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Summary Report
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Canada

Seniors and dependencies in Prince Edward Island

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Prince Edward Island: Seniors and Dependencies

The first LoPHID cycle topic chosen by East Prince Health Region focussed on seniors and their dependencies on alcohol, prescription medications, over-the-counter medications and any illicit drugs. The target population included both men and women 55 years of age and over in an effort to improve upon current service accessibility and to determine the future demand on services. This cycle was to cover the following areas: prevalence of dependencies, knowledge, attitude, practices, behaviour and health status of the target population and both formal and informal service utilisation and accessibility. The identification of both risk and resilience factors for addictive behaviours in the East Prince Health Region would help develop various preventive strategies in the planning phase.

Evidence: Household, service worker and service manager questionnaires were developed by a working group that consisted of management and front-line representatives from both Seniors Care and Addiction Services that formally came together on the topic for the first time. A strategy to target those seniors at high risk of having dependencies through local community services was developed. A comprehensive region-wide communication strategy was designed to inform the community at-large of the study and to begin a focus group solicitation strategy through community groups, similar to other studies on the island.

The study was discontinued for administrative reasons.

Planning: As the objectives, study instruments and survey implementation logistics have already been developed, this experience may be useful at a later date in this or another locality.

Results of a future survey could consider primary preventive strategies that focus on resilience: those seniors who have declined excessive self-medication, who have not sought double prescriptions, who are temperate in their use of alcohol and are resilient to the pressures to these addictions. Secondary prevention strategies (risk modification) can start with dialogue with seniors, focussing on ways to reduce the risks where these exist (this might include support work with seniors or changes in the prescribing patterns of physicians). The tertiary prevention focus is the detection of high risk individuals - for example, alcoholics or those dependent on medication - in order to target interventions to reduce the worst effects of these risks.

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