Ageing Well • He Oranga Pakeketanga • Diversity is our Strength • Ko Te Kaharau To Matou Kaha

NEW ZEALAND NURSES ORGANISATION | TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

Coming into age

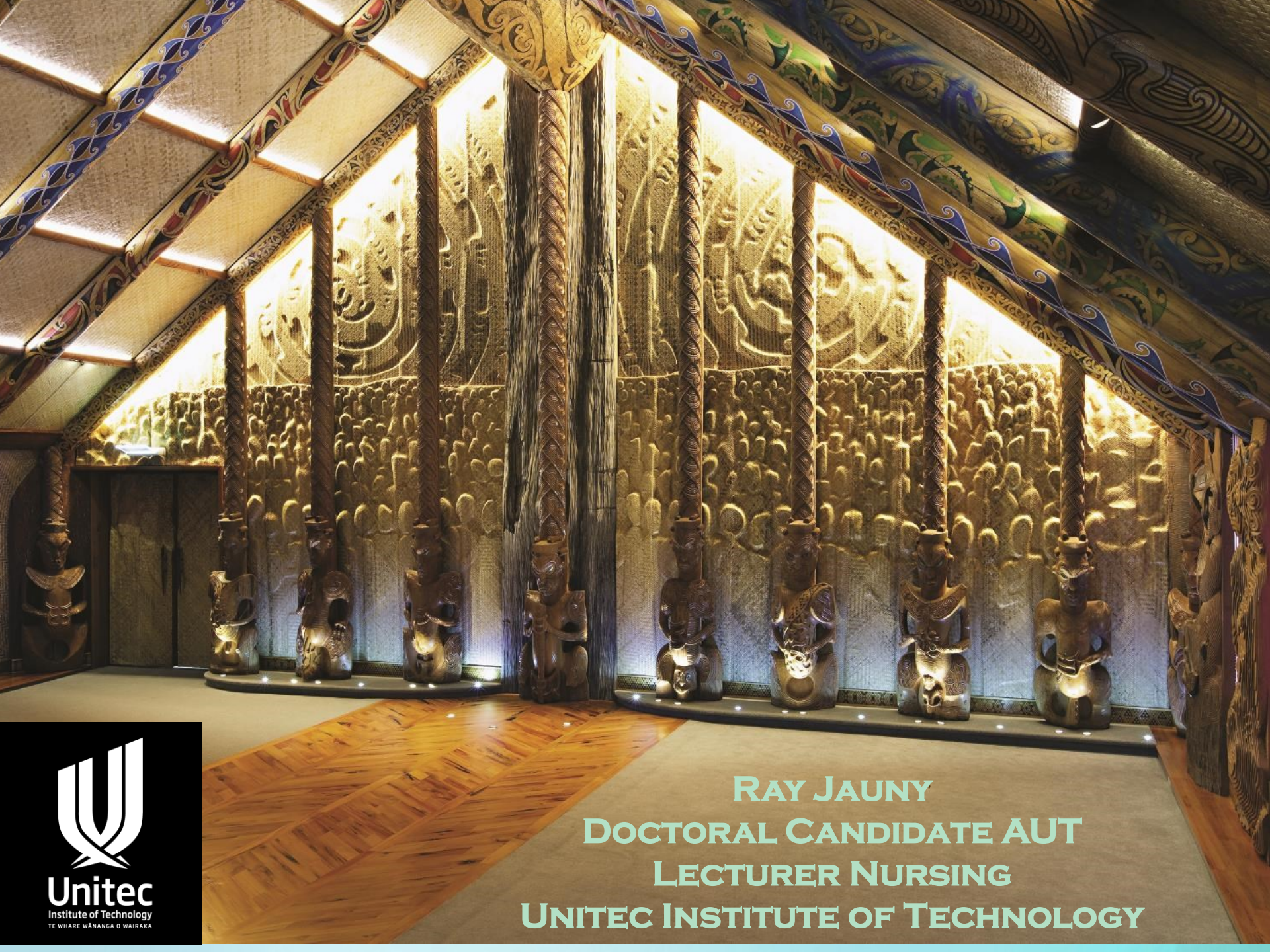
Section of Gerontology Nursing NZNO Conference 2018

Monday 5 and Tuesday 6 November

Gallagher Academy of Performing Arts, The University of Waikato, Hamilton

What is the Lived Experience of Older Migrants with Mild Cognitive Impairment? A Proposed Phenomenological Study

Ray Jauny



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Why this topic?

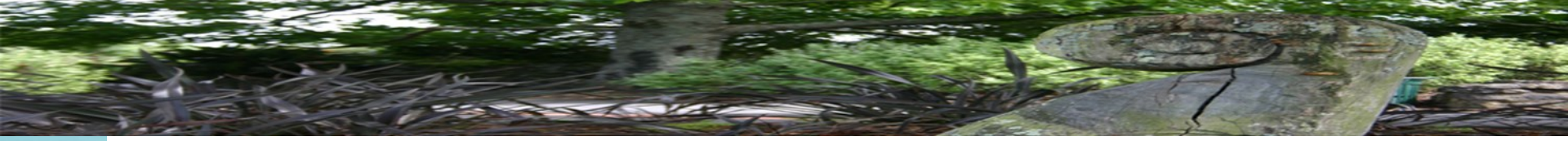
It brings to light my interest a topic that I'm passionate about

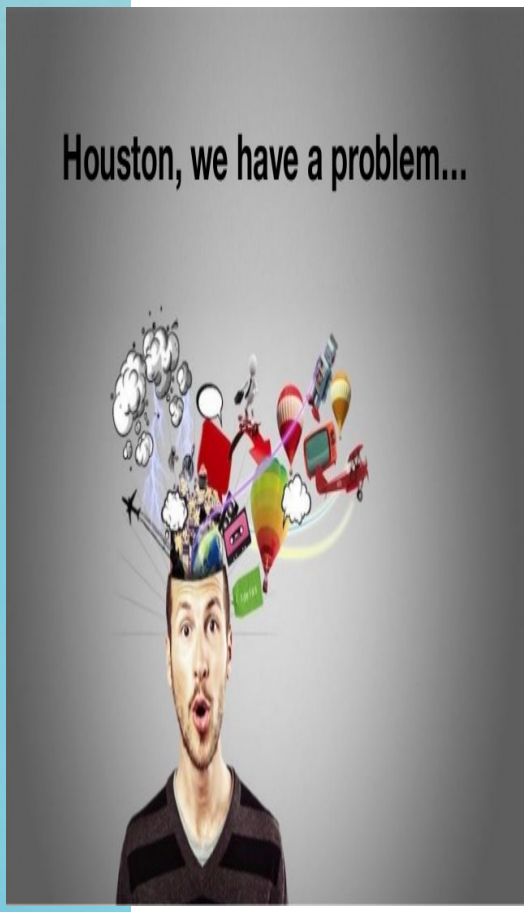
Better understand the lived experience of older migrants with MCI

Researching a unique topic which is of huge significance for older migrants in NZ

Raise awareness about MCI

Reduce a gap in knowledge





Ageing Process

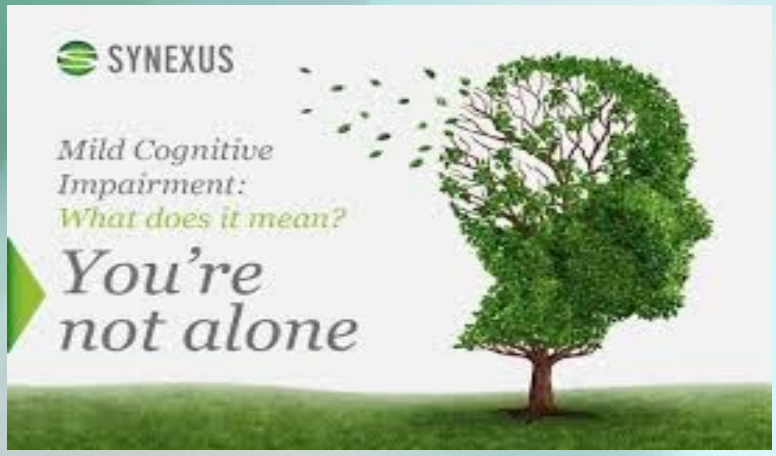
- Ageing is a normal phenomenal process, but can put us at risk of physical /psychological issues & associated such as cognitive problems
- Our brain is complex, just like the universe, not just one component but different systems, but all connected
- Control our **thinking, emotions, executive functions, judgement, memory, intellect** etc[3]
- Not all parts are affected same time: **Selective vulnerability** one or more areas affected at different times
- One aspect of ageing can lead to a decline in cognitive functioning. For many it's a natural progression of a neurogenerative basis.
- 'Houston, we have a problem'

What is Mild Cognitive Impairment (MCI)?

MCI is not a disease, it is not dementia yet! and does not necessarily interfere with someone's daily functions and activities

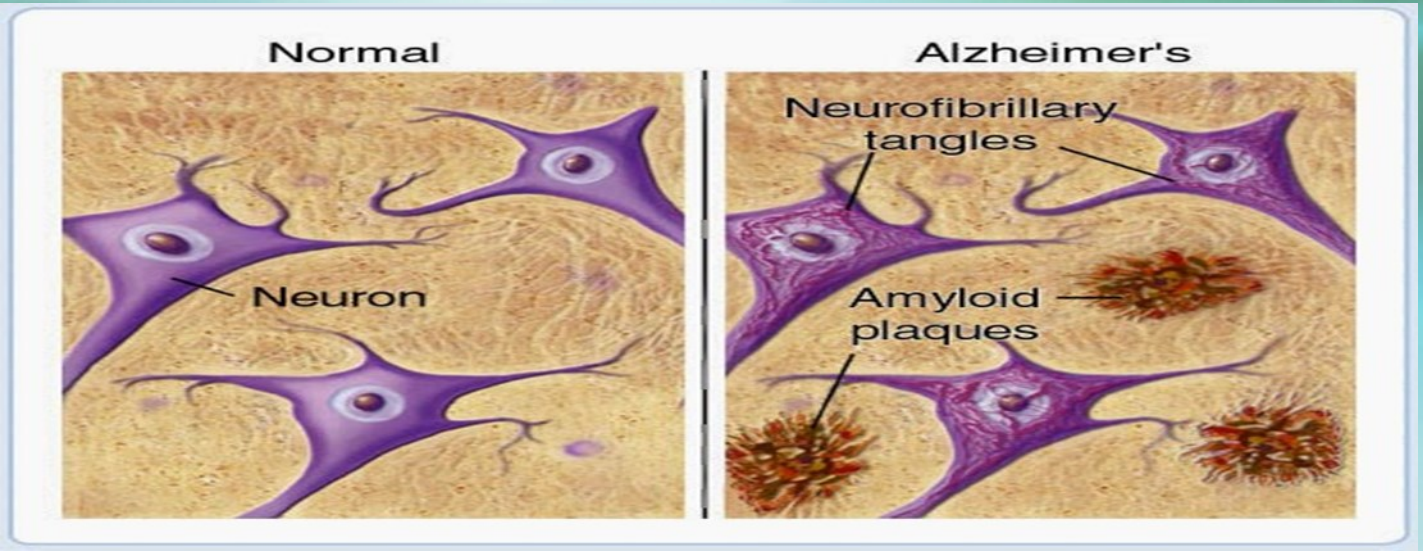
MCI represents an intermediate (prodromal) state of cognitive decline seen in ageing but not fulfilling the criteria for Alzheimer's dementia(AD)[1]

Unlike common misconceptions: thinking can improve with time, ageing or cognitive abilities can even strengthen over time[11]



Pathology of MCI

- Plaques (Beta Amyloid) are abnormal level of a protein substance around the neurons /space stained with chemicals
- Tangles are nerves cells scrubbed up with a different kind of fibres and proteins (Beta Amyloid or Tau)[11]
- When these two substances build-up, hence it explains our vulnerability to develop MCI and overtime develop AD



Pathology of MCI

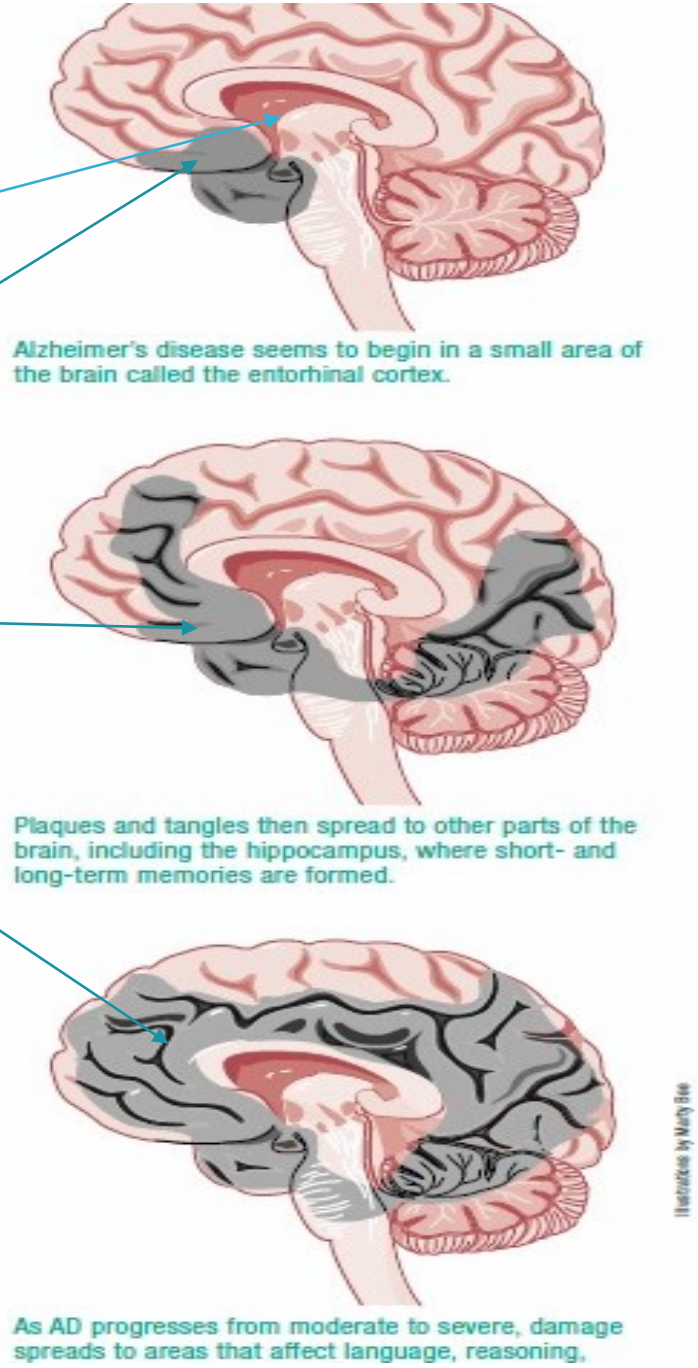
Hippocampus theory

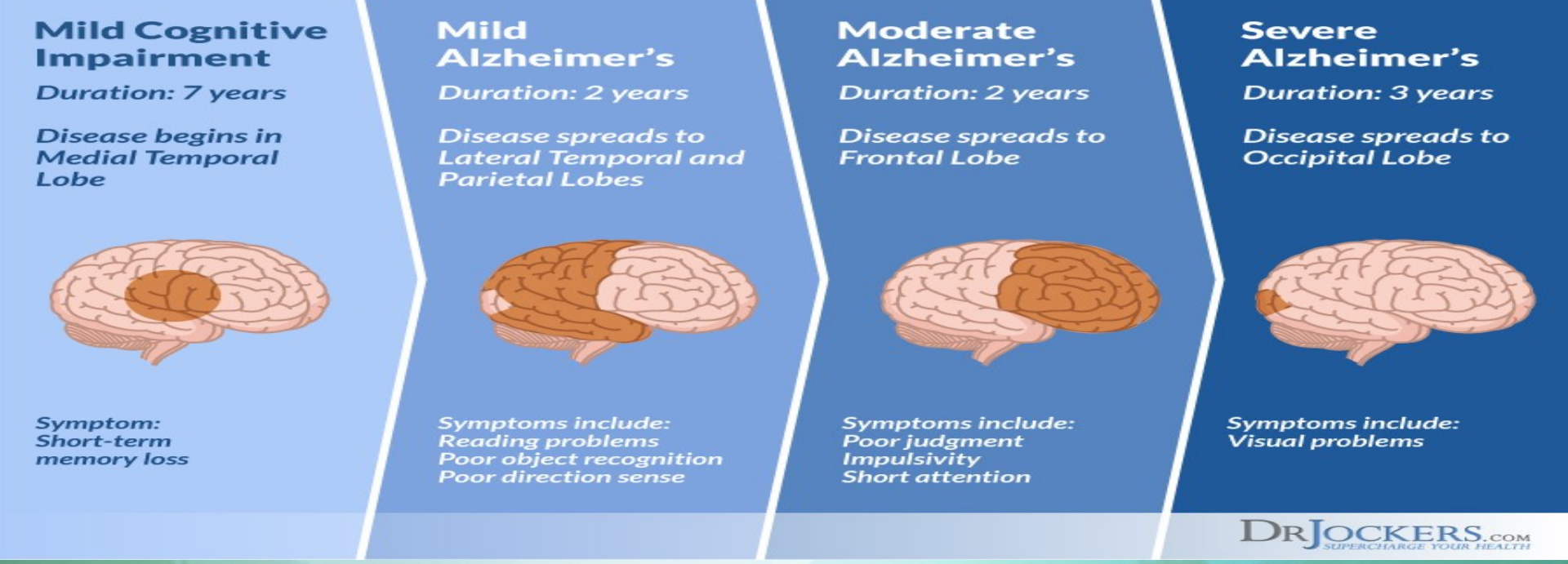
(memory, emotions, and motivation)

Abnormal cognitive changes, similar to AD, with plaques and tangles seer as early as 10-20 years before development of AD[3]

Plaques and Tangles are seen in the passageway leading to the hippocampus, which increases over time.

Hence, why we have so many stages of AD

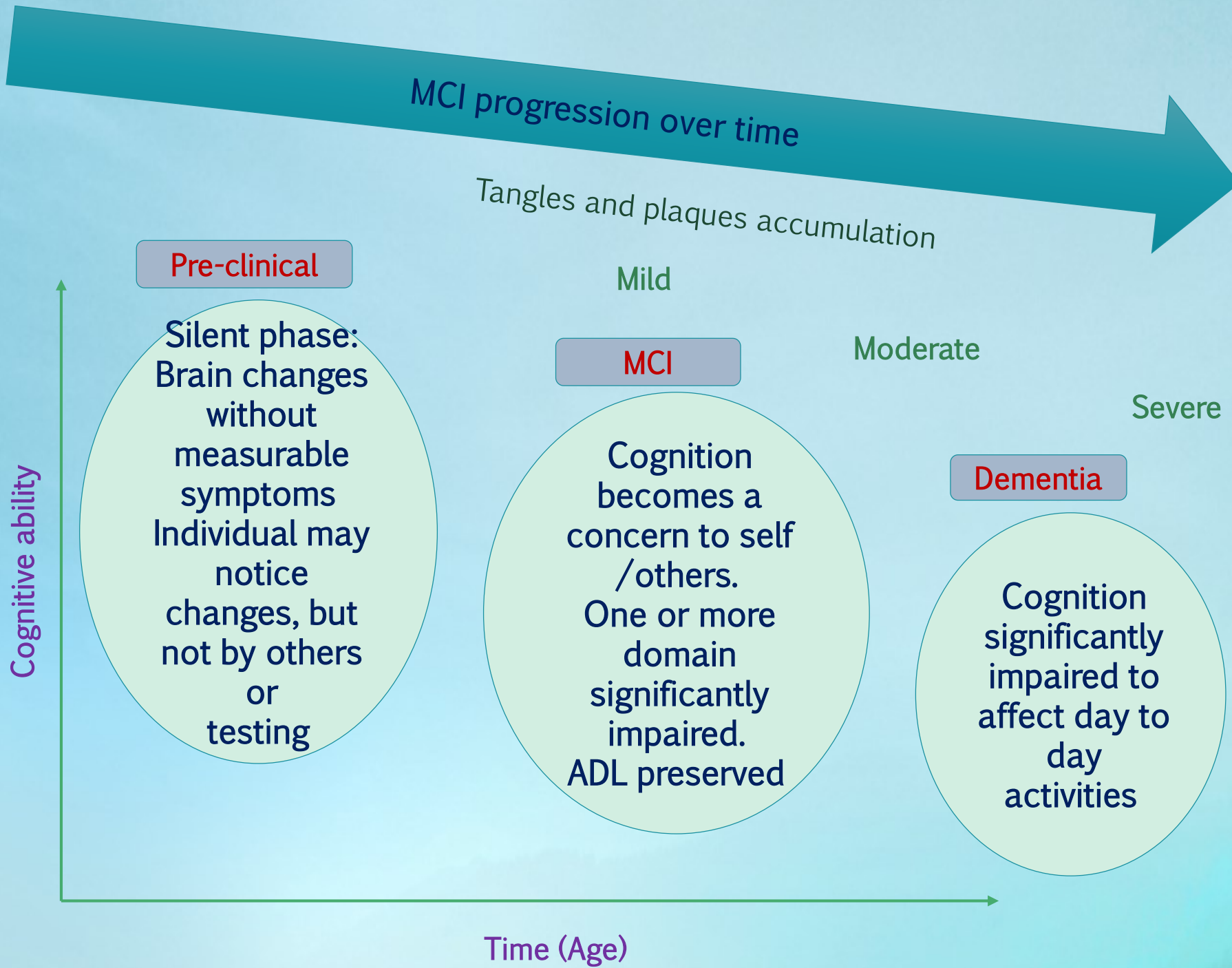




Common misconceptions: all those with MCI develops dementia

Summary of facts:

- Approximately 30% to 40% of those with MCI improves over time[4]
- About 15% -60% will slowly declines and may develop AD[5,6]
- 20% - 60% will remain cognitive impaired (MCI) for life[6]


MCI progression over time
Tangles and plaques accumulation
Pre-clinical
Mild
MCI
Moderate
Severe
Dementia
Silent phase: Brain changes without measurable symptoms Individual may notice changes, but not by others or testing
Cognition becomes a concern to self /others. One or more domain significantly impaired. ADL preserved
Cognition significantly impaired to affect day to day activities
Cognitive ability
Time (Age)

Psycho-social aspects of living with MCI

There are specific stressors associated with migration and the resettlement process among different cultures	(Kirmayer et al., 2011; Ramsay, Montayre, Egli, & Holroyd, 2017)
Living with MCI means disengagement from social activities, social disconnection, isolation & poor quality of life	Beard & Neary (2013)
Family members who are caring for sufferers of MCI face considerable socioeconomic burden and isolation	Nikmat, Hawthorne, Al-Mashoor (2015)
Loneliness, trauma and physical health issues is a contributing factor for MCI	(Newbold, 2005; Kirmayer et al., 2011; Wright-St Clair et al. 2017; Zhong, Chen, & Conwell, 2016)
Cultural factors, language barriers and geographical location attitudes, religious teachings can all affect cognitive functioning in older migrants	(Kirmayer et al., 2011; Ramsay, Montayre, Egli, Holroyd, 2017; Rao, Warburton, & Bartlett, 2006)
Cross-cultural differences, lack of understanding or acceptance of MCI because of its perception in the respective countries of origin	Kuwabara & Smith (2012)
Stigma associated with MCI similar to Dementia i.e. labelling, stereotyping, separation, loss of status, and discrimination	(Omori, Mori, & White, 2014; Garand, Lingler, Conner & Dew, 2009)
Challenges with healthcare engagement were reported among older migrants during the initial stages of adjustment in New Zealand & lack of culturally appropriate information about MCI	Montayre, Neville, & Holroyd, (2017)

Research Design

Research Question:

What are the experiences of older migrants with mild cognitive impairment in New Zealand?

Methodology

Phenomenology (Heidegger) is the philosophy that will guide the research methodology, but more so through the lens of van Manen[11]

Hermeneutic sits well with this research, as it explores the subjective lived experiences of a phenomenon & how one can interpret these experiences as well as ascertaining any concealed meanings in an individual's experiences[10]

Research Design

Methods

- Purposively selected participants to be interviewed (approx. 15), from Auckland's DHB area
- Self referrals from advertisements locally, Alzheimer's society, Age concern, & other NGOs, referrals from primary / secondary care professionals
- Voluntary & informed consent will be required. May have family support
- Anonymity and confidentiality of participants will be maintained

Ethics

- AUT Research Ethics Committee (AUTEC) 18/114 on 29/10/18)
- Locality agreement with WDHB & CMDHB

Inclusion /exclusion criteria

- Older migrants of all genders and ethnicities residing in community dwellings (Inc. retirement villages) in Auckland between 1 to 10 years
- Aged 55 and over
- Diagnosed with MCI for over one year
- Have conversational English language
- Candidates with schizophrenia / bipolar illnesses and those undergoing physical or psychiatric treatment are excluded

Data Collection & Data Analysis

Data will be collected through individual, semi-structured interviews to capture accounts of older migrants' personal experiences of living with MCI.

Interviews will be approximately 1 -1 ½ -hour of duration (audio-recorded).
Data will be transcribed & inductively interpreted through a phenomenological lenses

Dissemination plan

- KoAwatea Poster presentation 18-22nd June 2018

UNITEC RESEARCH SYMPOSIUM 2018
PROGRAMME Thursday 11 October, Building 23, Mt Albert Campus.
Proudly hosted by Tūāpapa Rangahau; Partnering Research and Enterprise

- New Zealand Association of Gerontology (NZAG) Conference, Ellerslie, Auckland, 6-8th September 2018

- Unitec Symposium , 11th October 2018

- New Zealand Nursing Organization (NZNO) The College of Gerontology Nursing conference, Hamilton, 5-6th November 2018

Data collection will start November 2018 onwards and completion of study around Dec 2019

Further information, please contact:

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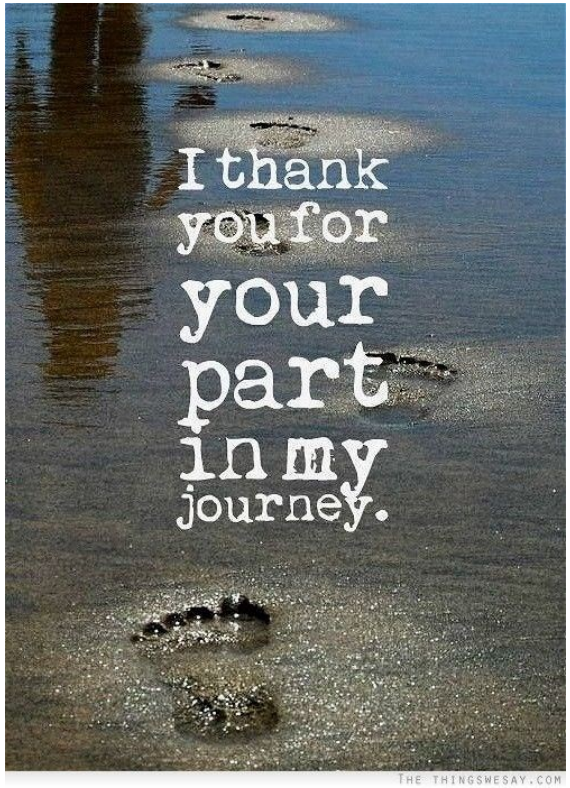
Welcome to

Awhina
Waitemata DHB

Learning, research and innovation enabling 'best care for everyone'



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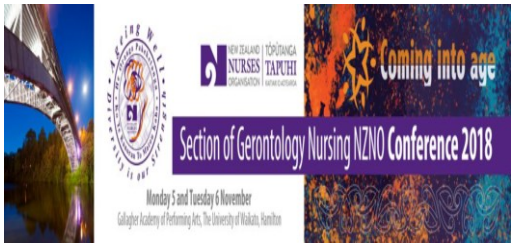
The Mosaic of Ageing
New Zealand Association of Gerontology Conference
NZAG2018
6-8 September 2018
Ellerslie Event Centre, Auckland



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Any Questions Please?

References

1. Alzheimer's Australia. (2017). *About Dementia and Memory Loss.* Retrieved from https://www.fightdementia.org.au/about-dementia
2. Ramsay, S. C., Montayre, J., Egli, V., & Holroyd, E. (2017). Migrant caregiving for family members with mild cognitive impairment: an ethnographic study. *Contemporary Nurse, 53*(3), 322-334. doi:10.1080/10376178.2017.1346480
3. Jones, D. T., Graff-Radford, J., Lowe, V. J., Wiste, H. J., Gunter, J. L., Senjem, M. L., . . . Jack, J. C. R. (2017). *Tau, Amyloid, and Cascading Network Failure across the Alzheimer's disease Spectrum*: Elsevier Ltd
4. Beard, R. L., & Neary, T. M. (2013). Making sense of nonsense: Experiences of mild cognitive impairment. *Sociology of Health and Illness, 35*(1), 130–146. doi:10.1111/j.1467-9566.2012. 01481.x
5. Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., . . . Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, *183*(12), 959-967.
6. Koepsell, T. D., & Monsell, S. E. (2012). Reversion from mild cognitive impairment to normal or near-normal cognition: Risk factors and prognosis. *Neurology, 79*(15), 1591-1598. doi:.org/10.1212/WNL.0b013e31826e26b7
7. Rao, D. V., Warburton, J., & Bartlett, H. (2006). Health and social needs of older Australians from culturally and linguistically diverse backgrounds: issues and implications. *Australasian Journal on Ageing, 25*(4), 174-179. doi: 10.1111/j.1741-6612.2006.00181
8. Wright-St Clair, V., Neville, S., Forsyth, V., White, L., & Napier, S. (2017). Integrative review of older adult loneliness and social isolation in Aotearoa/New Zealand. *Australasian Journal on Ageing, 36*(2), 114-123. doi:10.1111/ajag.12379.
9. Minister of Health. (2016). *New Zealand Health Strategy: Future direction.* Retrieved from http://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-futuredirection-2016-apr16.pdf
10. van Manen, M. (2014). *Phenomenology of practice: meaning-giving methods in phenomenological research and writing*: California: Left Coast Press.