLUSION-Age and education are critical factors in understanding the inconsistencies in MMSE execution. Subjects who spent more years in formal education performed superior. Low educational levels increase the probability of misclassifying ordinary subjects as cognitively impaired. Since memory area of the MMSE is less influenced by training, it might be utilized alongside other tests in populaces with low instruction.

CONDYLOMA ACUMINATUM IN A-62-YEARS-OLD HIV PATIENT

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BACKGROUND: Condyloma acuminatum (genital warts) is sexually transmitted disease caused by human papilloma virus (HPV) infection. It mostly affects the anogenital region and occurs more often in patient with immunosuppressed condition, such as HIV infection.
CASE: A 62-year-old man was diagnosed with penile condiloma acuminatum and stage IV HIV infection. The $CD4^+$ counts was 23 cells/µL. He was treated with electrosurgery and TCA 80% spotted therapy. After receiving 8 treatments in 3-months follow up, no significant improvement was observed.
DISCUSSION: Several therapeutic modalities were existed for the management of condyloma acuminatum. Treatment of condyloma acuminatum should be guided by the size, number, and anatomic site of the lesion; convenience; adverse effects; and provider experience. The immune system plays an important role for the successful treatment of HPV infection. The risk of persistence, recurrence, and malignant transformation increases with the degree of immunosuppression from HIV infection as measured by $CD4^+$ counts. In this case, more aggressive treatment would be needed and other supportive therapy, such as immunomodulator, should be given to increase cure rate.
CONCLUSIONS: The immune status of the host has a significant impact on the HPV disease course and response to treatment. HIV patients suffer from increased risk of HPV infection, with increased duration and persistence of the disease thus needed aggressive therapy.

Key words: Condyloma acuminatum, HIV, electrosurgery

THE PREVALENCE OF AMYOTROPHIC LATERAL SCLEROSIS AMONG BALINESE ELDERLY AND ACCURACY OF APB/ADM AND FDI/ADM RATIO AS A SIMPLE AND AFFORDABLE ALS DIAGNOSTIC TOOL

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BACKGROUND: Amyotrophic Lateral Sclerosis (ALS) is a degenerative disease of the motor neuron system with debilitating and fatal outcome. ALS in Asia is relatively underreported and its prevalence in Bali is not known. Given its median survival of only 3 years, progressive nature of the illness, and absence of any disease-modifying treatment to date, ALS is a serious disease requiring more attention. Early diagnosis is paramount. Abductor pollicis brevis (APB)-abductor digiti minimi (ADM) motor nerve conduction ratio and first dorsal interosseous (FDI)-abductor digiti minimi (ADM) ratio derived from electromyographic (EMG) examination can be a simple and affordable, but accurate tools to aid the diagnosis of ALS.

OBJECTIVE: We aimed to determine the prevalence of ALS among elderly in Bali and identify the accuracy of APB/ADM and FDI/ADM ratio as simple diagnostic aids for ALS.

METHODS: This was a descriptive retrospective cross-sectional study, involving elderly patients with suspected ALS who were admitted into Sanglah Hospital Denpasar within 2016 to 2018. All patients were diagnosed as either definite, probable, or possible ALS using El Escorial criteria. All suspected patients underwent EMG examination. Statistical analysis was performed using SPSS 20.0 (IBM, San Fransisco).

RESULTS: There were 11 elderly (64.8±2.9 years old) who were definitively diagnosed with ALS out of 39 patients (28.2%), i.e. 6 males (64.8±3.0 years old) and 4 (64.7±3.0 years old) females. Almost half of them (47.1%) were diagnosed with definite ALS, while the rest were diagnosed as probable (47.1%) and possible (5.9%) ALS, respectively. Approximately one-third (29.4%) of elderly males patients versus that of almost one-third (17.6%) of elderly females were diagnosed with definite ALS. All of them had abnormal EMG results. Of note, 23.5% and 17.6% of patients with definite ALS and 11.8% and 29.4% of patients with probable ALS had abnormal APB/ADM and

FDI/ADM ratio, respectively. Interestingly, none of probable ALS patients had abnormal ratios.

Almost one-third of all diagnosed patients were of elderly. We assumed that the lower numbers were due to underdiagnosis, either because of underreporting by the primary care physicians, or due to lack of admission to the hospital among affected elderly by their caregivers. Interestingly, APB/ADM and FDI/ADM ratio yielded a relatively high diagnostic result, reflected by its normal values among patients with possible ALS. This is beneficial to confirm ALS diagnosis in case clinical manifesation is not reassuring.

CONCLUSION: ALS, despite its grave prognosis, is still underreported among Balinese elderly. APB/ADM and FDI/ADM ratio can be a simple and affordable, yet accurate tool for diagnosing ALS, particularly in developing country where advanced diagnostic facilites may not be available.

EXECUTIVE FUNCTIONING STATUS OF ELDERLY LIVING WITH FAMILY AND IN COMMUNITY DWELLING: EFFECTS OF AGE, EDUCATION AND GENDER.

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BACKGROUND - Age-related dysfunction of frontal systems can result in deficits in executive functioning such as planning, organization, self-control, and awareness of problems, which are likely to affect the ability to care for one's self. Although several studies have shown the importance of executive functioning ability among elderly, few studies have explored executive functioning status among elderly by using neuropsychological test (NPT) battery.

OBJECTIVE - This study is an initial attempt of a seminal work aiming at validating and adapting NPT, particularly on executive functioning, namely Trail Making Test A, Trail Making Test B, Stroop Test, Bourdon Wiersma Test and Five Point Test and examining how age, education and gender might have effects on those tests.

METHODS - Participants were 36 elderly who live with families and in community dwelling. We used four neuropsychological tests. We employed *Pearson product-moment correlations analysis, t-test analysis* and *Mann-Whitney non-parametric test*.

RESULTS - Thirty six elderly participated in the current study (10 males, 26 women) with age ranges from 57 to 90 years old. All executive functioning tests did not correlate with age and education. *t-test analysis* showed evidence that gender-based differences were found in some executive functions. *Mann-Whitney analysis* revealed evidences that performances on executive function tests, particularly on Trail Making Test A, Bourdon Wiersm (time) and Five Point Test were found significantly different based on the differences of residences.

CONCLUSION - It can be inferred that participants who live in community dwelling and families showed significant differences on executive functioning tests. These results indicate the declining of executive functioning among elderly who live in community dwelling.

AGING PROCESS IN DIFFERENTIATING LEVELS OF HAPPINESS ON THE ELDERLY

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BACKGROUND. Indonesia is a high aging population (aging society) country. The number of elderly people in Indonesia is increasing over years which continues to cause negative stereotypes on old age. Elderly are considered to be useless and conservative. If this is the case, the increasing population of elderly in Indonesia can become a social burden for the community. But in fact, only about 5-13% of people aged 65 years experience Alzheimer's. In addition, the prevalence of depression in the elderly is also lower compared to the prevalence of depression at a younger age and some facts show that the negative view of society towards old age is not true. This shows that there is a hope for the elderly so that they do not become a social burden. These problems needs to be addressed, particularly in the gerontology and positive psychology field.

OBJECTIVE. The aim was to understand how the aging process in distinguishing levels of happiness in old age.

METHODS. A qualitative narrative was conducted with 15 elderly aged 60-82 years old who was taken using purposive sampling technique. Variety levels of happiness profiles obtained through Psychological Wealth by Ed Diener. Obtained three groups of respondents; group of happy, unhappy, and slightly happy. The aging process of respondents obtained through 'life time-line' with periodization of time periods John Gray. Furthermore, qualitative analysis is applied to the 'sweet spots', 'dark valleys', and 'coping strategies' experienced by respondents in all three study groups.

RESULTS. The result shows a different coping strategy for each group of respondents in response to events that occur throughout life. Groups of happy respondents have spiritual coping strategy in dealing with various events that occur throughout their lives. While groups of unhappy were remorse and surrender. Meanwhile the slightly happy group's coping strategy was focused coping.

CONCLUSION. This paper concluded that the distinguishing levels of happiness in old age is the coping strategy that they use in addressing or to handle all the events that occur throughout the aging process.

QUALITY OF LIVING POST MENOPOUSE ELDERLY IN YOGYAKARTA IN 2016

Batresia Pattiasina, Tri Suratmi, Tri Budi W Rahardjo

Special Region of Yogyakarta (DIY) is the region with the highest life expectancy compared to other provinces in Indonesia, which is 13.4%, with the proportion of women more than men. The process of aging naturally results in a person experiencing physical and mental changes. Especially for women, with the menopause phase, there will be hormonal changes, which cause physical changes, emotional changes, and social changes, so that requires her to adjust to various problems that can affect the quality of life. The study was conducted with the aim of measuring the quality of life of elderly women in post-menopause in Sorosutan Village, Yogyakarta from the dimensions of physical, psychological, social, and relationship with the environment. The study was conducted in 2016, using a quantitative approach with cross sectional design. The variables studied were socio-demographic and factors that influence menopause namely, 1) anxiety, 2) menopause duration. 3) contraceptive use; 4) history of the disease. The study sample of 83 elderly women taken by random sampling technique from a population of 488 elderly. The quality of life of the elderly is measured using the WHOQL and HARS instruments. Univariate, bivariate and multivariate data analysis. The results showed, postmenopausal elderly who live with family, and have many children have a good quality of life. Women who experience menopause for more than 5 years tend to have poor quality of life. Women who use hormonal contraceptives have poor quality of life, as well as elderly women who have a history of the disease. They tend to have poor quality of life.

Key words: postmenopausal women, quality of life, family

DEPRESSION ROLE IN THE EVENT OF DEMENTIA IN THE ELDERLY IN POSBINDU LESTARI, JATISAMPURNA VILLAGE IN 2019.

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BACKGROUND - The elderly health services coverage in the Jatisampurna Health Center from 2014 to 2016 decreased significantly from 95% to 43.2%, although there is a special service to detect elderly dementia. According to the World Health Organization 2012 in the world 95% of people aged> 65 years suffer from dementia.

PURPOSE - This research goal was to proving Depression plays a role in the incidence of dementia in the elderly.

METHOD - Applied research, cross-sectional studies, 132 respondents from all elderly who came to Posbindu Lestari, Jatisampurna, data collection validated with the Ministry of Health standard questionnaire, data analysis with chi-square and multiple logistic regression.

RESULTS - Factors related to the incidence of dementia in bivariate analysis were depression p-value 0.001, OR 28.706, 95% CI 10.512-78.390; p-value of 0.001, OR 4.694.95% CI 1.846-11.938; education p 0.001, OR 0.407, 95% CI 0.326-0.509; occupation p 0.001, OR 4.314, 95% CI 1.877-9.914. The factors unrelated to dementia were age, sex, family history of dementia, smoking habits. The final model this study factors have role of dementia depression, non javanese, and unemployment have contributed amount 64%. The biggest contributing factor was depression with a forty-fold risk of suffering from dementia compared to non-depressed with a contribution of 51%. non-Javanese tribes were at risk of dementia by five times more than Javanese tribes with a contribution of 12.%. Not working was four times the risk of developing dementia compared to not working with a contribution of 13%.

CONCLUSION - Depression, non-Javanese, not working in the elderly is associated with the occurrence of dementia which is quite large, and meaningful because there is a need for routine activities in the post-detection of depression and mentoring activities, home visits for depressed elderly and elderly must be advertised to work to prevent dementia.

Keywords: dementia, depression, ethnicity, the elderly

ONYCHOMYCOSIS PROFILE IN ELDERY PATIENTS AT SANGLAH HOSPITAL, DENPASAR, BALI

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Background: Fungal infections are one of the most prevalent dermatologic conditions affecting the elderly population. Elderly population is susceptible to all of the superficial mycoses such as tinea pedis, candidiasis, and onychomycosis in geriatric populations compared to other age groups.

Objective: To determine the frequency of onychomycosis among eldery patients over a periode of 1 years (January 2018–August 2019) at Sanglah General Hospital, in Dermatology and Venereology outpatient clinic.

Methods: In a retrospective study perfomed at the Department of Dermatology and Venereology of the Sanglah General Hospital, Denpasar, Bali. The data collected were register patients in outpatient clinic.

Result: A total of 11 patients were diagnosed with onychomycosis, consist of 5 women and 6 men. Of these, 4 (36,3%) reported with comorbidities chronic systemic diseases and 7 (63,6%) reported no concomitant diseases. The common comorbidities in the remaining patients were hypertension, cardiovascular disease, chronic kidney disease and diabetes mellitus. The most common clinical type of onychodistrofic, hyperkeratotic subungual and dyschromia (6 patients, 54,54%). On potassium hydroxide examination, all patients gave the result positive. For 5 patients, on culture examination ,*Candida* (2 patients, 40%), *Trichophyton rubrum* (2 patients, 40%), and *Trychophyton mentagrophytes* (1 patient, 20%). On treatment, there are 7 patients with combination treatment (*fluconazole* 50mg and *ciclopirox lacquer* 8%) and 4 patients with only topical therapy (*ciclopirox lacquer 8%*). The combination therapy gave better results.

Conclusion: Approximately 11 patients in the eldery were onychomycosis. A few these patients may present with comorbidities.The combination therapy gives better result then monotherapy. Eldery patients should receive adequate health education and monitoring. This will improve their quality life.

MONITORING FUNCTIONAL ABILITY OF OLDER PERSONS USING MOBILE AGEING INSTRUMENT

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Background - The emergence of various diseases and disorders can lead to functional disabilities in older persons, with more severe conditions requiring the help of others, hence the need for long-term care (LTC). Disability as measured by the ability to perform activities of everyday life or Activity of Daily Living (ADL) affects approximately 51%, and around 10% of them are suffering from moderate to severe disability with increase in age.

Objective - Monitoring functional ability among older persons particularly in preventive long term care using WHO instrument, that can be used by the health providers, care giver or by older persons themselves

Methods - This instrument was designed for long distance monitoring with the application for self response by older persons. Such variables those should be incorporated in the instrument to monitor functional ability consist of individual characteristic, health behavior, and functional status. This instrument should be adjusted to local condition. We have developed functional ability monitoring instrument, and has been tried out to monitor 23 respondents.

Results - The result shows, among 23 older persons, 91 % walking routinnaly, 56.5% doing exercise 2 times a week, only 43% doing balance exercise, 87% consumed fruits and vegetables everyday, only 30.4% drinking milk or soy product, 69.6% eaiting three times a day, and 100% maintain their body weight. The cognitive function were very good (100%), 0,95.7 % have good mental status, 78% did not have falls experience.

Conclusion - We concluded that the respondents filled the instrument correctly in term of individual characteristic, health behavior , and functional ability including physical, mental and intellectual ability

RELATIONSHIP BETWEEN QUALITY OF LIFE AND DIABETES MELITUS IN GERIATRIC PATIENT RSUD DR MOEWARDI

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Background: The number of geriatric patient is getting bigger time by time. Patient called geriatric is when they are more then 60 Y.O with multi phatologies condition. There are several physiologies process in geriatric patient, such as change in biologic, physiologic, social and also sexual live. That changes is normal happen to them. But, its also change their qualities of life. One of biologic aspect that change their life is degenerative disease such as diabetes mellitus. This research is made to analyzed the relationship of quality of life and diabetes mellitus patient geriatrics in RSUD dr Moewardi.
Objective: to assess the relationship between quality of life and diabetes mellitus in geriatric patients RSUD Dr Moewardi
Method : total sample in this research is 69 patients, with observational analitic method and cross sectional. All of the sample analyzed with t test and mann whitney test
Hasil : from total 69 patient, there are 9 (13%) male patient and 60 (87%) female patients. Mean age are 70 Y.O. there are 29 patients (42%) with diabetes mellitus and 40 (58%) without diabetes mellitus. In diabetes patient, there are 7 patient (24, 1%) patient with history of diabetes <5 Y.O and 22 patient (75,9%) with history of diabetes >5 Y.O. statistical analysis with man whitney between diabetes and EQ-VAS show significant result ($p=0.004<0.05$), but from others aspect of quality of life mobility, self care, daily living, pain dan anxiety we got not significant relationship ($p > 0.05$).
Result : these research show us that there are no significant relationship between quality of life and diabetes mellitus in geriatric patients RSUD Dr Moewardi ($p>0.05$)
Conclution : there are no relationship between quality of life and diabetes mellitus in geriatric patient RSUD Dr Moewardi.

Kata kunci: geriatric, quality of life, diabetes mellitus

THE CHARACTERISTIC RISK OF FALLING ASSOCIATED VISUAL VERTIGO IN ELDERLY SOCIETY AT PUSKESMAS II, DENPASAR BARAT.

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BACKGROUND: Aging or getting old is a condition that occurs naturally in human life. When entering old age, humans experience some setbacks and weaknesses. 30% of older people over 65 years of experience falls every year. Visual vertigo (VV), is a syndrome characterized by dizziness that occurs in a dynamic visual environment.
Objective: To determine the characteristics of the incidence of falls in elderly patients with visual vertigo.
METHODS: A cross-sectional study design. The research at Puskesmas II, Denpasar Barat-Bali, July 2018. Data collection was carried out with a questionnaire for geriatric patients > 60 years old — patients with inclusion criteria for neuroopthalmo-otology. Data analyzed with SPSS 23 Mac version.
RESULT: In this study, a total sample of 33 samples obtained, 62.7% for a male, and 37.3% for a woman. 81% of subjects age 60-75 years old and 19% more than 75 years old. 63.63% with educated and 36.37% with uneducated. 72%, as workers and 28% not working, 84,84% without risk of falling and 15.16% with a chance of falling. Neuroopthalmo-otology examination showed 60.61% of normal visual acuity and 39.39% disturbance, 90.9% with cataract and 9.1% without cataract, 75,75% of the normal fundus and 24.25% of abnormal. 90.90% subject without visual vertigo and 9,1% with complaints.
CONCLUSION: The elderly group is predominantly 60-75 year old, educated, workers, no risk of falling, normal visus & fundoscopy, and without visual vertigo.

KEYWORDS: elderly, visual vertigo, fall

ASSOSIATION BETWEEN HEMOGLOBIN LEVEL WITH DEPRESSION STATUS IN HOSPITALIZED ELDERLY PATIENTS AT GERIATRIC WARD SANGLAH GENERAL HOSPITAL

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Background: There is evidence of decrease hemoglobin level as long as aging process in elderly. In low hemoglobin level condition not only influence physical status but also mental function in elderly.
Objective : To know assosiation between hemoglobin level and depression status in elderly.
Methods: This is a analytic cross sectional study. Data were derived from medical records of elderly/Geriatric patients (age $\geq$ 60 years old) admitted to Internal Medicine Department of Sanglah general Hospital between January to July 2018. Anemia status was defined using WHO criteria and depression was defined using Geriatric Depression Scale (GDS) questionnaires. We use independent t test to know assosiation between categorical and numeric variable with normal distribution. Statistically significant if $p < 0.05$.
Results : Total 102 patient was enrolled in this study consist of 47,05% male and 52,94% female. Prevalence of depression in elderly was 27,45% and there is no statistically different based on age and sex. There is association between hemoglobin level and depression in elderly (p=0,037; CI 0,76-3,14). Logistic regression analysis show that age and hemoglobin level impact depression status in elderly.
Conclusion : . There is association between hemoglobin level and depression status in elderly

Keywords : *hemoglobin, depression, anemia, elderly*

DIFFERENCES OF LOCOMOTOR ACTIVITIES IN THE DEMENTIA RAT MODEL INDUCED BY ORAL AND INTRAPERITONEAL INJECTION OF D-GALACTOSA

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BACKGROUND - The aging process can increase the incidence of neurodegenerative diseases such as dementia. Dementia is characterized by a gradual loss of cognitive performance for locomotor activities and spatial memory storage. Behavioral Y-Maze test can be used to assess locomotor activities by determining the activity of rat in exploring new environments.
OBJECTIVE - This study aims to prove the differences in the occurrence of locomotor activities disorders in mice induced by oral d-galactose and intrapertitoneal injection.
METHODS - This study is an experimental study using a posttest control group design. Sample criteria were male wistar rats aged 12-14 weeks weighing 200-300 grams. The study was conducted at the Animal Laboratory of the Pharmacology Unit, Faculty of Medicine, Udayana University from June 2019 to August 2019. Subjects consisted of 20 rats divided into 2 groups that receiving oral d-galactose treatment and intra-peritoneal injection given at a dose of 100 mg/kg/day for 8 weeks. Behavioral Y Maze test to assess the locomotor activity was measured for 5 minutes and recorded using video. Rats were given the opportunity to explore the three arms of the Y maze freely. Locomotor activity is calculated from the total average entrance of the arm in 5 minutes.
RESULTS - There was a decrease in locomotor activity in both groups. The average locomotor activity in the oral group was 6.5 $\pm$ 0.268 and the injection group was 5.5 $\pm$ 0.341. Bivariate analysis with unpaired t test showed a significant difference in locomotor activity between groups given oral d-galactose compared with the intraperitoneal injection group with $p = 0.034$ (<0.05).
CONCLUSIONS - Alzheimer's dementia rats with d-galactose induction have different locomotor activities after administration by oral or intraperitoneal injection of d-galactose. This study supports the results of previous studies that administration of d-galactose can cause disruption of locomotor activity.
Keyword: dementia, d-galactosa,

CAN BOOMERS BE FLOURISH AND STRIVE IN PSYCHOLOGICAL ASSESSMENT ?
(A CASE STUDY ANALYSIS)

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One indicators the successful of an organization's development can be seen from the management of human capital, related with good work of talents that owned by an organization. Challenges arise when the organization not yet fully have high talented employees who will fill the highest positions, which required to have superior qualifications, both in hard skills and soft skills. Currently, companies are managing employees with multigeneration of ages, Boomers, X and Y. For employees with age groups X and Y assume Boomers is a group of employees who will retire soon. Boomers are seen tend to feel tired more quickly, difficult to focus and feel comfortable and satisfied with their achievements at work. Boomers even not shown their competitiveness to the younger generation. However, it should be understood that there is a fact of boomers also presented their preeminent of work performance. Boomers also has practical experience that cannot be ignored.

Organization need to explore the fitness of their talents to the requirements. Psychological and competencies assessment are tools to capture candidates performances which the result will give a suggestion to the organization, make comprehensive judgement accordingly.

The cases studies analysis was used to explain the successful and the competitiveness of Boomers among the younger generations. The seven candidates in generation of Boomers and X had followed assessment by using multi batteries of psychological test and competencies simulations.

The result of the assessment shows that one candidate from Boomers did flourished and strived from four candidate of X generation and three candidates of Boomers. It is indicate that Boomers still able to reach their excellent performance and extend his work services at the company.

Key word : Boomers, psychological assessmen

CENTRAL OBESITY IN RURAL ELDERLY

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BACKGROUND: In Indonesia, the prevalence of central obesity in the elderly (≥ 23,1%) has exceeded the national prevalence (18.8%%). Rural elderly population seem to be less exposed to central obesity.
OBJECTIVE: This study aims to identify risk factors for central obesity among the elderly in rural areas.
METHODS: This cross-sectional study, using data from the Indonesia Family Life Survey 2014 (IFLS-5). Total of 427 ederly aged 60 years or older who were living in rural areas were examined. Central obesity was measured using waist circumference (women: ≥80 cm, man: ≥90 cm). Other factors analyzed were sociodemography (age, sex, education, employment status, income, marital status) and consumption patterns (carbohydrates, protein, fat). Frequency and percentage were used for descriptive statistics while chi-square was used for inferential statistics, and using logistic regression for multivariate analysis.
RESULTS: Prevalence of central obesity was 33.5%. The results of bivariate analysis showed that sex (male), income (<3 percentile), marital status (unpaired), employment status (not working), fat consumption (never), and smoking were significantly related to central obesity. Regression analyses showed that the male is the most dominant risk factor associated with obesity central obesity after being controlled by fat consumption.
CONCLUSION: Being male appeared to be the most significant risk for central obesity, and the pattern of fat consumption has the potential for central obesity in the rural elderly.

LATENT SYPHILIS ACCOMPANIED BY OCULAR SYPHILIS IN GERIATRIC

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BACKGROUND : Syphilis is one of sexually transmitted disease which affect people at productive ages and very rare in elderly people. **CASE :** A 75 years old man consulted from Ophthalmology Department with suspected of ocular syphilis. Patient complained blurry vision on the right eye since 2 weeks ago. Ophthalmology Department assessed the patient with right ocular anterior uveitis. Serology test showed reactive for syphilis. Patient treated with 2,4 million international unit of Benzatin Peniciline G intramuscular once a week for three weeks. After treatment follow up showed improvement in clinical manifestation and decreasing VDRL titer.

DISSCUSSIONS : Based on WHO criteria, geriatric is someone who is older than 60 years old. Geriatric population is susceptible for many diseases, but sexual transmitted disease is rare in this population. Syphilis in geriatric patient commonly found at latent phase rather than at primary or secondary phase. Diagnosing syphilis in geriatric patient usually is a challenging because the prevalence for false positive or false negative serology test is increase in elderly patient.

CONCLUSION : Despite sexually transmitted diseases are rare in geriatric population, however this disease must be considered as a causes of sign and symptoms of diseases in elderly, especially syphilis since this infection tend to be chronic and affect many organ system. Advanced age isn't an exclusion for someone to get sexually transmitted disease, therefore important to keep sexual relationship in safe manner without consideration of age.

Keyword : syphilis ocular, sexual transmitted disease, geriatric

HERPES ZOSTER OPTHLAMICUS IN GERIATRIC WITH MALNUTRITION

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BACKGROUND: Herpes zoster opthalmicus (shingles) is a reactivation of latent Varicella Zoster Virus (VZV) affecting the ophthalmic branch of the trigeminal nerve. One of the risk factors that can cause reactivation of shingles are aging and immunosuppression conditions such as malnutrition. **CASE**: We reported a case of 75 years old patient with stabbing pain dan stinging sensation on the left forehead with Visual Analog Scale (VAS) score of 3. Body mass index was calculated and showed underweight status (malnutrition). Dermatological examination showed erythematous, well defined macules to patch, topped with blackish brown crust, with multiple erosions at some part over the left frontal region, superior palpebra and the parietal area (following the dermatome of the ophthalmic branch of the trigeminal nerve). Patient was given oral acyclovir, oral methylprednisolone, gabapentin, amitriptyline and vitamin B. The lesions were compressed with saline solution and a fusidic acid 2% cream was applied. Patient was also given high calories and protein intake to fix the nutrition status. These interventions showed significant improvement of the lesions. **DISCUSSION**: The incidence and severity of shingles increases in geriatric patients. This can also be explained because aging is associated with a greater susceptibility of nutritional deficiency which can suppressed specific and non-specific immunity. Nutritional conditions in herpes zoster patients can influence the severity and incidence of post herpetic neuralgia as well. **CONCLUSION**: The purpose of reporting this case is to discuss nutritional status is an important factor that must be considered in dealing with the incidence of herpes zoster as to reduce the incidence of post herpetic neuralgia.

Keyword: Herpes Zoster Ophthalmicus, malnutrition, geriatric

ASSOCIATION OF FAMILY SUPPORT AND QUALITY OF LIFE IN GERIATRIC COMMUNITY GATHERING AT DR. MOEWARDI HOSPITAL SURAKARTA

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BACKGROUND Aging is an unavoidable and irreversible change. Elderly people may suffer from the multiple health disorders due to the vulnerability for many physical and mental disturbances. Quality of life in elderly population can be affected by many environmental factors. Family support is playing a key role in determining the quality of life (QOL) of the aged people. It helps to buffer stress and depression while enhancing an individual's morale, health, and wellbeing.

OBJECTIVE To investigate the family support and quality of life of Geriatric Community Gathering in Dr. Moewardi Hospital Surakarta and to determine the relationship between family support and quality of life.

METHODS This was a observational analitic, cross-sectional study. The sample included 69 respondents who were older than 60 years admitting Geriatric Community Gathering in Dr. Moewardi Hospital. Data were collected through a questionnaire including sociodemographic characteristics of participants, EuroQol EQ-5D-5L Scale and Perceived Social Support- Family (PSS-Fa). Spearman Rank correlation test were used in statistical analysis.

RESULTS The Spearman rank obtained a $p = 0.008$ which means there is a positive and significant correlations between family support and quality of life. The higher of the family support, the better of the quality of life. The results of the Spearman rank obtained that the significant correlations are related with quality of life in the domain of self-care ($p = 0.028$), daily life ($p = 0.006$) and pain ($p = 0.021$).

CONCLUSION There is a positive and significant correlations between family support and quality of life.

PLATELET RICH FIBRIN (PRF) AS THERAPY FOR VARICOSUM ULCER

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Stasis / varicosum ulcers is defined as ulcers which does not completely heal within 3 months and generally occured over the age of 40 years or younger. Conventional treatment requires a long period of time. New treatment using platelet rich fibrin (PRF) can accelerate healing**. CASE:** A serial cases of varicosal ulcers. The first case, a 17-year-old woman, was diagnosed with the right leg varicosum ulcer since 6 months, was treated with PRF every week and wound closure occurred at the 4th week. The second case was a 85-year-old man, diagnosed with varicosum ulcer at pedis dekstra since 7 years ago, and was treated with PRF. The wound healed within seven week. **DISCUSSION:** Stasis ulcers are chronic ulcers that sometimes require long hospitalization and prolonged treatment, and it affects the socioeconomic and quality of life of the patients. Platelet rich fibrin (PRF) is autologous blood that is rich in fibroblast growth factor (FGF), vascular endothelial growth factor (VEGF), platelet-derived growth factors (PDGFs), transforming growth factor beta (TGF-β), epidermal growth factor (VEGF), and insulin like growth factor-1 (IGF-1) which can help accelerate wound healing without hospitalization. This method has been carried out in several countries, with wound healing occurred at week 15th. **CONCLUSIONS:** There have been 2 reported cases of varicosum ulcers treated with PRF and achieved wound healing after 4 weeks (first case) and 7 weeks (second case) of therapy.

Key Words : Stasis Ulcer, platelet rich fibrin, growth factor

PREVALENCE OF BLINDNESS AND VISUAL IMPAIRMENT OF FIFTY YEARS OLD PEOPLE IN BALI

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BACKGROUND : Blindness is a major health problem in many developing countries. The incidence of blindness in developing countries is ten times higher than the incidence in developed countries. Based on etiology, 80% of blindness and severe visual impairment is avoidable blindness. Degenerative disorders begin to appear and provide complaints in daily life at 50 years old.
OBJECTIVE : To know the prevalence of blindness, visual impairment and the causes of fifty years old people in Bali .
METHODS : This research is a cross sectional study of selected respondents examined at one time period, under the responsibility and guidance of the survey coordinator. People ≥50 years old in the selected cluster (50 respondents per cluster) were examined. Data analysis with SPSS 17.0.
RESULTS : The prevalence of blindness is 2.7%. The proportion of blindness tends to increase several times in accordance with the age of the respondent. The most common cause of blindness was cataracts (77.8%), abnormalities of the eyeball / central nervous system (6.2%), non-trachoma corneal opacification (4,9%), non-specific posterior segment abnormalities (4.9%). The prevalence of visual impairment is 27,9% with the most causes is refractive error. 87.7% cause of blindness is avoidable blindness.
CONCLUSION
The prevalence of blindness in 50 years old people in Bali is still high (> 1%). This is a social problem that needs to be prioritized. Cataract still the most common cause of blindness, and increase quantity of cataract surgery is the options to solve this problem.

Key Words : *cataract, RAAB, blindness, prevalence, visual impairment*

PROGRESSIVE MUSCLE RELAXATION AND DYNAMIC SUPPORTIVE THERAPY FOR DEPRESSION REDUCTION IN ELDERLY

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BACKGROUND - Elderly will experience a decrease in physical, cognitive, and social emotional. Various problems that occur due to a decrease in the elderly can cause psychological disorder, namely depression (Hurlock, 1980). Lack of social support, especially family can further worsen the condition of the elderly. Symptoms of depression that are often felt by the elderly include feelings of sadness, pain in parts of the body, difficulty in sleeping, feeling inferior, low self esteem. There are various ways to reduce depression. Progressive Muscle Relaxation consists of stretching movements that make clients feel more relax and reduce pain due to depression. Dynamic Supportive Therapy is often used for clients who are very susceptible to depression and have low motivation with many techniques like reassurance or entertaining, ventilation and cathartic techniques, direction and environmental changes (Beck, 1967).

OBJECTIVE - The purpose of this study is to determine the impact of progressive muscle therapy and dynamic supportive therapy simultaneously to depression in the elderly.

METHODS - The subject of this study was an elderly person who showed symptoms of major depressive disorder. Intervention using in this study were dynamic supportive therapy and progressive muscle relaxation. Research framework was qualitative method with a case study approach. Data was collected by observation and in-depth interviews. Data was analyzed using data reduction, display, and conclusion drawing.

RESULTS - Research results show progressive muscle relaxation can reduce physical symptoms that occur during depression. Dynamic supportive therapy can reduce symptoms of depression and arouse the motivation to continue life even with various problems that occur.

CONCLUSION - Progressive muscle relaxation therapy and dynamic supportive therapy can simultaneously reduce depression in the elderly.

KEYWORDS: depression, dynamic supportive therapy, progressive muscle relaxation, sadness in elderly

APPLICATION OF COGNITIVE-BEHAVIOR THERAPY IN HYPERTENSION ELDERLY PATIENT WITH OBSESSIVE-COMPULSION DISORDER: A CASE STUDY

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Hypertension is a common disease found in old age. Appropriate medical treatment can reduce the adverse effects of hypertension. However, psychological disorders that occur in hypertensive patients in the elderly can affect the deteriorating health condition. One of the things that can cause hypertension is high salt consumption. This study uses a case study approach to one elderly hypertensive woman age 72 years with a compulsive obsession disorder. This case study aims to intervene in the complaints that arise, among others: the habit of consuming large amounts of salt, the tendency to stress easily due to the urge to always maintain cleanliness, as well as relations with families that deteriorate due to difficulties meeting patient expectations for hygiene. Cognitive-Behavior Therapy conducted using three techniques: psychoeducation to patient and the family, Socratic questioning, and exposure therapy. The result of this application is the reduction in patient salt consumption and the emergence of a desire to lead a calmer age. In addition, psychoeducation provided to family members becomes a very effective intervention to help cure patients. family understanding of the condition of psychological disorders experienced by patients increases the quality of social support from the family of patients. The implication of applying cognitive-behavior therapy techniques in this case study can be one of the references in handling hypertension cases with obsessive-compulsive disorder in elderly patients.

Keywords: Hypertension, Obsessive-Compulsive Disorder, Cognitive-Behavior Therapy

THE NEED OF INTEGRATED LONG TERM CARE FOR ELDERLY WITH DEMENTIA IN INDONESIA

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BACKGROUND – Dementia has caused major function dependency among elderly. Care for older people with dementia is challenging since there is no cure for such condition. Meanwhile, the incidence of dementia increases as elderly get older. Long term care (LTC) is designed to meet elderly's need, including those with dementia, to improve their independence and quality of life. As a region with the highest elderly population in Indonesia, the Yogyakarta Special Province (DIY) has prepared its older population with LTC services which have been provided by the local government agencies and organizations focusing on elderly needs. However, little is known whether these services had met the need of elderly with dementia in DIY. **OBJECTIVE –** The study aimed to investigate the need of LTC for elderly with dementia in DIY as well as the preparedness of LTC services available in the region. **METHODS –** Data in this study were taken from SurveyMETER's dementia study, age-friendly community health center study, elderly health post study, and direct interview to local government institutions in 3 districts in DIY with regard to current situation of long term care services. **RESULTS –** The prevalence of dementia in DIY was 20.1%. The high prevalence was also exacerbated by low awareness of dementia among elderly and caregivers. However, the diversity of LTC services were limited. Some essentials services such as daycare, dementia prevention and care management, among others, were unavailable. Moreover, integration among service providers was lacking, making it inefficient for the elderly to obtain the best care. **CONCLUSION –** With the rising needs for LTC services for elderly with dementia in DIY, a comprehensive, integrated and sustainable services is essentially required to provide elderly with the most effective and efficient care. Additionally, when integrated to other LTC services, age-friendly community health center can also be used extensively as an interface to maintain and promote the health of elderly with dementia.

Keywords: elderly, dementia, long term care, integrated, Indonesia

COEXISTENCE OF PEMPHIGUS VULGARIS AND TYPE II DIABETES IN GERIATRIC PATIENT : A CASE REPORT

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BACKGROUND: Pemphigus vulgaris (PV) is an autoimmune bullous disorder that usually in in middle aged and elderly. PV management in elderly patient is still a challenge for clinicians because in the elderly, there is an increased risk of developing prediabetes and type 2 diabetes. Corticosteroid are a primary treatment for PV but should be considered in a patient with type 2 diabetes. We report a coexistence PV and type 2 diabetes in geriatric patient treated with azatrioprine. **CASE:** A 70 years old female came with multiple painful blister on the trunk, upper, lower extremities and the oral mucosa. She had a history of type 2 diabetes, treated with insulin, but patient was not compliant with this treatment. Dermatological examination showed multiple flaccid bullae, containing serous fluid with multiple erosions and a positive nikolsky sign. Histology examination appropriate with PV. On tzank smear examination found acantholytic cells. She shows improvement with azathioprine 100mg daily, insulin 12 IU and lantus for type 2 diabetes. **DISCUSSION:** Cell mediated imunity was found to be low in geriatric, which can cause multiple diseases at the same time. The coexistence of PV and type 2 diabetes should increased the awareness of the physician in giving treatment. Corticosteroid is one of the main treatment for PV, but contraindication in patient with type 2 diabetes because of interfering with gluocose control leading to acute decompensation. The treatment choice for this condition is azathioprine and the mechanism is by blocking DNA replication without increasing glucose level. **CONCLUSION:** Geriatric patient with coexistence more than one diseases are challanging to treat, the selection of appropriate therapy can improve the prognosis of patient.

Keyword: Pemphigus vulgaris, type 2 diabetes, geriatric

TOXIC EPIDERMAL NECROLYSIS IN AN ELDERLY WITH COMORBIDITIES

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Introduction: In Toxic Epidermal Necrolysis (TEN), age has been reported to be a risk factor for developing TEN, and associated with comorbidities and increased mortality. Here a case of TEN in an elderly patient with comorbidities that challenging in the management.

Case: A-70-years old male patient was consulted with skin detachment. Symptom started since 4 weeks before admitted to hospital with redness in face and extrimities that spread to the chest and back accompanied with fever and malaise, also wound in the lips and genitalia. History of pulmonary tuberculosis since 1 year ago and started category II anti-tuberculosis Rifampicin, Isoniazid, Pyrazinamid, Ethambutol and Streptomycin injection since recent 5 weeks. Multiple erosions geographical shape covered with black crusts were found on the lips and genitalia. On the back, chest, abdomen and extrimities were found multiple erosion, geographical shape varied in size with positive nickolsky sign. The detachment covered 40% of body surface area. Laboratory result showed decrease in haemoglobin, blood glucose, albumin and potassium. Patient was diagnosed with TEN ec susp Streptomycin, lung TB, severe malnutrition, hypoglycemia, hypoalbuminemia and hypokalemia. Patient was treated in burn care unit, given supportive care and intravenous dexamethasone 10 mg every 8 hours and then tappered off. Mortality rate from SCORTEN count was 12,1%. On the fourth weeks of treatment, there was no improvement and was complicated with decubitus ulcer.

Discussion: TEN is a rare condition that constituted as a medical emergency. In elderly population, the incidence of TEN was 2,7 times higher than younger adults. Supportive care was the key feature of management with varied adjunctive therapy. Some author propose more aggressive treatment for TEN in elderly patients with comorbidities.

Conclusion: In elderly, the risk and mortality of TEN were even higher and the presence of comorbidities require more aggressive treatment and supportive care.

Keywords: *toxic epidermal necrolysis, elderly, comorbidity*

RISK FACTORS OF FRAILTY IN COMMUNITY DWELLING OLDER PEOPLE IN BALI

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Background: Frailty as from Watson and Fried is a changing molecular cell which characterized by unintentional decrease of body weight, easy to get exhausted, and decrease of strength, physical activity and gait speed. Factors such as sarcopenic, inflammation, malnutrition, age, comorbid disease can result frailty in community-dwelling elderly. Knowledge of frailty's risk factors must be identified in order to prevent frailty in elderly.
Methodology: An Analytic cross- sectional study in Singaraja, Badung, and Tabanan Regency. 186 community- dwelling elderly age more than 60 years old as the subject of this study. The subject was interviewed for basic data and nutritional status, going for anthropometric measurement (body weight, height, body mass index, and waist circumference), Bioelectrical Impedance Analysis (BIA), gait speed, handgrip measurement was done in subject. Crosstab analytic was performed to determine the risk factor (age, functional status, nutritional status and central obesity) of frailty. P-value < 0.05 was seen as significant.
Result: There were 186 subject recruited in this study. Among this subjects, 72.6% were frailty and 27.4% were normal. Most subjects were female 65.6%. The mean age was 65 years. Cross tabulation risk analysis showed that age (OR 3.22; 95% CI 1.18- 8.75), sex (OR 4.59; 95% CI 1.92- 10.93) central obesity (OR 0.23; 95% CI 0.11- 0.46), nutritional status (OR 17.22; 95% CI 6.41- 46.29), and functional status (OR 9.59; 95% CI 2.22- 41.44), were found to be significantly associated with frailty (p< 0.05)
Conclusion: The prevalence of frailty in this study among community- dwelling elderly in Bali was 24.7%. The risk factors significantly increase frailty was age, nutritional status and functional status. Central obesity in this study was a preventive factor to frailty which is different in several study that have been done before.
Keyword: *Frailty, Risk Factor, Elderly*

COMPARISON OF HANDGRIP STRENGTH, TIME UP AND GO, ACTIVITY OF DAILY LIVING BETWEEN COMMUNITY AND NURSING HOME IN POPULATION-BASED ELDERLY AT BALI

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BACKGROUND: low muscle strength, is central to geriatric syndrome including in sarcopenia and frailty, its is well described handgrip strength, time up and go ,and activity of daily living in older people comparison community and nursing home but the epidemiologi of described handgrip strength, time up and go ,and activity of daily living has been little explored.
OBJECTIVE: In this study our aim was to investigate the comparison handgrip strength, time up and go ,and activity of daily living between community and nursing home in population-based elderly.
METHOD: This is an observational analytic study, data we collect from cross sectional study in community and nursing home. handgrip strength, time up and go ,and activity of daily living score were recorded to statistical program; $p \leq 0.05$ was considered as statistically significant.
RESULTS: sixty two geriatric sample from community and nursing home. We use Mann-Whitney method. There is significant difference of handgrip strength, time up and go ,and activity of daily living between elderly living in community and elderly living in nursing home. handgrip strength (17.8 +6.6 VS 14.2 +6.1; P = 0,008), time up and go (9.59+3.05 VS 13.2+2.7; P=0,000) ,and activity of daily living(19.1 +1.8 VS12.1+ 4.6; P= 0,000)
CONCLUSION: Our study showed decrease of muscle strength in nursing home versus community in handgrip strength and activity of daily living at elderly at Bali
KEYWORDS: *handgrip strength, time up and go activity of daily living, community, nursing home ,elderly*

CORRELATION BETWEEN DEPRESSION LEVEL AND QUALITY OF LIFE IN GERIATRIC GATHERING AT DR. MOEWARDI HOSPITAL, SURAKARTA

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ABSTRACT

BACKGROUND: Among the different morbidities that afflict the elderly population, depression has become an important problem, defined as disturbance of a person's ability to be affectionate or of their mood, with significant functional impact on any age group. The degree of suffering caused by depression is not easy to assess, although one possible and effective method of assessing the suffering caused by depression is to evaluate its impact on quality of life.
OBJECTIVE: Assessing the correlation between quality of life with depression level of a geriatric group gathering in Dr. Moewardi Hospital, Surakarta.
METHOD: The sample of this descriptive study consisted of 69 individuals, 60 years of age and older,which was conducted one time in geriatric gathering that is regularly held once every 2 months at Dr. Moewardi Hospital, Surakarta. The data were collected using descriptive questionnaire including Geriatic Depression Scale (GDS) and EuroQol EQ-5D-5L. Spearman's rank correlation was used in statistical analysis.
RESULTS: This research showed that the value of p=0.348>0.05 which means there is no significant correlation between depression level and quality of life in geriatric population that routinely do gathering at Dr. Moewardi Hospital
CONCLUSION: There was no significant correlation between depression level and quality of life in geriatric population that routinely do gathering at Dr. Moewardi Hospital**.** The unsignificant result due to sampling that has same characteristics without comparison with other groups that made a less representative sample.

CLINICAL PHOTOAGING TEST OF PEEL OFF GEL MASK CONTAIN MANGOSTEEN RIND EXTRACT (GARCINIA MANGOSTANA L.) AGAINST UV-B EXPOSURE

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ABSTRACT

BACKGROUND - UV-B radiation has the capacity to produce reactive oxygen species (ROS) that cause photoaging. Photoaging is characterized by apparently wrinkles and a decrease in the number of fibroblasts. Protection against fibroblasts and preventing wrinkles can be overcome with antioxidants. Mangosteen rind extract has very high antioxidant activity. The preparation of peel off gel mask mangosteen rind extract is known to provide long-term protection.
OBJECTIVE – The purpose of this study was to determine the effectiveness of the protection of peel off gel mask of mangosteen rind extract against clinical photo aging of the skin exposed to UV-B rays.
METHODS - The test was conducted using 30 male Wistar rats divided into three groups, namely the non-treatment (control) group, the peel off gel mask base group (treatment I) and the peel off gel mask extract mangosteen rind extract (treatment II). The treatment groups I and II were given UV-B exposure with UV-B light in 28 days. Calculation of the number of fibroblasts is done by histopathological methods which are then analyzed using the Anova One Way test and LSD test. Measurement of the degree of clinical photoaging is done pre and post treatment, analyzed using the Kruskal Wallis Test, Wilcoxon Test, and Mann Whitney.
RESULT - The results of the analysis of the number of fibroblasts showed that there were significant differences between treatment I, control and treatment II ($p = 0.00$). Clinical photoaging pre-test results showed the same average grade ($P = 1.00$), while the results of the post-test and pre-post test showed that there were significant differences between treatment I and control II and treatment II ($p = 0.00$) .
CONCLUTIONS - It can be concluded that the peel off gel mask of mangosteen rind extract has protective effectiveness in increasing the number of fibroblasts and preventing clinical photoaging in the skin of wistar rats exposed to UV-B rays.

CLINICAL CHARACTERISTICS AND INTERICTAL ELECTROENCEPHALOGRAPHY FEATURES OF POST-STROKE SEIZURE IN ELDERLY ADMITTED IN SANGLAH GENERAL HOSPITAL PERIOD OF JULY 2018 – JULY 2019

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ABSTRACT

BACKGROUND – Stroke is the most common cause of unprovoked seizure in elderly population. Majority of elderly are reported to have focal onset seizure with hemorrhagic stroke was frequently reported as the underlying cause. EEG is still the major diagnostic tool for epilepsy, however, interictal epileptiform activity was reported substantialy low among elderly diagnosed with epilepsy.
OBJECTIVE - To determine the clinical characteristics and interictal electroencephalography (EEG) features of post stroke epilepsy in elderly patients admitted in Sanglah General Hospital from July 2018-July 2019.
METHODS – This was a retrospective descriptive study using inpatient medical records of elderly patients (60 years old and older) with epileptical seizure following stroke who were admitted in Sanglah General Hospital from Juli 2018-Juli 2019. Patients included in this study were those who underwent electroencephalography examination.

RESULTS – A total of 30 patients included in this study with 22 are male. Most of the patients had non hemorrhagic stroke where majority of them have subcortical lesion. The most common type of seizure is focal motoric seizure with 58% of them propagate to bilateral tonik clonic. There are only 5 patients have an abnormal interictal EEG recording in the brain region related to the area affected by stroke. All of the patients are treated with single antiepileptic drug except those who are categorized as having acute symptomatic seizure. Phenytoin are prescribed for 20 patients as monotherapy while carbamazepin are drugs of choice for the rests.

CONCLUSION – Focal seizure is the most common type of seizure recorded during the period in geriatric patients. Most of the interictal EEG features are normal, while the abnormal pattern recorded are an unspecific intermitten slow activity in the region of affected brain. Almost all of the patient having EEG examination are those who have non hemorrhagic stroke. Phenytoin is the most selected drug of choice for those patients.

CONCURRENT INFECTIONS OF TRICHOMONIASIS AND NONGONOCOCCAL CERVICITIS IN MENOPAUSAL WOMAN

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INTRODUCTION Trichomoniasis is a rare sexually transmitted infection. Trichomoniasis can often coincide with other pathogen that cause genital infections. Menopausal women remain at risk of developing this disease due to physiological and anatomical changes in the female genital organs.
CASE A woman, age 61 years, experience vaginal discharge from one month with itching in the genital area. Last menstruation period was 7 years ago. Patient had one sexual intercourse a month ago with her boyfriend, it was the first sexual contact since 7 years ago, without using a condom. Pelvic examination reveal vaginal wall erythema. Yellowish discharge on the fornix posterior, and cervical, watery consistency. Leukocytes 20-25 per field view and *Trichomonas vaginalis* was found on laboratory examination. pH examination on vagina was 8. Patient was diagnosed with trichomoniasis and nongonococcal cervicitis, was given metronidazole 2 x 500 mg, azithromycin 1000 mg single dose for therapy.
DISCUSSION *Trichomonas vaginalis* causes vaginitis in women and urethritis in men. In this case the patient already stop menstruating since 7 years ago but still sexually active. After therapy with metronidazole theres an increase in pH occurred a week after therapy which amounted to 10 and decreased one week later to 8. Increased pH in cases was also accompanied by an increase in leukocytes, so that co-infection with other germs should be considered. Recommended metronidazole 500 mg twice a day for 7 days regimens have resulted in cure rates of approximately 84%–98% along with azithromycin 1 g single dose for nongonococcal cervicitis. Sexual partners must be treated, simultaneous sexual partner therapy increases the cure rate.

Keywords *: trichomoniasis, menopause, vaginitis*

SELF-EFICACY AND RESILIENCE ROLE ON ENTREPRENEURIAL INTENSITY IN SEVEN SEMESTER STUDENTS PRIVATE UNIVERSITY "X" IN SEMARANG

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ABSTRACT

Background. The number of students who still do not have the confidence to do entrepreneurship after graduation or even when they are studying is very intriguing to us as researchers to conduct initial research on matters that affect someone's interest in entrepreneurship.
Objective. The purpose of this study was to determine the SELF-EFICACY AND RESILIENCE ROLE ON ENTREPRENEURIAL INTENSITY IN SEVEN SEMESTER STUDENTS, PRIVATE UNIVERSITY “X” IN SEMARANG.
Methods. The population of this research is all seventh semester students who have or are currently taking Entrepreneurship courses at University “X” in Semarang. A sample of 50 students and randomly selected. This research is a quantitative descriptive study so that the data is analyzed to determine the effect of the role between Resilience and Self-efficacy on Entrepreneurial Intention. The data collection instruments used questionnaires from three scales, namely the Self-efficacy scale, Resilience scale and Entrepreneurial Intention Scale which were then analyzed using multiple regression analysis.
Result. The results of the study simultaneously obtained F = 14,073 with p = 0,000 p <0,05, which means that there is a significant positive effect between resilience and self efficacy on student entrepreneurial intentions.
Conclusion. Future expectations are that the assessment of attitudes towards students' resilience and self-confidence will be able to arouse intention, enthusiasm, and desire for entrepreneurship after holding a bachelor's degree.

Keywords: Entrepreneurial Intention, Resilience, Self-Efficacy

RELATIONSHIP BETWEEN HYPERTENSION AND QUALITY OF LIFE IN THE GERIATRIC COMMUNITY GATHERING IN MOEWARDI HOSPITAL OF SURAKARTA

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ABSTRACT

BACKGROUND : The number of elderly population is increasing and become one of the main public health problem globally. Quality of Life (QoL) among elderly should be maintain or improve to better level. QoL among elderly population influenced by many factors. Hypertension is prevelent condition among the elderly and general population with hypertension.
OBJECTIVE : Determine the relationship of hypertension and QoL in the geriatric community gathering in Moewardi Hospital of Surakarta
METHOD : This study used a cross sectional design, collecting data with questionnaires on 69 samples in the geriatric gathering communitythat is regularly held once every 2 months in the Dr. Moewardi Hospital, Surakarta. In the questionnaire there were questions about sociodemographic characteristic of participants, quality of life of EuroQol the EQ-5D-5L and the history of hypertension. MannWhitney testcorrelation test were used in statistical analysis.
RESULT : The results of mann whitney test obtained mean value of QoL in the group without history of hypertension 8.78 ± 6.13 and in the group with history of hypertension 7.65 ± 35.25 with p = 0.861> 0.05 which means there was no significant difference between patients without history of hypertension and patients who have a history of hypertensionon the patient's QoL.
CONCLUSION : There was no significantrelationship between betweenhypertension and QoLin the geriatric community gatheringin Moewardi Hospital of Surakarta.

IMPLEMENTATION STRATEGY OF NON-COMMUNICABLE DISEASES (PTM) PROGRAM IN THE REGIONAL DEVELOPMENT OF PUSKESMAS KECAMATAN CIPAYUNG JAKARTA, 2019

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ABSTRACT

Posbindu PTM (Penyakit Tidak Menular) is the role of the community in carrying out activities of early detection and monitoring of PTM risk factors, which are carried out in an integrated, routine and periodic manner. The main target of the Posbindu program is healthy and risky community groups, as well as PTM persons aged 15 years and over. This research was conducted with the aim of describing the implementation of the Posbindu PTM in the fostered area of the Cipayung subdistrict, East Jakarta in 2019. This research was a policy research with a qualitative approach. The subject of research is the head of the Health District in East Jakarta, the head of the Puskesmas, and the person in charge of the program in the fostered area of Cipayung Health Center in East Jakarta. Data collection is done by interview, observation, and documentation. Data analysis uses the Hirarchy Process Analyst (AHP), with the George Edward III model. The focus used is communication, resources, disposition, and bureaucratic structure. The results showed: 1) communication carried out by the implementing party to the target group was still improved to be effective in understanding the posbindu program; 2) human resources, information, and facilities for implementing the posbindu program are still inadequate; 3) the disposition of the parties involved is quite good, but there needs an incentive funds to replace cadres transportation; 4) bureaucratic structure of program implementers in carrying out their responsibilities has gone well according to standard operating procedures.

Keywords: Posbindu PTM, Health policy, community health center

ASSOCIATION OF HEALTH LITERACY AND QUALITY OF LIFE IN GERIATRIC GATHERING IN DR. MOEWARDI HOSPITAL, SURAKARTA

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ABSTRACT

BACKGROUND:
OBJECTIVE: Quality of life is one of health parameters. The ability of an elderly in achieving quality of life at a certain level has many factors. One of them is health literacy which is defined as cognitive and social abilities to access, use and understand health information in order to maintain their health status. Health literacy is influenced by biopsychosocial and demographics. Poor health literacy affects quality of life of elderly. Health literacy in cities is expected good especially in a community that hold regular social events such as gathering.
Assessing the relationship of quality of life with health literacy of a geriatric group gathering in Dr. Moewardi Hospital, Surakarta.
METHOD: This research was conducted one time. Questionnaires were given to 73 samples belonging to one group gathering of geriatric population that is regularly held once every 2 months at the Dr. Moewardi Hospital, Surakarta. Statistical test using Spearman Rank correlation, SPSS v. 17.
RESULTS: No significant correlation showed between the quality of life with health literacy accumulatively. However, in some domains of health literacy such as having a sufficient health information was significantly related to daily activities domain in the QOL, the domain of actively managing health was significantly related to self care, the domain of patient's criticality to information received was significantly related to anxiety domain in the QOL in this population.
CONCLUSION: The unsignificant result due to sampling that has same characteristics without comparison with other groups that made a less representative sample.

AGEING AND URBAN AGRICULTURE

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ABSTRACT

Elderly is often considered as a burden on the family and considered unproductive. This negative stigma must be changed by the elderly themselves. Problems often found in the elderly are lack of appetite, imperfect digestive processes, difficult bowel movements, and the use of food as an energy source. The elderly must rise and be supported by the community and the government so that the elderly become productive, useful, healthy, and happy. An unavoidable process that takes place continuously and interrelated causes anatomical, physiological, and biochemical changes in body tissues subsequently. In addition, this ultimately affects the overall function and ability of the body. Urban agriculture is one solution for the elderly to move in the yard to make physical activity occur and reduce depression. Agricultural activities in urban areas on limited land in DKI Jakarta are the cultivation of vegetables, crops and horticulture, in which the doers are housewives and elderly. Agricultural practice invites the elderly to express themselves that they have the ability and capability to carry out something that supports their identity and autonomy. The following article aims to describe the agricultural activities in urban areas in a limited plot of land for the elderly.

Keywords: Urban Agriculture, Aging, Health

QUALITY OF LIFE OF THE ELDERLY LIVING IN COMMUNITY AND NURSING HOME (STUDY ON 5-DIMENSION QUALITY OF LIFE)

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ABSTRACT

BACKGROUND : The increasing number of the elderly population presents special challenges in the health sector with the emergence of degenerative problems and non-communicable diseases (NCD's) such as diabetes, hypertension, and mental health disorders namely depression, dementia, anxiety disorders, and insomnia (Ministry of Health RI, 2013) . Therefore, developing the quality of life of elderly is an important issue for national security and development.

OBJECTIVES : This research is intended to identify the differences in the quality of life of the elderly who living in nursing homes and community graded from five dimensions of quality of life including: Mobility, Self-care, Activity, Pain and Anxiety.

METHODS: This study uses a cross sectional approach, using the Euro Quality of Life 5 dimension to assess the quality of life of the elderly who live in nursing homes and communities.

RESULTS : The results showed that statistically significant differences were only found in the dimensions of mobility and daily activities ($p < 0.05$). While the dimensions of self-care, pain and anxiety did not show significant difference. Been confirmed by self rated health through visual analogue scale also did not show a significant difference between the elderly who live in homes and in the community ($p=0.092$). Special attention needs to be paid to the implementation of programs to improve the quality of life of elderly people in nursing homes and communities.

CONCLUSSION : The quality of life of the elderly living in nursing home community are different in the dimension of mobility and daily activities**.** Differences approach must be given in meeting the mobility needs and daily activities of the elderly who live in communities and nursing homes.

THE RISK FACTOR OF TYPE 2 DIABETES MELITUS (DM) AT THE INTERNIST POLYCLINIC HOSPITAL XY BENGKULU CITY

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ABSTRACT

BACKGROUND: Diabetes mellitus (DM) is the second highest number of non-communicable diseases in Bengkulu City, DM type 2 is the second highest contributor in the top 10 diseases treated at the internist polyclinic XY Hospital.The number of cases increased significantly in 2016 number of cases were 572 increased to 742 cases in 2017.
OBJECTIVE This study aims to determine and explain the risk factors for type 2 diabetes at the internist polyclinic in XY Hospital Bengkulu City
METHODS: This research used quantitative design research with Case Control studies approach. The subject of research was 140 participants consisting of 70 cases of people with type 2 diabetes who met the inclusion criteria and 70 patients who did not suffer from type 2 diabetes as control . Data collection was done by structured interviews and observation. implementation time was in July 2018 conducted at The Internist Polyclinic Hospital XY Bengkulu City. Data were analyzed by univariate analysis, bi variat with Chi Square and multi variate with logistic regression
RESULT: The results showed that 77.1% cases and 57.1% Control were aged over 40 years. People aged over 40 years had 2.5 times the chance of suffering from DM compared to those under 40 years old. Other variables that significantly influence DM type 2 are; Family history, Body Masss Index (BMI) , Physical Activity, high sugar consumption and low fiber consumption. The dominant factor of type 2 DM is physical activity, people who do less physical activity have 4.4 times the chance to suffer from type 2 diabetes than people who have sufficient physical activity. After being controlled age variable, BMI, high sugar diet and family history.
C**ONCLUSION**: People aged over 40 years had chance 2.5 times GOT DM type 2 compared to those under 40 years old. and people who do less physical activity have 4.4 times the chance to suffer from type 2 diabetes

Key words: Type 2 Diabetic Melitus, risk factor, Physical activity

PRELIMINARY: HEALTH SERVICE AND ORAL HEALTH AMONG ELDERLY WOMEN BETWEEN TWO AREAS IN SALATIGA

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ABSTRACT

BACKGROUND – the high population of older people is increasing every year. It means high life expectancy and long life in developing country, including Indonesia. The situation creates a new challenging in health system. Indonesia responds it through *posyandu lansia* (primary health care for older people) and creates 9 priorities agenda (*nawa-cita*) as program. Based on aging in place condition, older people will stay at community and *panti wreda* (nursing homes). Pension and social welfare, which only for formal worker and older people who secure but have difficulty to accessing a food, this study aims, is to describe older people situation regarding their health service and food access based on their place.
OBJECTIVE – to describe health service and oral health among elderly women between community and *panti wreda*
METHODS – this study use descriptive quantitative methods. Questioner is used to collect data in Pancuran and *Panti Wreda Salib Putih.* Obstacle in Pancuran area is head of area only suggest to take 30 elderly women and give negative comment while researcher ask for more respondent while data from 13 elderly women can be taken at *Panti Wreda*. Questioner is consists of social economic condition, health service, food access, and disability data.
RESULT – based on Penchansky and Thomas (1981) framework, the condition of older people in Pancuran has challenge in accessibility, availability, accommodation, affordability, and acceptability while in *panti wreda* is accommodation and acceptability. And based on food access framework, Pancuran and *panti wreda* have similar challenge to access food because of economic situation, location, oral health, and aging process.
CONCLUSION – older women in Pancuran area and *Panti Wreda Salib Putih* still have challenge to obtain proper health service and oral health increase challenge to have malnutrition.

Keywords: Elderly Women, Health Service, Oral Health, Salatiga,

BARRIERS CATARACT SURGERY OF FIFTY YEARS OLD PEOPLE IN BALI

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ABSTRACT

BACKGROUND Blindness still problem in developing country like Indonesia. The incidence of blindness in developing countries is ten times higher than the incidence in developed countries. Based on etiology, 80% of blindness and severe visual impairment is avoidable blindness. Cataract is the most causes of blindness in Bali.
OBJECTIVE To know the barriers cataract surgery of fifty years old people in Bali.
METHODS This research is a cross sectional study of selected respondents examined at one time period, under the responsibility and guidance of the survey coordinator. People ≥50 years old in the selected cluster (50 respondents per cluster) were examined. Data analysis with SPSS 17.0.
RESULTS Barriers to blindness due to cataract of fifty years old people in Bali are less knowledge about cataract is avoidable and treatable blindness (26.8%), no access of treatment (25.4%) and fear of surgery (16.9%) . Three most common barriers were found equally in male and female respondents. Others like no needed of surgery, rejected by provider, local reason under 10%.
CONCLUSION The prevalence of blindness in fifty years old people in Bali due to cataract is still high. Adequate information and education to patient and family is strongly needed to solve barriers. Develop ability of cadre and primary health care to detect cataract still required to increase cataract surgery.

EVALUATE POSTURAL STRESS AND THE LEVEL OF BOREDOM THROUGH REDESIGNING STANDARD OPERATING PROCEDURE BASE ON ERGONOMIC ON WORK ACTIVITIES

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Postural stress can be caused by excessive burdens, wrong working attitudes, inadequate tools, and a work environment that does not support the activities of material handling manuals. If heavy work is carried out continuously it will have a negative impact on the health condition of workers in the long run. Material handling manual activities carried out in the PT PJC Filling Department are only based on process-based SOP (Standard Operating Procedure), not ergonomics-based SOP. This raises the operator's work attitude that is not natural for the operator's body and indicates the potential for postural stress to continue to increase. This work creates fatigue and muscle tension which can eventually lead to boredom. This study aims to evaluate postural stress and the level of boredom through a comparison of the Ergonomic-Based SOP design and process-based SOP using the RULA approach. The level of boredom was measured using a questionnaire. The results obtained showed that the RULA score before the implementation of the Ergonomic Based SOP design, seven of the nine filling activities were included in the unsafe category or in other words immediate repairs must be made. This has an impact on operator boredom that occurred with an average level of 102.2 ± 2.29 on the first day, 102.86 ± 2.41 on the second day, and 104 ± 2.89 on the third day. After the intervention using Ergonomics-Based SOP design, the score on the level of boredom decreased significantly, namely the value of α (0.05).

Keywords: postural stress, level of boredom, ergonomics

DEPRESSION AMONG THE ELDERLY PERSONS IN BALI: RISK FACTORS AND POLICY IMPLICATION

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ABSTRACT

BACKGROUND: Depression is the most common mental disorder suffered by all age, but more vulnerable among elderly which usually underdiagnosed and untreated.
OBJECTIVE: to provide insight on the status of depression among the elderly in Bali, identifying their associated risk factors and solutions.
METHODS: This study used crossectional data from The Dementia Study in Bali 2018 conducted by SurveyMETER, Suryani Institute, Faculty of Economic and Business Udayana University. The observation included 1,723 man and womand aged 60 years and older. Association between risk factors and the binary outcome of depression was examined using the Probit Regression model.
RESULTS: The prevalence of depression among the elderly in Bali is quite alarmingly high. Its prevalence higher for female (52.8%) and for those aged ≥80 (58.4%). The results found that educational level, physical acitivies and hobbies contributed to decrease the risk of depression. In contrast, the significant factors related to depression are chronic disease, sleep disorder and residential area.
CONCLUSION: Elderly person in Bali need to be supported and encouraged to do protective activities for depression. Such as physical activities and express their hobbies in order to pursue their health and happiness. Integrated health care facilities are required for the prevention and treatment of depression. In addition, socio-economic disparities between districts must be minimized through social welfare distribution.

Keywords: Depression, Elderly person, Bali

INSOMNIA LEVEL RELATIONSHIPS WITH QUALITY OF LIFE IN THE ELDERLY GERIATRIC IN COMMUNITIES IN DR. MOEWARDI HOSPITAL

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ABSTRACT

BACKGROUND: The process of aging (aging) is a natural process that is faced by humanity. In this process, the most crucial stage is the stage of the elderly (the elderly) in which a human being is naturally a decline or change in the physical, psychological and social interacting with one another. This situation tends to potentially cause health problems of physical and mental health in particular in elderly individuals. As people age, organ function in the body decreases. So that geriatric patients are susceptible to disease, especially insomnia. Insomnia is a sleep disorder with characteristic difficulties, initiate sleep and / or difficulty in maintaining sleep. Many of the causes of insomnia in the elderly is a mental disorder, psychiatry, general medical condition, medications, certain substances, and others.
OBJECTIVE: to determine the relationship between levels of insomnia with quality of life in geriatrics in the elderly community in Dr Moewardi Hospital.
METHODS: This research is a correlation study using cross sectional approach to 69 respondents with a research technique using total sampling the elderly in the Community Dr. Moewardi Hospital. Data were collected by questionnaire sheets and data analysis with Chi square test.
RESULTS: These results indicate the value of p> 0.05 that is equal to 0.493 which means there is no significant relationship between the quality of life in geriatric patients with insomnia.
CONCLUSION: There was no relationship between the degree of insomnia with quality of life in geriatrics in the elderly community in Dr Moewardi Hospital.