

## FC7: Social Support, Relationship Satisfaction, and Meaning and Purpose in Life as Predictors of Loneliness among Older Adult Couples

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**Background:** Meaning and purpose in life has demonstrated positive effects on physical and mental health and loneliness. We wanted to understand whether, among older adult couples, the impact of meaning and purpose in life on loneliness was mitigated by their assessment of the quality of their relationship with their partner, and their social support from family and friends.

**Method:** Participants were 101 nondemented older adults living with a spouse or partner and participating in an ongoing longitudinal study of couples. As part of their baseline visit, they completed a series of questionnaires to measure demographic information, physical and psychological well-being, loneliness, meaning and purpose in life, quality of dyadic relationship (measured by the Dyadic Adjustment Scale), and various aspects of social support (instrumental, informational, and emotional).

**Results:** The average age of participants was 74.7 ( $SD = 6.71$ ) and 49% were female. Bivariate correlations demonstrated statistically significant relationships between loneliness and meaning and purpose in life, relationship satisfaction, and emotional, informational and instrumental support but not age and gender. In a multiple regression analysis, meaning and purpose in life was the strongest predictor of loneliness ( $\beta = -0.322, p < 0.001$ ); relationship quality ( $\beta = -0.263, p = 0.005$ ), emotional ( $\beta = -0.229, p = 0.048$ ) and instrumental support ( $\beta = -0.203, p = 0.024$ ), also predicted loneliness,  $F(5,95) = 12.19, p < 0.001$ , adjusted  $R^2 = 0.36$ .

**Discussion:** In this study, all participants were older adults and members of a couple. Even when they rated their relationships with their partners as having high quality, they nevertheless expressed more loneliness when they had less meaning and purpose in life. While satisfaction with instrumental and emotional support had a positive impact on loneliness; perhaps surprisingly, relationship quality was less important than meaning and purpose in life. Apparently, having a sense of meaning and purpose in life is an ongoing need that extends to old age. This finding, if replicated in a larger longitudinal study has implications for social policy that facilitates inclusion of older adults in meaningful roles, rather than having them age out.

## FC8: Revising Competencies in Geriatrics for Canadian Medical Students: Adding a Mental Health Perspective

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In Canada, adults 85 years and older represent one of the fastest growing segments of the population<sup>1</sup>. Mood disorders and chronic illness often intersect, worsening health outcomes in late life<sup>2</sup>. In view of demographic trends, medical schools should ensure trainees are equipped with the knowledge, skills and attitudes to work with older adults. However, there continues to be much variation in how medical schools incorporate geriatric content into their curricula.

In 2009, the Canadian Geriatrics Society (CGS) outlined 20 competencies in geriatrics to inform medical school curricula, but uptake was minimal. Of note, there were significant gaps in these competencies, which omitted mention of late-life depression. Geriatric mental health experts did not provide input.

The objective of this project was to address gaps in geriatric competencies for medical students through an expert review process involving a biopsychosocial approach.

**Methods:** The CGS established a 15-member national working group with representation from geriatric psychiatry, family medicine, a 95-year-old senior, geriatrics and medical trainees. Potential competencies were derived from existing Canadian geriatrics frameworks [Geriatrics 5M, CanMEDs] and 2009 competencies. A modified Delphi process yielded rankings for each competency using a 7-point Likert scale.

**Results:** Between 2019 and 2021, 3 successive national surveys were completed. In the first (n=66), 34 competencies were identified. Agreement in the final survey was 87-95% (mean 90%). 51 participants completed all three. Significant topic omissions in the 2009 list of competencies were frailty, end-of-life care, delirium prevention, health promotion and the assessment and management of depression.

**Conclusions:** Three national surveys expanded the core competencies in geriatrics for medical school curricula from 20 to 31. Expert consensus was high. Themes mapped along existing geriatrics frameworks and incorporated a holistic lens incorporating the perspectives of an older adult and geriatric psychiatrist. In addition to late-life depression, the importance of addressing ageism was also highlighted.

Learning objectives for each competency are modifiable for level of training and individual program, offering flexibility. The CGS will continue to advocate for inclusion of updated, expanded competencies into training and licensure in geriatrics.

- 1) Statistics Canada 2021, Canadian Government, accessed 1 January 2023, <. Accessed 20/01/23 <<https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021004/98-200-x2021004-eng.cfm>>
- 2) Hall CA, Reynolds III CF. Late-life depression in the primary care setting: challenges, collaborative care and prevention. *Maturitas*. 2014 Oct; 79(2):147-52.

## **FC9: Ethno-racial identity and cognitive impairment: A population-based study**

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