

# European Academy for Medicine of Ageing

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## Advanced Postgraduate Course of the EAMA

### Training Session VII / 4

## Guidelines for abstracts on students' state of the art lectures

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Session : MONDAY - June 23, 2008

Reference of the lecture : "Social" assessment

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**Title of the lecture:**

**Social assessment: the geriatric patient and the others**

Abstract: maximum 300 words

Speaking about the social aspects of our geriatric patients is going beyond the patient self and seeing what happens between him/her and the other persons around.

The social network of the person is crucial to create and maintain the social identity of the individual and to provide, as receptor and as supplier, information, instruments, social and emotional support.

In stressful situations and in cases of physical and emotional problems, very frequent among the elderly, the social network attends the person affected, provides him/her emotional support and has an impact on his/her behaviour. However, social contacts not always have positive impacts on persons; they might also have a negative effect:

going from discomfort to mistreatment. Moreover, social networks are made of social interactions but not all social interactions provide social support. Concerning the effect of interventions, it is important to point out that extending social contacts, their structure and their composition, is not a guarantee of achieving more social support for that patient.

Coming back to the patient, each person follows an attachment pattern during all life, as explained by the attachment theory originated by John Bowlby.

Therefore, having social contacts is much more than a fact of how many. The quality and the content of these social contacts tell us even more. How far are these contacts meaningful for the patient? Is there an affective attachment? Are their social interactions satisfactory? Do they provide social support? To what extent are they beneficial and harmful for the patient? Which attachment pattern follows the patient?

And finally coming back to our clinical work: how can we approach and measure these mentioned aspects of our patients? Which aspects are more relevant to our clinical practice since they can help us in our clinical decision making process? Or lead to specific interventions?

Short bibliography : maximum 5 references

1) José Miguel Guzmán, Sandra Huenchuan y Verónica Montes de Oca. REDES DE APOYO SOCIAL DE LAS PERSONAS MAYORES: MARCO CONCEPTUAL (Informe de la Reunión de Expertos en Redes de Apoyo Social a las Personas Mayores: el Rol del Estado, la Familia y la Comunidad, celebrada en diciembre de 2002 en la sede de la CEPAL en Santiago de Chile.)

2) Bowlby J [1969] (1999). *Attachment*, 2nd edition, Attachment and Loss Vol. I, New York: Basic Books.

3) .....

4) .....

5) .....

**1 page maximum to be sent to :**

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**BEFORE May 31, 2008**

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