

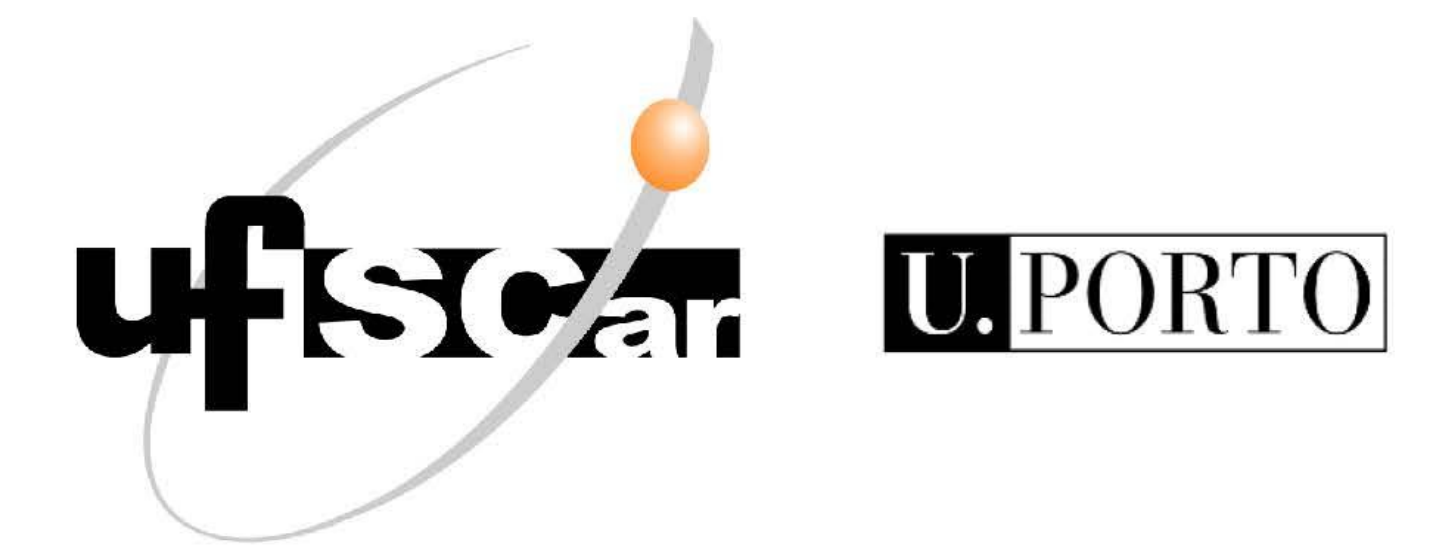
# Aging in times of crisis: the potential role of social skills for Brazilian elderly



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## Introduction

In Brazil aging has occurred four times faster compared to developed countries. It is a major challenge in terms of social and public policy.

Ageing in political-economic crisis: serious implications for equal and healthy aging.

Theoretical background: Social Skills (Del Prette & Del Prette, 2001, Del Prette & Del Prette, 2005)

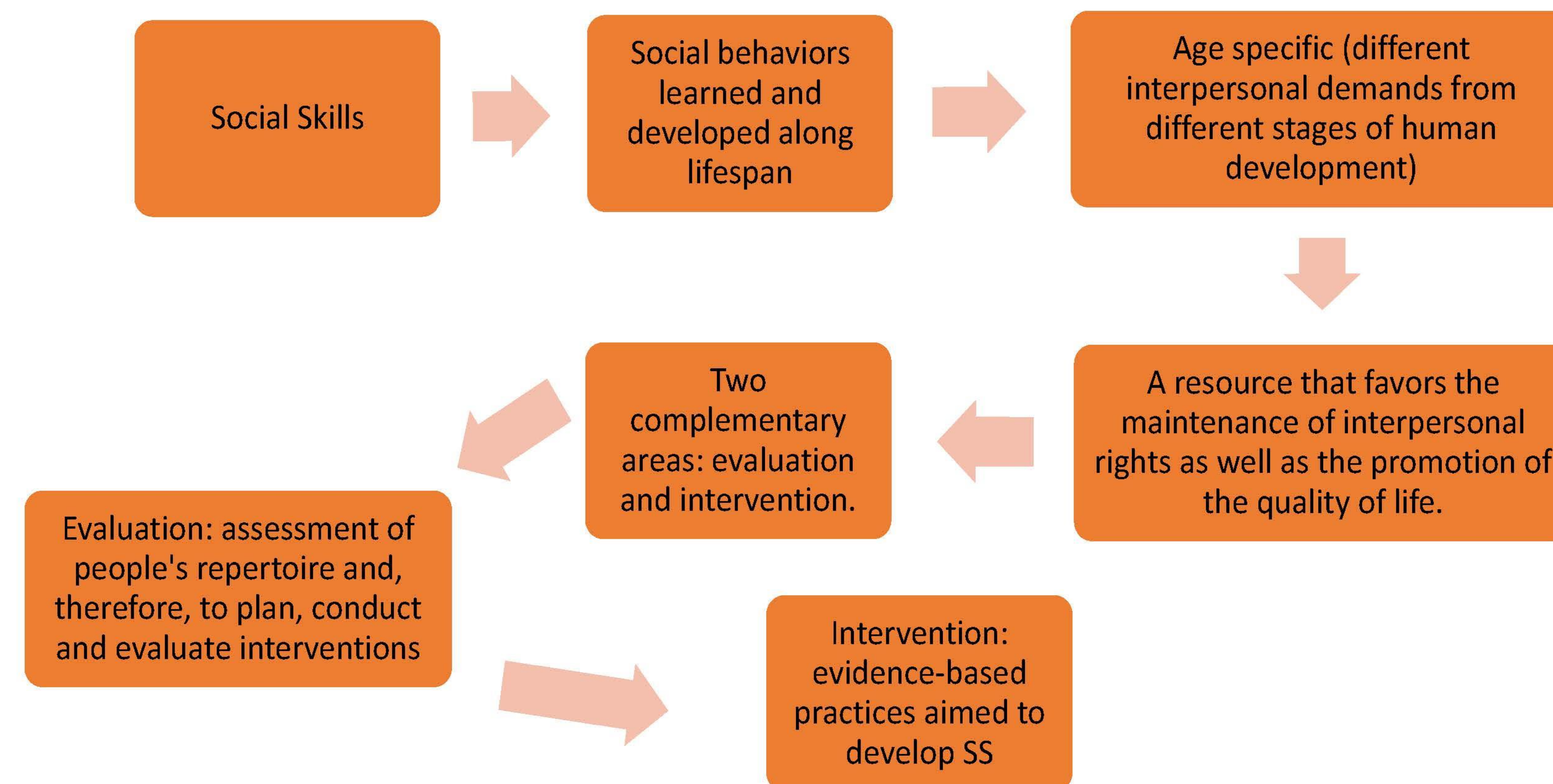


Figure 1. Theoretical background

Research question: Despite the investment in recent decades in developing assessment tools to evaluate social skills in pre-scholars, children, adolescents, young adults, parents and couples, there is not a specific instrument for elderly people.

In the present study, we aimed to: (1) develop a proper factorial structure to the Social Skills Inventory for the Elderly (IHSI-Del-Prette), through EFA and CFA, (2) evaluate its internal consistency (Cronbach's  $\alpha$ ) as well as its composite reliability (CR)

## Methods

Participants: 612 Brazilian elderly, both sexes, aged between 60 and 94 years, from all socioeconomic status and with different levels of education.

Instrument: Social Skills Inventory for the Elderly (IHSI-Del-Prette), a 5-point-Likert self report questionnaire containing 20 questions regarding social interactions in different contexts (home, work, shopping) with different people (family, friends, unknown people, partner).

Data analysis: exploratory and confirmatory factorial analyzes, internal consistency (Cronbach's  $\alpha$ ) and composite reliability (CR)



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## Results

From these analyzes, we obtained a proper factor structure for elderly composed of four factors: (F1) *Positive expression of consideration to the other* ( $\alpha = 0.88$ , CR = 0.87); (F2) *Conversation and social resourcefulness* ( $\alpha = 0.86$ , CR = 0.85); (F3) *Assertiveness* ( $\alpha = 0.78$ , CR = 0.83); (F4) *Affective-sexual approach* ( $\alpha = 0.69$ , CR = 0.75). In Figure 2 we present this structure with its 4 factors and some examples of items from these factors.

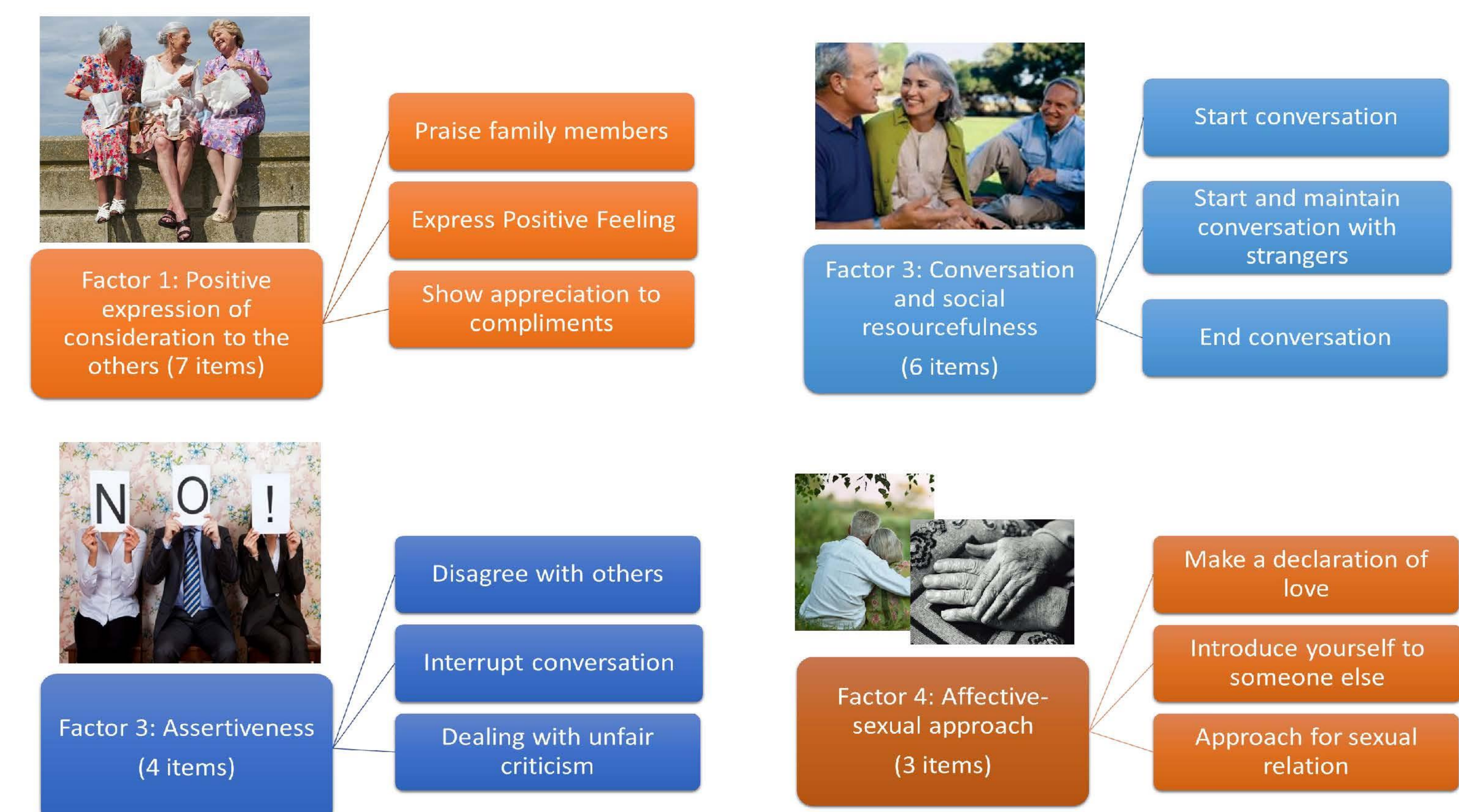


Figure 2. Social Skills Inventory for the Elderly: Factorial Structure and some examples of items

## Conclusions and recommendations

We conclude that the 20-item-version for the IHSI-Del-Prette is a valuable tool for assessing reserves and deficits in social skills of older people. This assessment tool presented satisfactory reliability values, with good adjustment quality scores. We discuss its applicability and importance to drive and improve intervention programs for interpersonal development of this population.

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Aging & Society



# Autism Spectrum Disorder (ASD): Designing Empowering Environments For Sensitive People

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## Introduction

Diagnosis of Autism Spectrum Disorder (ASD) is increasing, creating the need for well-designed environments that are sensitive to people's diverse and changing needs. An intergenerational center solution will be presented.

## Abstract

Currently, the number of people being diagnosed with Autism Spectrum Disorder (ASD) is 1:62; with 70% having some sort of sensory sensitivity. Despite the current high diagnosis rate of autism, there are few design guidelines that target their unique needs. The primary goal of this presentation is to apply an emerging framework of design guidelines to an intergenerational center that houses children and aging adults with autism. This will highlight some of the inequalities, aspects of exclusion, and show how a well-designed intergenerational center can enhance the quality of life of individuals with ASD across the lifespan.

A review of literature showed diverse and ever-changing needs of individuals with ASD and the impact of the built environment on autistic behavior. Application of design guidelines were applied to show how interior designers can contribute to the well-being of people with ASD.

Findings show that application of these specific guidelines could greatly enhance the quality of life for individuals with ASD. An intergenerational center solution will be presented. This solution will highlight the fundamental principles that guided the design process, e.g., aspects of visual sight lines, and separation of space into areas such as: loud vs. quiet, active vs. inactive, public vs. private.

## Background

The Prospect and Refuge theory is the foundational theory applied to this intergenerational center for individuals with ASD. To have the ability of prospect means that an individual has ability to survey the environment and is able to preview the environment before choosing to enter. The ability of refuge in a space means that an individual has the ability to hide within that space, if necessary, and can escape if they need to. "Humans subconsciously desire the ability to be able to see into a room before entering it and also desire areas in which to hide inside that room" (Gaines et al., 2016).

Designing the space to maximize the control of contact is crucial to individuals with ASD. The idea of maximizing control means individuals with ASD have the ability to choose to be with others but also the ability to avoid others. Having the opportunity to see into a room before entering it is an example of control called previewing. Being able to see into a room before entering it can satisfy the need for control. Designing smaller areas within larger spaces or areas with lower ceilings that permit looking out into adjacent spaces is a positive way to reinforce the aspect of control. Also, when a space is laid out with an open concept, it is able to have sight lines from one space into another. Having the ability to look out into adjacent spaces is an important part of resident privacy and feeling of safety (Gaines et al., 2016). The difficult part in designing for people with ASD is that their needs change daily.

The idea of an intergenerational center designed with sensitivity to individuals with ASD is inspired by the need for an environment that can support individuals with ASD across the lifespan. An intergenerational center is a facility that combines a daycare center and an assisted living center. This center will provide respite for caregivers and allow their loved ones get use to this facility at an early age. Attending the daycare would become a part of their daily routine. When the caregiver ages and deems themselves unable to provide the amount of care that their loved one with ASD needs, there is an easier transition to the assisted living part of the facility.

## Research Question

Interior Designers have the ability to design empowering environments for individuals with Autism Spectrum Disorder.

## Methodology

A literature review was performed to determine the implications of facility design on the behavior of people with ASD. The information found in the literature review was applied to the design of this intergenerational center. The highlighted concepts include ideas such as visual sight lines, separation of space into areas such as: loud vs. quiet, active vs. inactive, public vs. private.

## Images



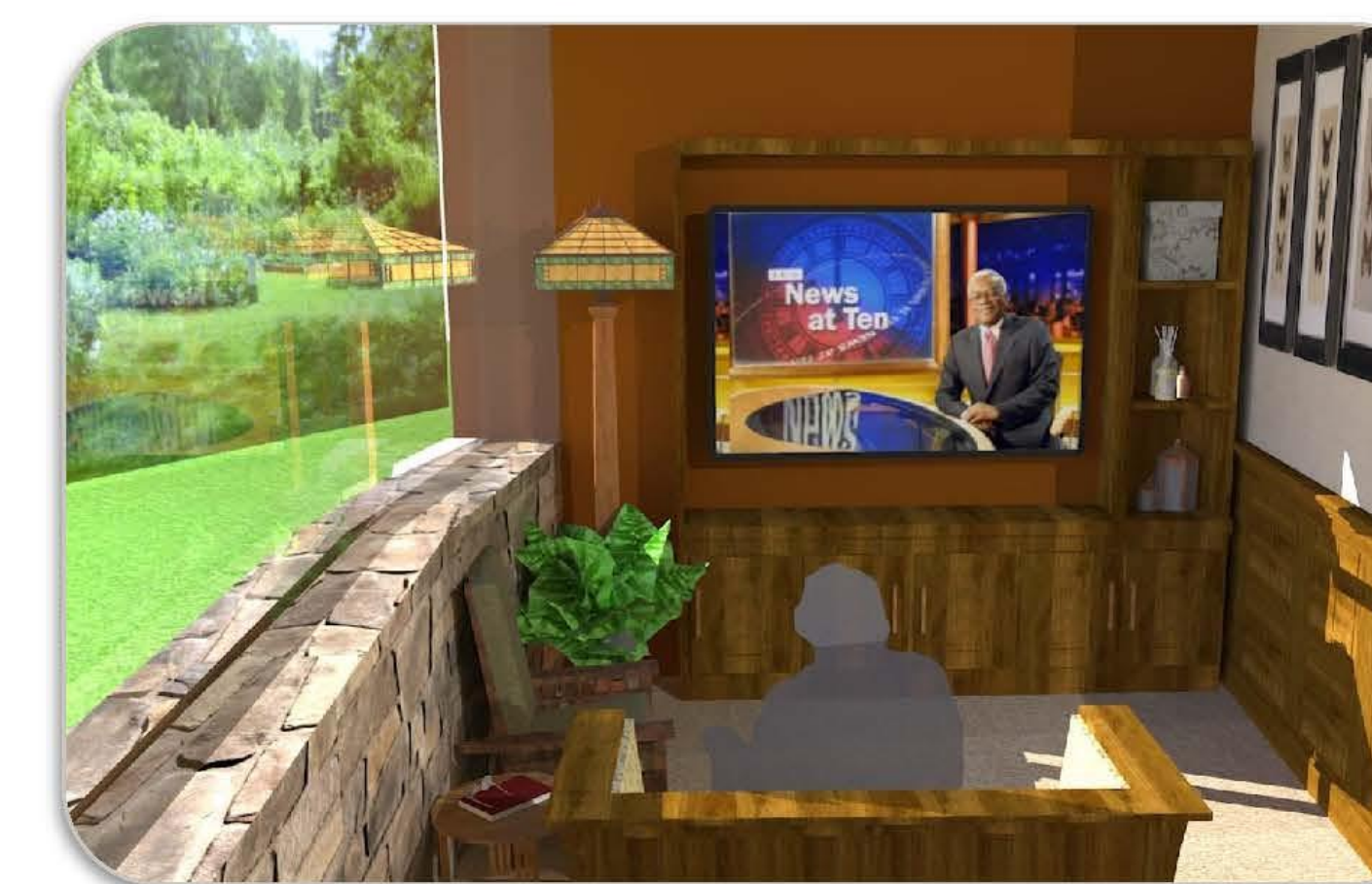
Exterior View



Daycare Private Bedroom



Resident Room Exterior



Resident Room Living Area

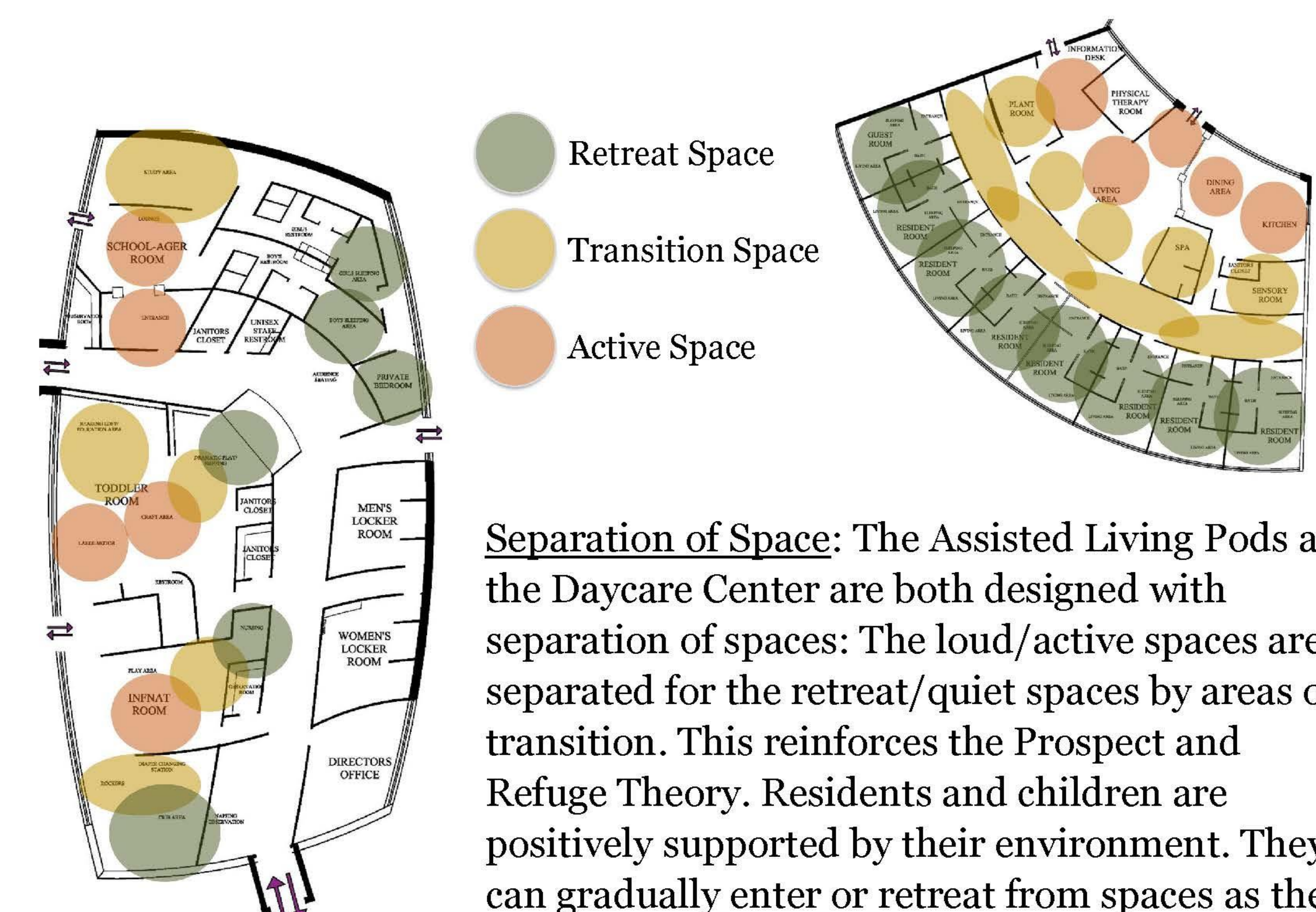
## Conclusion

1. Planning areas for prospect and refuge for people with ASD enhances their sense of control and reduces behavior problems, thereby enhancing quality of life.
2. Increasing the comfort of children in the daycare portion of this Intergenerational Center when they are young will increase their ability to transition into the assisted living portion of the center, providing a quality option for them to age in place.
3. Providing a quality daycare environment for children with ASD will provide alternative residential care as their primary caregivers age.
4. Providing an environment that includes both children and adults with ASD increases their sense of well-being because they are in a supportive environment where their peers are empathetic to their changing needs.

## Results



**Sight Lines:** The facility is designed with clear sight lines. The Assisted Living Pods have clear sight lines from the residents' rooms out into the living space and also from the living space into all other surrounding rooms. The sight lines give residents the ability to view the space before they decide to enter it, making sure that the residents are not surprised or over-stimulated when entering a new area.



**Separation of Space:** The Assisted Living Pods and the Daycare Center are both designed with separation of spaces: The loud/active spaces are separated for the retreat/quiet spaces by areas of transition. This reinforces the Prospect and Refuge Theory. Residents and children are positively supported by their environment. They can gradually enter or retreat from spaces as they are comfortable, reducing the amount of anxiety caused by entering a new area.

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# Aspects of Exclusion and Age-discrimination in Contemporary Market Communications in Germany

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## Keywords

Image of Ageing, Media Perspective, Social Impacts

## Purpose and objective

In the mid-2000s, Köhne's studies on the representation of old age claimed that older people ( $\geq 50$  yrs) are 'eking out a shadowy existence' in the perception of German society; a perception, allegedly marked by scant attention, marginalisation and dismissal.

The present paper sets out to investigate whether these claims are (still) accurate with regard to the current perception of older people in Germany, by looking at contemporary market communications.

## Advertising as material of analysis

The topic is considered from a media studies' perspective (Otrebski 2015), following the idea that:

- market communications, which include adverts, capture the zeitgeist of a society;
- the standing of any social group within a society is reflected by its media, including advertising (vitality theory); and
- the media, including advertising, play a crucial role in a person's socialisation in contemporary society (cultivation theory).

## Method and data sample

Dual content analysis (Hastenteufel 1980)

Statistical measurements:  $\chi^2$ ,  $\phi$

Sample composition:

- investigation period: January – March 2013
- 13 consecutive issues of 4 weekly magazines with high circulation in Germany (*Bild der Frau*, *Bunte*, *Hörzu*, *Stern*)
- inclusion criterion: every adult character (judged to be 18+ yrs) depicted in any of the adverts
- coding process: 4 naive external raters

total adverts collected:  $N = 1,422$

total of younger characters (18–49 yrs):  $N = 780$

total of older characters (50+ yrs):  $N = 237$

## Results

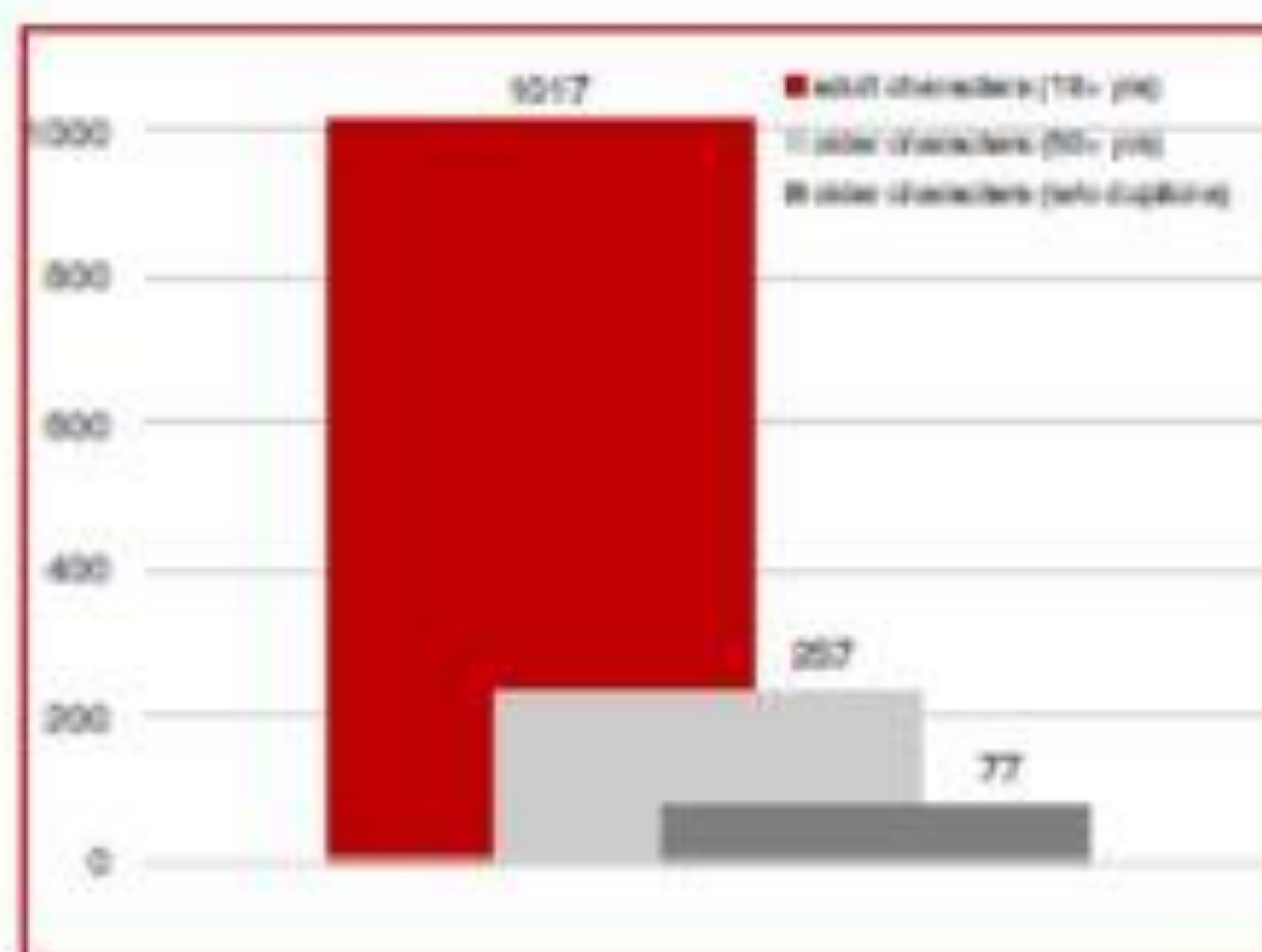


Fig 1: Frequency of characters within the sample (N)

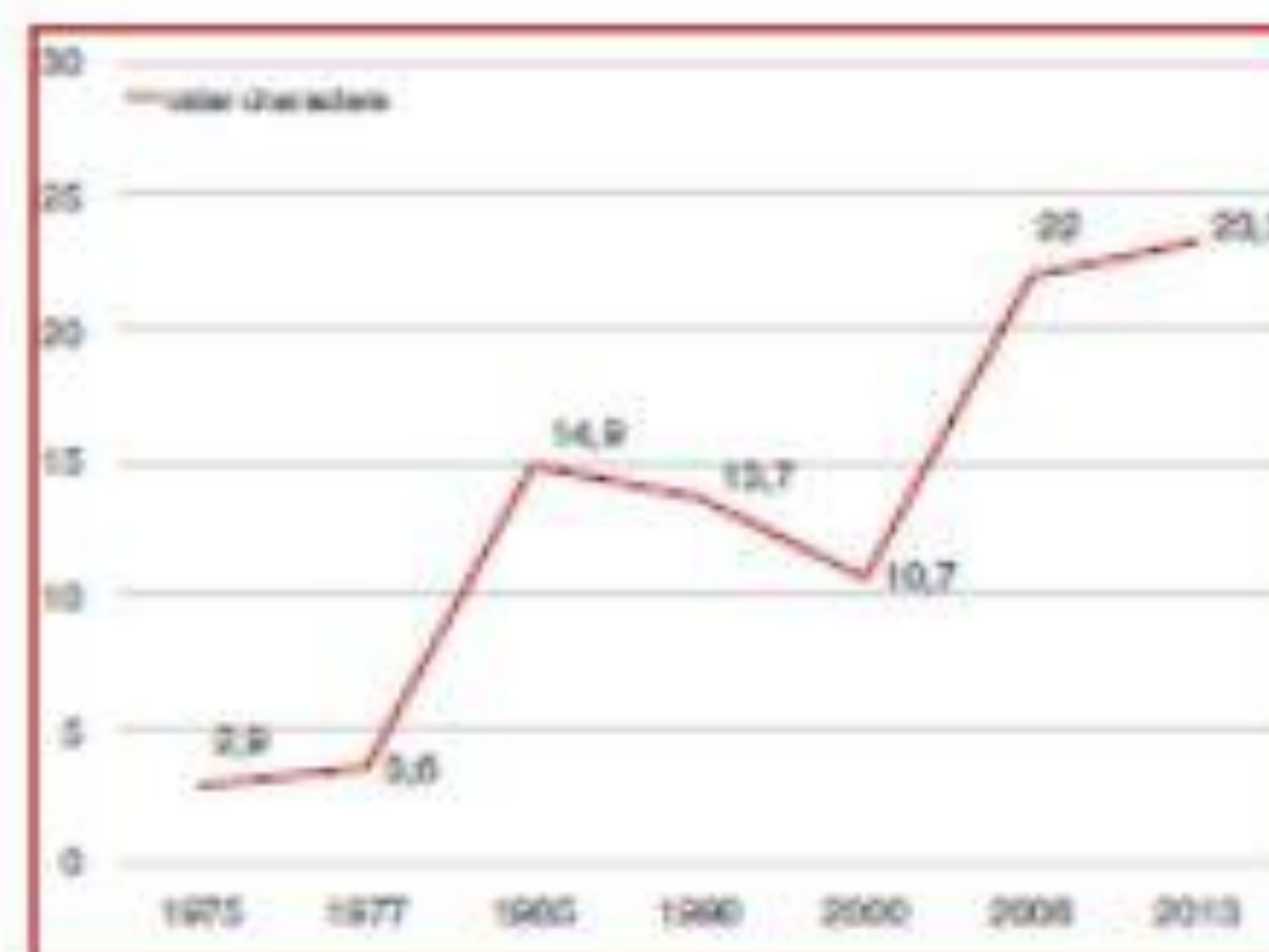


Fig 2: Development of the share of older characters in advertising (%)

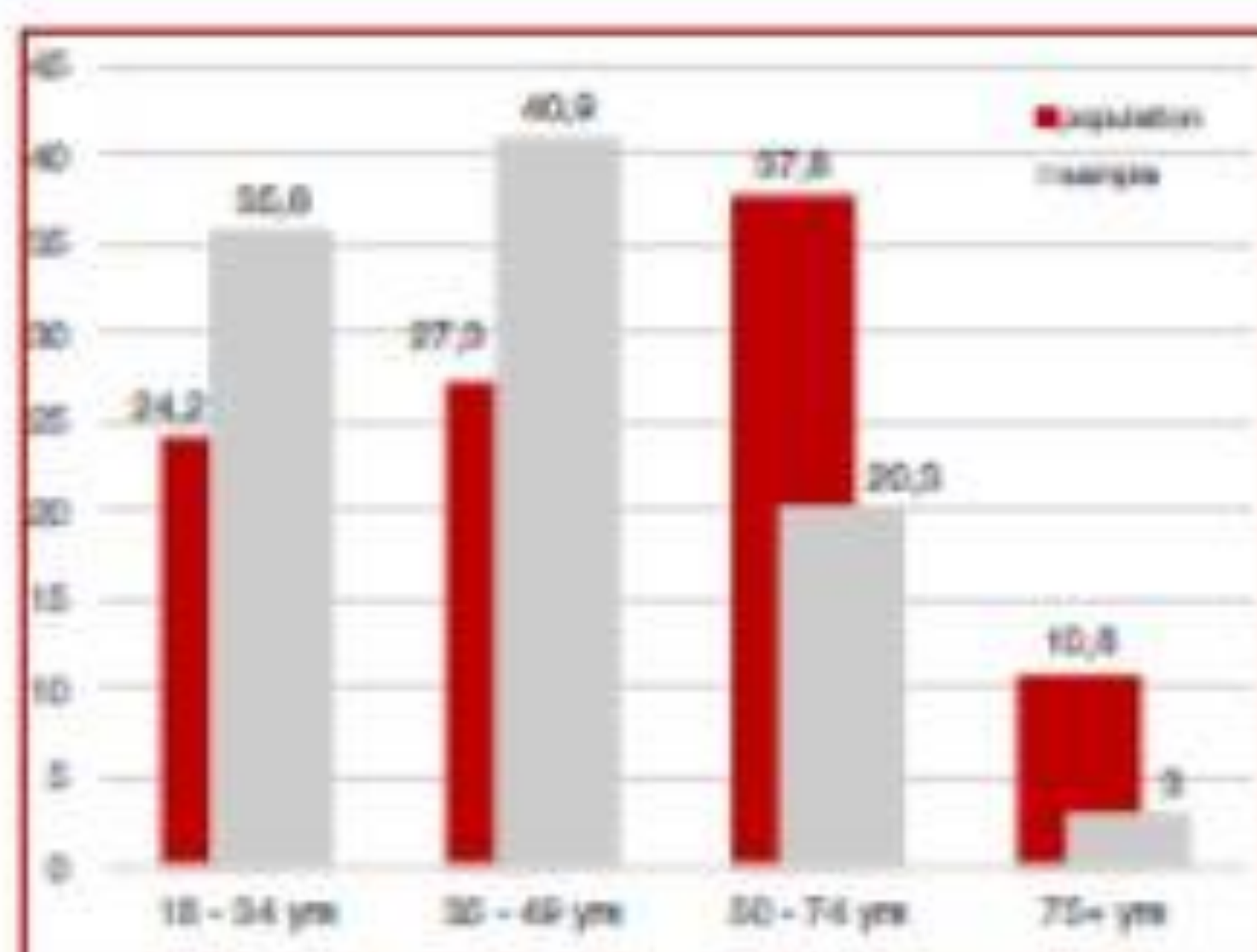


Fig 3: Comparison of character occurrences with pop. demographics (%)

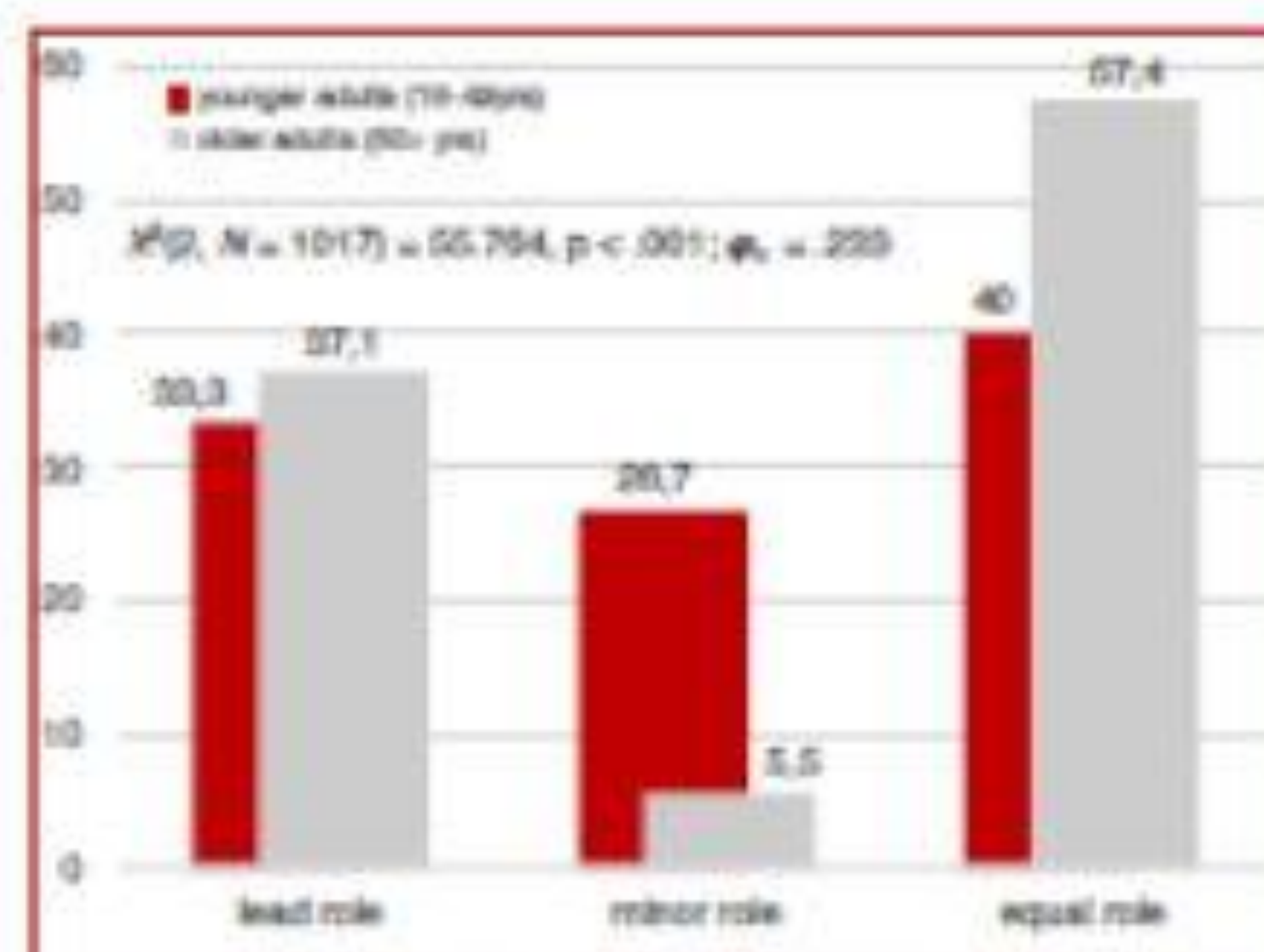


Fig 4: Role prominence in advertising according to age group (%)

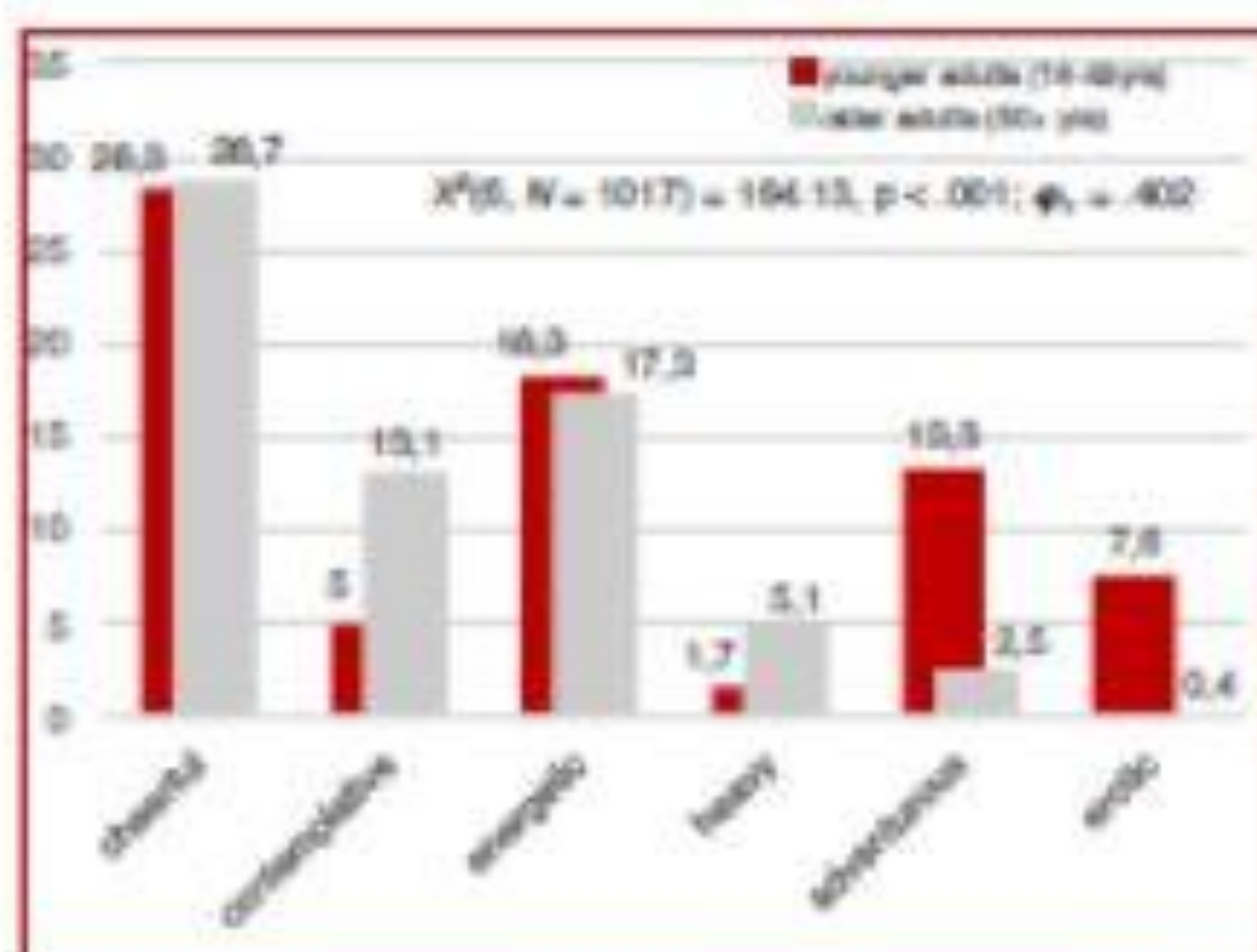


Fig 5: Narrative of characters according to age group (%)

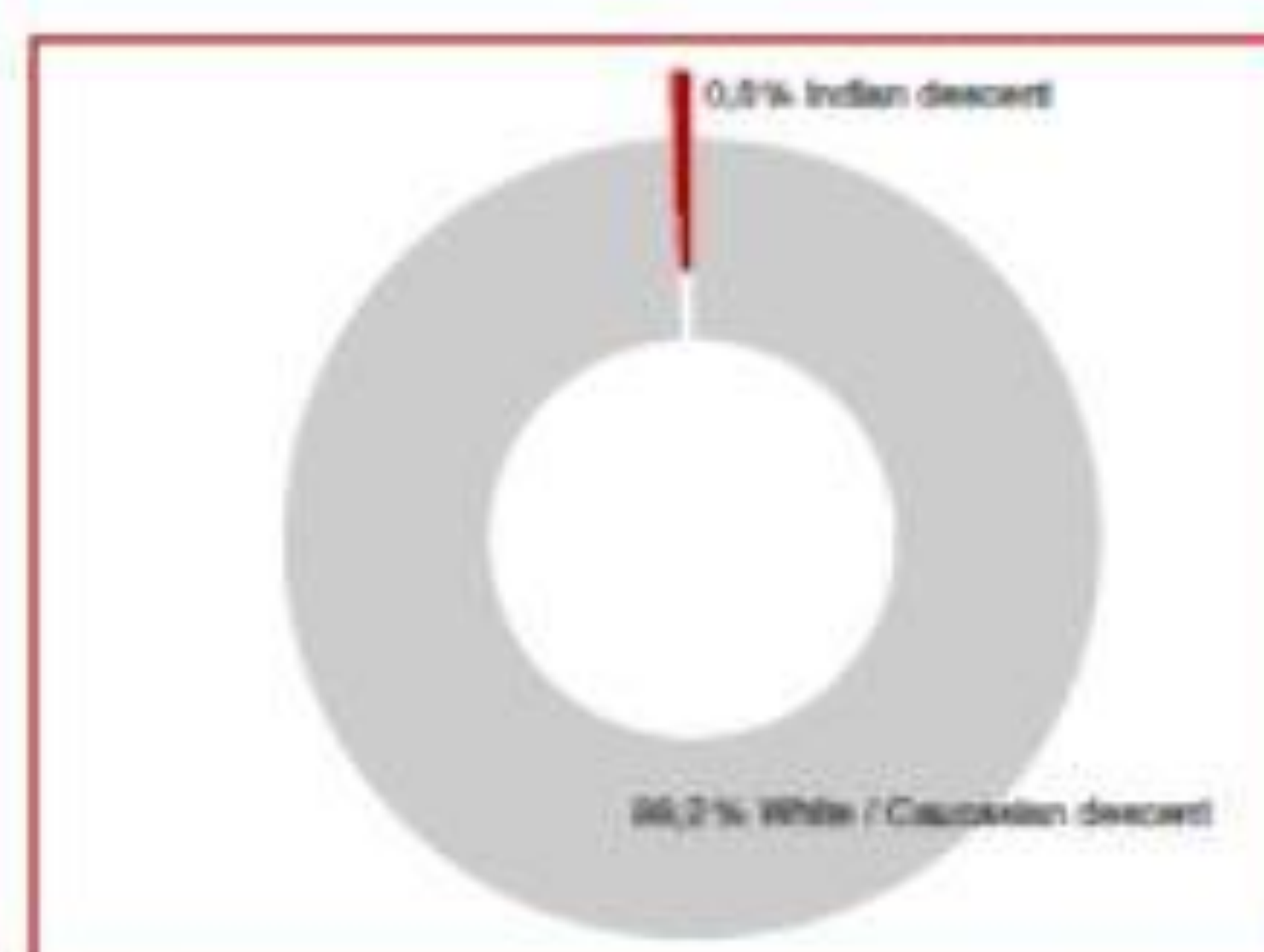


Fig 6: Ethnic diversity of older characters in advertising (%)

## Discussion

With almost every fourth character aged 50+ years in 2013, this social group did receive noticeable attention and can be considered 'visible'. Over the past five decades, there has been an overall growth in the visibility of older people in German advertising.

Nonetheless, older people were still under-represented compared to their share within the population; in particular with regard to characters aged 75+ years.

However, characters aged 50+ years were more often shown in lead roles and less often seen in minor roles compared to younger adults, which speaks against a general discrimination against this social group in this regard.

Overall, the sample did not demonstrate a level of ethnic diversity commensurate with the ethnic composition of older people in Germany at the time, mostly ignoring non-white characters.

Older characters were also largely excluded from narratives surrounding adventures and / or love beyond mere companionship – i.e., sexuality –, and instead featured significantly more often in narratives with heavy / depressed moods.

## Conclusion

Older people did, by no means, 'eke out a shadowy existence' in contemporary German market communications, and thus in the perception of German society in 2013, but were instead very much visible.

There are, however, prevailing aspects that older people were excluded from, contributing to ongoing age-discrimination: i.e., ethnic diversity in old age, the visibility, and thus inclusion, of elderly people ( $\geq 75$  years) and sexuality in older people.

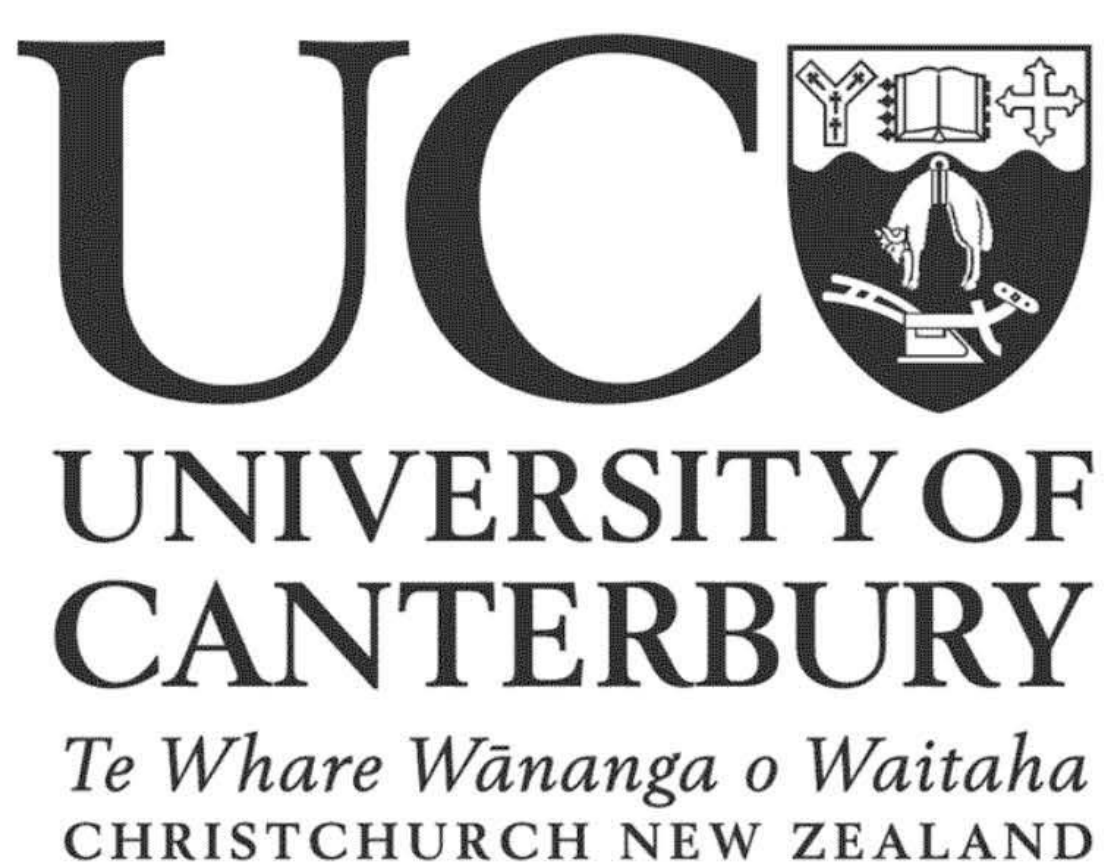
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# Sociocultural aspects of UH as a pragmatic marker in dementia discourse

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## Abstract

Pragmatic markers retain multiple functions in the speech of aging persons who are cognitively impaired by dementia  
Their continued use for social involvement

- manages turn-taking
- establishes common ground with the conversation partner
- signals confusion, disagreement, a momentary loss of focus
- maintains the conversational floor while speakers search for a word, a phrase, or the gist of the interaction

## Aim

To explore the range of sociocultural uses of UH by Ms Littlejohn, a woman in her late 80s, as she moved from mild to moderate dementia in 60 conversations across 6 years

## Background

Maureen Littlejohn was a resident in a memory care facility  
She willingly talked to students who were taking gerontology courses  
She was moving into mid-stage Alzheimer's disease  
She continued to be a willing and interesting conversationalist  
She was recorded talking to students and the first author on more than 60 occasions over the course of six years  
Whenever the conversation flagged, Ms Littlejohn asked a question  
'How's your day going?'  
'What have you been up to?'  
She always asked what the students were studying

## Ms Littlejohn's uses of UH

- Introducing a new idea
- Qualifying a previous statement
- Reformulating a statement
- When she couldn't finish an idea
- In the middle of a phrase

Only the last usage sounded strange  
It bought her the time she needed to re-find her gist

## Interviews

Most students were relaxed with Ms Littlejohn  
They interacted with her in 3 ways

- By responding to questions and talking about themselves (see Student A)
- By responding to questions and letting her talk (see B)
- By regarding her as a research object (see Student C)



## Results

- Ms Littlejohn used fewer UH when talking with students who talked about themselves (see students in A in Table 1)  
**3.1 to 16.1 per 1000 words**
- Ms Littlejohn used more UH when talking about herself (see students in B & C in Table 1)  
**18.3 to 49.5 per 1000 words**

## Conclusion:

**Ms Littlejohn retained an awareness of im/politeness: She used most tokens of UH (49.5 per 1000 words) when politely asking student M not to visit again**

## Results

	Student	Year	# words	# uh	uh/1000 words
A)	A-C 1	2009	2668	43	16.1
	A-C 2	2009	2158	14	6.5
	P	2113	1835	26	14.2
	T	2113	2582	8	3.1
B)	L	2010	6,135	179	29.2
	L	2010	4,072	100	24.6
	L	2010	3,054	111	36.4
	L	2010	3,334	81	24.3
	L	2010	2,227	44	19.8
C)	M	2010	2,115	79	37.4
	M	2010	2,020	37	18.3
	M	2010	2,254	69	30.6
	M	2010	283	14	49.5
	M	2010	1,046	38	36.3

Table 1: Uh usage by Maureen Littlejohn with a sample of different students.

## Talking with Ms Littlejohn - student P 2013\*

L: There's so many UH things out there to cause problems or to have kids get into problems that didn't use to be.  
P: Exactly.  
L: You know, you just, UH – I grew up on a farm and, UH, my mother and father both had a big, old one-room schoolhouse teachers. They'd paid UH as I probably told you, mother's way to go – go to college and – ...  
P: And where was it?  
L: In, UH – just outside of Waynesville, about five miles. Did you ever hear of Cold Mountain?  
P: No.  
L: Okay, there was, UH – it had UH a plane crash there several years ago that came in.

\* For a longer example see Davis B, Maclagan M, Shenk D. 2016. The silent violence of marginalization and teasing in dementia care residences. *Journal of Language Aggression & Conflict* 4: 36-62.



# HIRUDOTHERAPY: THE NATURAL WAY OF THE LIFE QUALITY AND LONGEVITY PRESERVING

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**Background:** During the last decades the population of Europe is getting old, thus the aspects of the preserving of population life quality and active longevity become the prior social-economic and political trends in the European community. For many years the main efforts of the European medicine targeted the improving of the birth conditions, preventing of the main epidemiologically dangerous diseases, finding the more effective methods of diagnostic and treatment of the most socially significant diseases and etc. Unfortunately, the economic component of these solutions is so high and obtained results are so miserable, that one needs totally new and non standard approaches to make dramatic changes in this direction.

**Methods and Results:** We consider that it's a time for humanity to apply for the possibilities provided by the surrounding Nature – we need to move from the uncompromising struggle to the mutual respect and collaboration with it. One of these directions is hirudotherapy – using of the medicinal leeches (*Hirudo medicinalis*) as a treatment. These curative method is well known from the ancient times, but in our days it still remains one of the most effective and safe methods of prevention and treatment of various internal diseases. During the last century the unique properties of the medicinal leech have been well investigated and proved.



We could emphasize five main curative properties of the medicinal leech: 1) multilevel anticoagulant action, 2) direct thrombolytic action, 3) ability to reduce the circulating blood viscosity, 4) direct multilevel anti-inflammatory action, 5) significant and long-lasting stimulation of lymphatic drainage. These properties give the possibility of direct and simultaneous impact on the system of microcirculation in vivo. The integrative effect occurs at all levels of this system: 1) intravascular level (decreasing of the circulating blood viscosity, multilevel anticoagulative and antiaggregant effect, direct thrombolytic effect); 2) vascular level (direct impact the vessel wall – suppress inflammation and regeneration) and 3) extra-vascular level (significant enhancement of the lymphatic drainage and direct anti-inflammatory effect).

**Conclusion:** We consider, that 1) active longevity directly depends on the patient life quality, which is determined by the qualitative level of his health and well-being; 2) patient health level and well-being is provided by the quality of organs and systems of the human organism functioning, which are directly depend on the effectiveness of the blood microcirculation system. We developed system of application of the medicinal leeches, which allows us not only to cure various conditions of the patient, but also use it in combination with other healing practices for the reaching of the life quality and active longevity preserving.

**WORLD HIRUDOTHERAPY ORGANIZATION**

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**Aging & Society: Seventh Interdisciplinary Conference**

2017 Special Focus: Social Inequalities, Exclusion and Age-Discrimination, November 03 - 04, 2017  
University of California at Berkeley, Berkeley, USA

## John G Thomas, PhD

Allegheny Healthcare Network, Center of Excellence in Biofilm Research, Allegheny General Hospital, Pittsburgh, PA, USA  
J17P0044



### INTRODUCTION:

We previously (2015) recognized the theme of 'Dual Citizenship' (Prokaryotes and Eukaryotes) in humans (Hologenomic Theory) (REF 1) (Fig. 1), while introducing the concept of our 'Microbial Clock', (Fig. 2) linking ten diseases in a common pathway in 4 Quad life span (color coded), followed (2016) by our Oral Phylotype Signature as unique markers of dementia and aging (Fig. 3), underscoring potential targets of "Restorative Microbiology" and shared genetic information (Probiotics/Beneficial Microbes).



### OBJECTIVE:

As a completion of our Trilogy, we wanted to expand our Searchable Decision Tree Probiotic Data Base, Partners-4-Life ([www.globalbugs.com/ProbioticSolutions](http://www.globalbugs.com/ProbioticSolutions)) (REF X), as a research adjunct in interventional studies for age and age related co-morbidities, recognizing the NIH has recently proposed that aging is a disease (REF 2)

### RELEVANCE:

Age related cognition impairment is a global health problem; in US Alzheimer's Disease (AD) effects 5.5 million patients at an annual \$1.5 billion, not including catastrophic family efforts estimated at \$259 billion, yearly, AD is 6th leading cause of deaths in US, highlighting 1 in 3 deaths for seniors over 66 years, Restoring lost microbial driven inflammation functions via age matched probiotics, optimized by a searchable data base linked, ultimately, to Artificial Intelligence (AI), could unmask, evolving, eco-friendly research strategies and benefits of Restorative

Microbiology, ("Intelligent Symbiosis"), inexpensively, compared to palliative care.



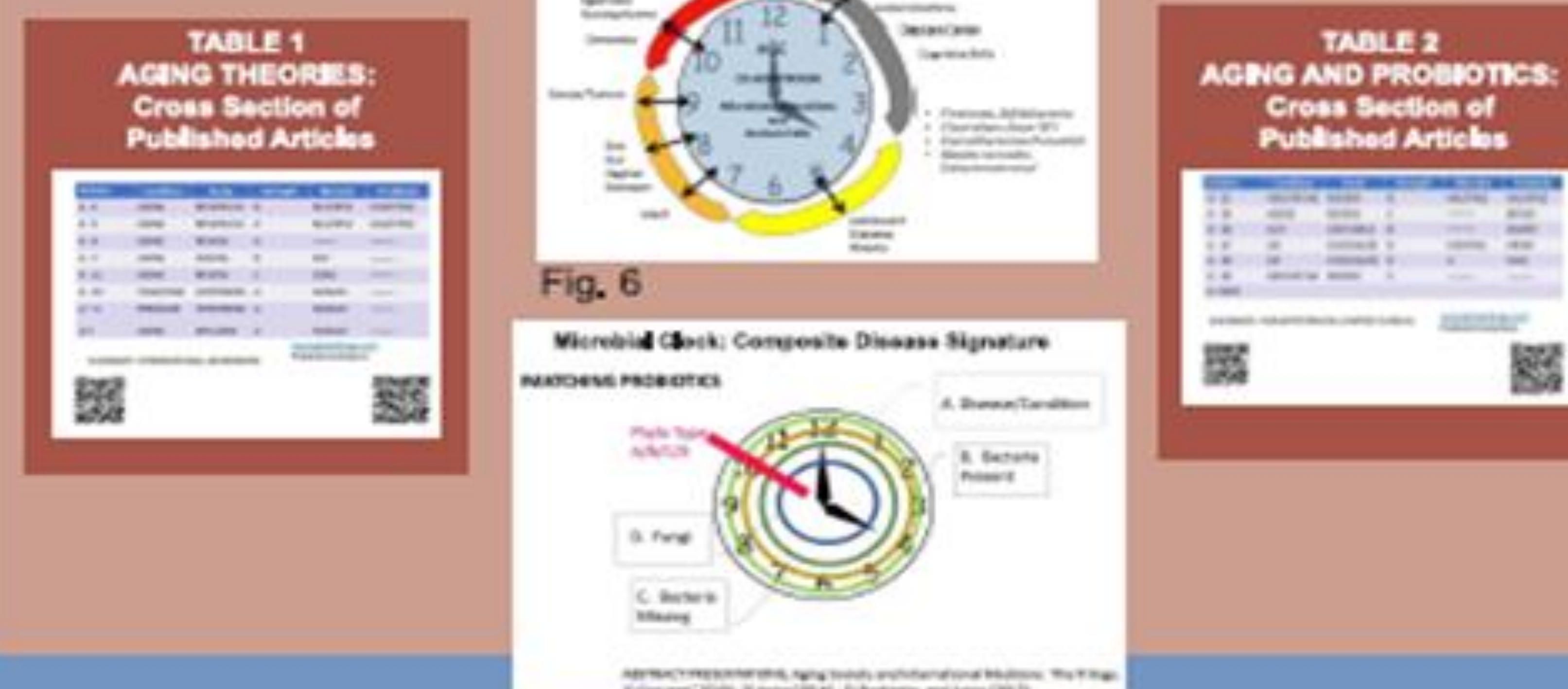
### METHODS:

In 2013, we introduced the website Bac-2-Health, ([www.globalbugs.com](http://www.globalbugs.com)) highlighting microbiology educational tools, particularly the data from 310 manuscripts on probiotics focusing on 11 diseases/conditions, (Fig. 4) organized into a 7 layered decision tree, (Fig. 5) with each graded as to a) kind and b) strength of research, searchable by 3) user. Here we expanded the data sets to include review of an additional 67 manuscripts addressing aging and probiotics, 35 selected, highlighting the growing awareness of a declining microbiota with age and the unrecognized function of the human mycobiont/ mycobiome (Fungi).



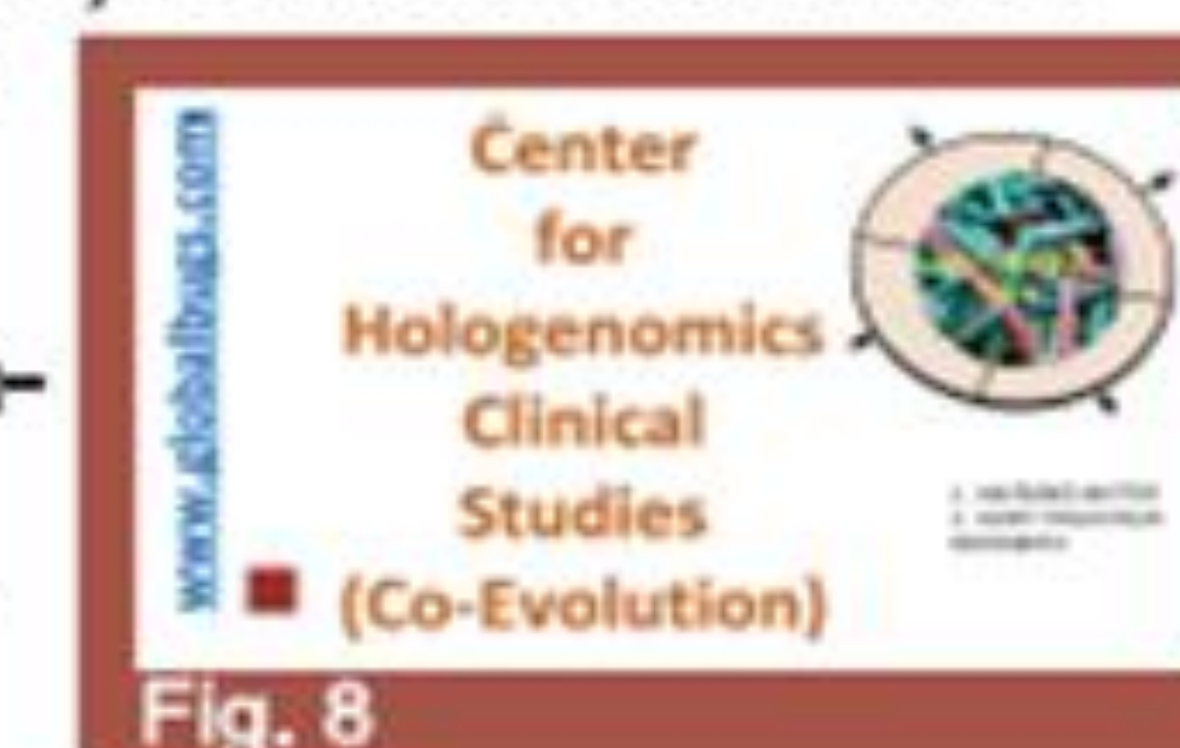
### RESULTS:

Reviewed manuscripts focused on the Red Zone (>55 Y/O) of our Microbial Clock, unmasking the importance of 4 missing bacterial phylotypes, (Fig. 6) and the unrecognized, unknown significance of 3 fungal phylotypes with aging and the use of probiotics. Most articles were international in nature, focusing on Alzheimer's Disease (AD) and were arbitrarily divided into 1) Microbial Theory of Aging (TABLE 1) and 2) Probiotics in Aging (TABLE 2). Changes were most evident in the GUT microbiota. We constructed a 'Phylo Signature', (Fig. 7) integrating a unique five circle Microbial Construct (A/B/C/D), each circle matching age, disease and the phylotypes present, missing and fungal. A sixth circle matched the probiotic by disease and age, describing composition of 3-11 microbes/probiotic. The limited fungal data highlighted the use of a fungal probiotic, *Saccharomyces bulardi*.



### CONCLUSION:

By heralding the evolution of our Microbial Clock in three stages (The Trilogy), lastly, the multi-ring "Phylo-type Signature", and the importance of the missing microbiota in aging and age related diseases, we wanted to provide a searchable, educational decision tree for developing new strategies and research approaches; this would emphasize tailored (Precision Medicine) (REF 3) 'Restorative Microbiology', linkable to AI, while integrating the Hologenomic Theory of "Dual Citizenship" and our new Hologenomic Center (Fig. 8) for intervention and treatment in cognitive impairment via the brain-GUT axial connection.



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# The Project:

## Concepts and Theorists:

Derrida + Hauntology | Foucault + Biopolitics + Governmentality | Butler + Performativity



Stephen Fry + Elliott Spencer [30-year age gap]



Sam Stanley + Laurence Hicks  
[34-year age gap]



Michael Douglas + Catherine Zeta-Jones [25-year age gap]

Through a Derridean frame of hauntology, this project examines age as under erasure (see Anderson 2012). Discourses promoting the reclamation of youth at once promote fears of old age and allow older individuals to 'look and feel' idealistically young. The existence of intergenerational romance/s mobilises what I name 'residues of age', precisely because the presence/absence of old age becomes visible, thus simultaneously challenging and enforcing anti-ageist discourses.

Anti-aging technologies, such as telomere and stem cell therapies, propose to abolish age, thus recoding performances of age and enabling the proliferation of intergenerational relationships. These technologies, however, mobilise a haunting, whereby the attempt to abolish age leaves a discursive residue; an unwanted marking of that which has been removed.

Background/Relevance: Perceptions of age have, and continue to, change in various ways, globally. As such, understanding the implications of anti-aging discourses and technologies is of ever-increasing importance. A recent phenomena is that of intergenerational romances, which remains an under-theorised aspect of social and cultural aging.

## RESIDUES OF AGE: HAUNTOLOGY AND INTERGENERATIONAL ROMANCE

# Hepatitis A's Burden on Aging: Albuminuria, Elevated Glycol-hemoglobin, and Diabetes

H. Piette, R. Harris, C. Cangin

Aging Conference, University of California, Berkeley, Nov, 2017

**Background:** We hypothesize that adults with Hepatitis A antibody have worse kidney health and poorer glycemic control than adults tested negative of Hepatitis A antibody.

**Method:** Using nationally representative sample of 3342 adults over forty years of age, we compared the health status of adults tested positive "Hepatitis A antibody" (HepA+) to adults tested negative "Hepatitis A antibody" (HepA-).

- "Solid-phase fluorescent immunoassay" measured Urinary albumin. Urine Albumin-to-Creatinine Ratio (UACR) is a ratio of urine albumin to urine creatinine.  $UACR \text{ in mg/g} = (\text{Urine Albumin (mg/dL)} / \text{Urine Creatinine (g/dL)})$ . Albuminuria is present when UACR is greater than 30 mg/g and is a marker for chronic kidney disease."
- "Inductively coupled plasma mass spectrometry" measured Blood Chromium.
- Weighted multi-level logistic regression analyses compared adults tested positive of Hepatitis A (HepA+) with adults free of Hepatitis A (HepA-). Weighted multivariate regression computed the contribution of HAV to UACR.

## Results:

- As aging progressed, urinary albumin creatinine ratio (mg/g) worsened at a faster pace among HepA+ adults (39.1, 81.03, 101.1) than HepA- adults (24.2, 48.1, 48.1).
- Across the aging categories, the proportion of diabetes (i.e. glyco-hemoglobin  $\geq 6.5\%$ ) increased faster among HepA+ adults (12.4%, 20%) than HepA- adults (9.27%, 13.4%).
- In multinomial Logistic regression, HepA+ adults had significantly higher odds ratios of pre-diabetes (Odds ratios OR=1.47, 95%CI=(1.07 to 2.02), p=0.02) and diabetes (Odds ratios OR=2.01, 95%CI=(1.22 to 3.04), p=0.003) when compared to HepA- adults, controlling for age, gender, BMI, albumin creatinine ratio, blood chromium, and hypertension.

**Conclusion:** Controlling for age, HAV+ adults have higher albumin creatinine ratio, heightened serum chromium, higher prevalence of diabetes and hypertension, than HAV- adults.

Figure 1: Health status of adults stratified by Hepatitis A seropositivity

	Negative Hepatitis A antibody Prevalence % Weighted (95%CI)		Positive Hepatitis A antibody Prevalence % Weighted (95%CI)	
<b>Adults <math>\geq 40</math> years</b>	61.19%	(59.8%, 62.5%)	36.90%	(33.3%, 40.5%)
<b>Age (years)</b>				
age 40-59	67.83%	(66.3%, 69.2%)	33.00%	(29.4%, 36.6%)
age 60-79	53.50%	(51.4%, 55.5%)	39.40%	(34.5%, 44.4%)
age $\geq 80$	35.74%	(33.27%, 38.2%)	55.70%	(47.8%, 63.5%)
<b>glycoHemoglobin (gH) (%)</b>				
age 40-59	5.73	(5.60, 5.86)	5.89	(5.72, 6.06)
age 60-79	5.87	(5.79, 5.95)	6.09	(5.99, 6.19)
age $\geq 80$	5.88	(5.70, 6.07)	6.03	(5.93, 6.11)
<b>Diabetes glycoHemoglobin <math>\geq 6.5\%</math></b>				
age 40-59	6.90%	(6.1%, 7.6%)	10.63%	(9.6%, 11.6%)
age 60-79	12.92%	(11.6%, 14.2%)	18.09%	(16.8%, 19.3%)
age $\geq 80$	8.93%	(6.7%, 11.1%)	15.17%	(13.3%, 16.9%)
<b>Systolic Blood Pressure</b>				
age 40-59	123.55	(121, 125)	124.4	(122, 126)
age 60-79	130.33	(126, 133)	130.7	(128, 133)
age $\geq 80$	140.22	(134, 145)	143.7	(139, 147)
<b>Hypertension (over 149/90)</b>				
age 40-59	15.11%	(14%, 16%)	16.76%	(15%, 17%)
age 60-79	30.05%	(28%, 31%)	33.96%	(32%, 35%)
age $\geq 80$	47.37%	(43%, 51%)	49.77%	(47%, 52%)
<b>Albumin creatinine ratio, urine (mg/g)</b>				
age 40-59	24.2	(18.5, 29.9)	39.1	(10.1, 68.1)
age 60-79	48.1	(19.5, 76.6)	81.03	(26.9, 135.1)
age $\geq 80$	48.1	(35.1, 61.1)	101.1	(68.7, 133.4)
<b>Chromium 52Cr, blood (nmol/L)</b>				
age 40-59	7.66	(6.6, 8.7)	7.6	(6.7, 8.6)
age 60-79	8.36	(7.2, 9.5)	7.6	(6.3, 8.8)
age $\geq 80$	9.46	(6.8, 12)	9	(6.9, 11.2)