

## ADDENDUM

# 2023 IPA International Congress Book of Abstracts - S10: Needs assessment, the basic tool for psychogeriatric care – ADDENDUM

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The above abstract supplement was published with abstracts from symposium 10 ‘Needs assessment, the basic tool for psychogeriatric care’ omitted.

The missing abstracts are included below.

### **S10: Needs assessment, the basic tool for psychogeriatric care**

#### ***Symposium Overview***

Symposium organized by the European Association of Geriatric Psychiatry (EAGP) Coordinator: Raimundo Mateos Department of Psychiatry. University of Santiago de Compostela (USC), Spain [raimundo.mateos@usc.es](mailto:raimundo.mateos@usc.es)

The concept of needs has acquired increasing importance, complementing clinical-diagnostic assessment in the field of psychogeriatric care. This person-centered concept has been linked to morbidity, disability and dependency. Different theoretical models explain this relationship and its complexity. The literature highlights two key concepts:

- a) The assessment of needs, defined as the quantification of the attributes and deficits of medical, psychosocial and functional interest in order to create an individualized care or resource plan and its relevance over time.
- b) Unmet needs, defined as a need that, having been identified upon assessment, is not addressed or resolved.

It has been related to an increase in morbidity and mortality, loss of functionality and autonomy and, ultimately, quality of life. Multiple instruments (scales, tests, interviews) have been developed to carry out this assessment. Desirable characteristics are that it is easy to understand by the user, that it enables a comprehensive assessment of needs, that it collects the user’s perspective, that it is flexible and that it allows the needs to be classified in some way. A well-known example of such an instrument is the Camberwell Assessment of Need for the Elderly (CANE).

The OBJECTIVE of this Symposium is to examine the relationship between morbidity, disability and dependency and highlight the importance of needs assessment, as part of the psychogeriatric evaluation and care. The symposium is composed of four papers/presenters:

- Juanita Hoe - Latest developments in needs assessments and the CANE: a global view
- Raimundo Mateos - The relationship between morbidity, disability and needs in the community. Implications for psychogeriatric care in Spain
- Martin Orrell - Needs of people with mental health problems living alone
- Manuel Gonçalves-Pereira - Exploring the needs of people with dementia: implications of epidemiological, health services and primary care research in Portugal

#### **References**

- Hoe J, Orrell M. CANE: Camberwell Assessment of Need for the Elderly. 2<sup>nd</sup> ed. Cambridge: Cambridge University Press; 2021.
- Schmidt R, Eschen A, Rügger-Frey B, Martin M. Instruments for comprehensive needs assessment in individuals with cognitive complaints, mild cognitive impairment or dementia: a systematic review. *Int J Geriatr Psychiatry* 2012;27(4):329-341.

Soysal P, Veronese N, Thompson T, Kahl KG, Fernandes BS, Prina AM, et al. Relationship between depression and frailty in older adults: A systematic review and meta-analysis. *Ageing research reviews* 2017; 36:78-87.

Vlachantoni A. Unmet need for social care among older people. *Ageing Soc* 2019 abr;39(4):657-684.

### **Latest Development in Needs Assessment and the CANE: A Global View**

**Author:** Professor Juanita Hoe, Geller Institute of Ageing and Memory (GIAM), University of West London, UK

**Objective:** We will provide an overview and new international perspectives of how the Camberwell Assessment of needs in the Elderly (CANE) has been used to assess the needs of older people across a range of health and social settings, including primary care, community, inpatient and long-term care.

**Methods:** Twenty years on from the development of the CANE we examine how it has been used and its relevance for older people's health services around the world. Needs assessment offers a systematic approach to assessing the health and healthcare needs of a population. Identifying areas of met needs allows the effectiveness of service delivery to be evaluated. While detecting unmet needs enables gaps in service provision to be recognised and for health policy to introduce changes that can reduce health inequalities and improve health outcomes.

**Findings:** The CANE has been translated into 10 other languages and used in 24 different countries across Europe, North America, South America, Asia, and Australia. It is validated for use in community, inpatient and care home settings. Needs assessment facilitates improvements in health outcomes for older people, their quality of life and satisfaction with services. High numbers of unmet need continue to be identified within older populations and the most consistently identified area of unmet needs using the CANE, are in the social domain for the items daytime activities, company and intimate relationships. This includes both community and care home settings and applies to those with dementia and without.

**Conclusion:** Failure to meet the unmet needs of older people results in poorer quality of life, ineffective use of resources and can lead to a substantial increase in costs to health and social care services. As health services adapt to meet the needs of a growing older population, it is important that future research evaluates the impact of these changes on older people's needs and health outcomes. The availability of the CANE in several languages makes it a valuable tool for identifying and comparing the met and unmet health and social needs of older people globally across a diverse range of clinical and non-clinical settings.

### **Reference**

Hoe, J., & Orrell, M. (Eds.). (2021). *Camberwell Assessment of Need for the Elderly: CANE*. 2nd Edition Cambridge University Press: Co-publisher Royal College of Psychiatrists: Londo

### **The Relationship Between Morbidity, Disability and Needs in the Community. Implications for Psychogeriatric Care in Spain**

Raimundo Mateos<sup>1</sup>, Javier Vicente<sup>1</sup>, Jesús Gutiérrez<sup>2</sup>, Carmen Garcia-Mahia<sup>1</sup>

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<sup>2</sup>Biostatech Advice Training and Innovation in Biostatistics SL (USC), Spain Studies were found in the literature that relate morbidity with an increase in disability and the number of needs. On the other hand, the relationship between needs and functionality was studied.

**Objective:** The aim of this study is to investigate the relationship between physical and mental morbidity, levels of disability/functionality and needs (and more specifically, unmet needs). The working hypothesis will be that people with greater morbidity or disability will have more needs (total and unmet needs).

**Methods:** Within the framework of a community epidemiological study, 367 people over 65 years of age were studied, presenting varying degrees of physical pathology, depressive symptoms, and cognitive impairment. Variables: a) sociodemographic; b) mental morbidity: Geriatric Depression Scale (GDS-30), Mini Mental State Examination (MMSE-30); c) physical morbidity: questionnaire of Self-reported Illnesses and a questionnaire of Satisfaction with Health; d) ABVD: Barthel Index, Katz Index; e) IADL: Lawton and Brody scale; f) For the study of needs, the Camberwell Assessment of Need for the Elderly (CANE) was used.

**Results:** A relationship was found between the number of needs and high levels of disability, assessed through the functionality scales of the study. Regarding the total needs, statistically significant results were observed with the 3 scales (I Barthel  $p < 0.001$ . I Katz  $p < 0.001$ ; ELB  $p < 0.001$ ). Regarding the unmet needs, statistically significant results were also seen (IB  $P < 0.001$ . IK  $P < 0.001$ . ELB  $P < 0.001$ ).

**Conclusions:** These results have implications for Dependency evaluation procedures in Spain and in the organization of psychogeriatric care.

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2. Desai MM, Lentzner HR, Weeks JD. Unmet need for personal assistance with activities of daily living among older adults. *Gerontologist* 2001;41(1):82-88.
3. Zunzunegui MV. Evolution of disability and dependency. An international perspective. *Gac Sanit* 2011 Dec;25 Suppl 2:12-20.

### Needs of People with Mental Health Problems Living Alone

**Authors:** Professor Martin Orrell, Institute of Mental Health, University of Nottingham, UK

**Objective:** To highlight unmet needs for those with mental health problems living alone by providing an update on existing research.

**Methods:** People living alone are often at risk of isolation and lack of adequate medical and social support which can have been worsened by the recent pandemic. Reviewing the recent literature on needs in older people living alone with mental health problems such as dementia will enable us to provide an in depth update considering the different needs across different studies.

**Results:** People with dementia living alone have more unmet needs than those living with other in areas such as looking after home, food, and accidental self-harm. Frequent unmet needs include daytime activities, company, psychological distress, and accidental self-harm, needs for and eyesight and hearing problems were also common. There is some evidence that case management for people with dementia can improve outcomes such as reduced admissions to care homes and reduced health costs.

**Conclusion:** People living alone are a vulnerable group and particularly those with dementia who are at increased risk for unmet social, environmental, psychological and medical needs. In the aftermath of Covid social agencies need to look out for people who live alone and particularly those with dementia, so that their quality of life can be maintained and to try to prevent crises and unnecessary hospital admissions. Case management may be helpful in some people to help them continue to manage at home.

### Exploring the Needs of People with Dementia: Implications of Epidemiological, Health Services and Primary Care Research in Portugal

**Authors:** Gonçalves-Pereira, M.<sup>1</sup>, Prina, M.<sup>2</sup>, Marques, M.J.<sup>3</sup>, Balsinha, C.<sup>1</sup>, Xavier, M.<sup>1</sup>

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Although much used, the concept of 'need' is not entirely consistent in the healthcare literature. Regardless, exploring older age people needs at populational and individual levels is crucial for service planning, implementation and evaluation.

We build on different studies' results, including secondary analyses, to illustrate major unmet needs in people living with dementia in the community.

A Portuguese epidemiological study using 10/66 DRG methods produced community prevalence estimates of dementia and late-life depression ( $n=1405$ )(1). Comprehensive assessments yielded additional results on

levels of disability and dependency, informal care arrangements, and carer strain (among those participants identified as needing care).

In the Portuguese subsample of the EU-JPND Actifcare (ACcess to TImely Formal Care) cohort study (n=66) we found a relevant number of unmet needs, at baseline(2) and over twelve months. Participants were people with mild to moderate dementia, living in the community, and their unmet needs were mainly psychosocial in nature.

Considering primary care, we re-analysed recordings from the 2xPCD-BAYER/NOVA Ageing 2018 study consultations (involving triads of GPs, people with dementia and their primary carers). Using qualitative methods, we searched for evidence of clinical explorations of biopsychosocial needs and/or their spontaneous expression by patients or carers in 16 consultations.

In Portugal as in other countries, research unraveled the importance of needs assessments in people with dementia and their families. A relevant proportion of them displays unmet needs which should be addressed by healthcare and social services. A discussion ensues, namely on how to conduct needs assessments in clinical practice or at least in cost-effective ways. At this purpose, we critically consider the feasibility of a Camberwell Assessment of Need five-item short-form assessments for older people in primary care (SPICE)(3).

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