



Centre de recherche  
sur le vieillissement  
Research Centre on Aging



# Encrâge

NEWSLETTER

on current research projects

Special Edition

## Vitæ Foundation

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et de services sociaux  
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hospitalier universitaire  
de Sherbrooke

Québec



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## A SPECIAL EDITION TO HIGHLIGHT A LONG-TERM COLLABORATION



Research is somewhat of a mystery. We often think that research is out of reach and hard to understand. However, for many years, I've had the chance and privilege to work with many researchers, and now I understand that you and I

are at the very heart of their work. The Vitae Foundation team is proud to be a partner of the Research Centre on Aging/Centre de recherche sur le vieillissement (CdRV) and, thanks to our many sponsors, to be able to offer funding to the work of many researchers whose projects have a direct impact on our lives.

The CdRV is also an important ally for the CIUSSS de l'Estrie - CHUS. The work done by these researchers is intimately linked to improving the care and services offered in Sherbrooke's long-term care facilities and hospitals. Indeed, many innovative practices come from research. Thus, thanks to our researchers, we can hope for an even better future for older people. The Vitae Foundation believes in this and that's why we remain committed to the CdRV.

### Many projects to discover

For several years, the CdRV has hosted a clinical research competition offering grants from the Vitae Foundation to research teams and clinicians. These grants enable them to find solutions for the difficulties encountered in their practice or to complete innovative projects aiming to improve quality of life, quality of the environment and of the care offered to the older people and clients of the CIUSSS de l'Estrie - CHUS.

The Vitae Foundation has thus contributed to many projects. Through the years, this represents more than 40 initiatives. For this special edition of the *Encrâge*, you will discover different projects that have recently been supported by our foundation and will notice the diversity of means put forth to support health and wellbeing in our aging population.

The Vitae Foundation strives to do better to support the CdRV researchers. To help us achieve this, we count on the precious collaboration from the population and our partners. For more information or to make a donation, please don't hesitate to contact us.

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## A CLINIC FOCUSING ENTIRELY ON FALLS

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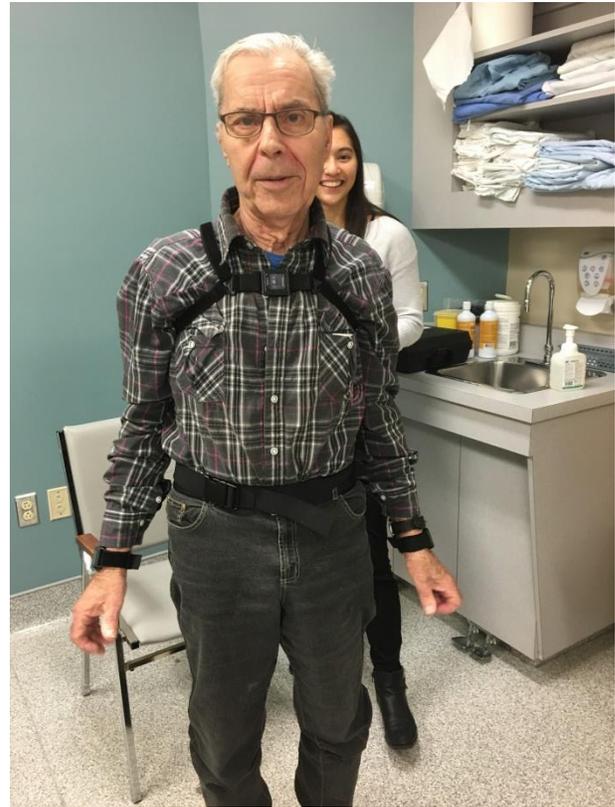
Falls are the reason why most senior adults are hospitalized in Canada. Even when not serious, falls will reduce the level of activities which will cause a loss of autonomy and may lead to isolation. Setting up a clinic that is dedicated to falls is at the heart of the issue and in the interest of all.

In this context, the Clinique de prévention des chutes de l'Hôpital et Centre d'hébergement Argyll du CIUSSS de l'Estrie - CHUS (Argyll Hospital and Residence Fall Prevention Clinic of the CIUSSS de l'Estrie – CHUS) was founded in 2015. The clinic is comprised of an interdisciplinary team of nurses, a physical therapist and geriatric specialists. Together, they assess and orient each patient, suggesting an adapted and personalized intervention plan.

### An improved structure to accompany more patients!

Thanks to a grant from the Vitae Foundation, the clinic's structure was improved to offer better service to more patients. The clinic now offers an assessment of walking ability and changing positions, a history of falls and a full health report.

The funding obtained will make it possible to evaluate the efficiency of the proposed interventions at the clinic and to better identify different risk factors that offer the best potential for improvement. Moreover, a monthly follow-up visit was added to incite patients to follow the team's recommendations. These improvements will enable the clinic to continue its mission to reduce the number of falls and their consequences while offering better interventions to its patients.



Eighteen patients have taken part in the project to date. The data collected is very encouraging and the evaluation of the efficacy of the suggested interventions supports the changes made to the clinic. Older people who fall or are at risk of falling seem to benefit from better case management.

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## SINGING FOR A BETTER LIFE WITH LUNG DISEASE?

Louise Drouin, CdRV and Université de Sherbrooke

People who suffer from chronic obstructive pulmonary disease (COPD) have to deal daily with respiratory problems. Persistent shortness of breath will affect their mobility, social involvement, quality of life, and even their cognitive functions.

Conventional pulmonary rehabilitation and follow-up include respiratory exercises, stretching, strengthening, cardiovascular training as well as education on how to manage the disease. However, pulmonary rehabilitation is not accessible to everyone, and its effects don't seem to be long-lasting. It is therefore important to offer other ways to reduce symptoms to people living with this pulmonary disease.

### Singing, a great exercise for the lungs!



Singing seems to be a promising avenue, as this activity requires long exhalations to hold the notes. According to many choristers, the practice of singing relaxes and has an effect of wellbeing over a long period of time, without unwanted side effects! Thus, could a choir specifically created of people with this pulmonary disease offer an interesting alternative to conventional pulmonary rehabilitation?

Researchers from the UK have recently shown that these choirs could reduce shortness of breath in people with respiratory disease. Since this discovery, over one hundred therapeutic COPD choirs have been created!

### A first in Quebec

There have yet to be any choirs specifically designed for this clientele in Quebec: and this is where we come in. Our study not only evaluates the feasibility, it also compares the effects and maintenance of a therapeutic choir singing program compared to conventional pulmonary rehabilitation.

This study is conducted and supported by a multidisciplinary team, including different departments and faculties of the Université de Sherbrooke and the CIUSSS de l'Estrie - CHUS, as well as volunteer choristers and musicians. This innovative approach is supported by a grant from the Réseau provincial de recherche en adaptation-réadaptation, startup funds from Université de Sherbrooke and the Fondation Vitae.

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## INCREASING BRAIN FUEL TO IMPROVE THE QUALITY OF LIFE OF PEOPLE SUFFERING FROM ALZHEIMER'S DISEASE

Mélanie Fortier, CdRV

In Canada, half a million people suffer from Alzheimer's Disease. The risk of developing this disease doubles every 5 years in people aged 65 years or over. Sadly, there is still no cure.

Among the changes observed in the progression of Alzheimer's Disease, brain fuel problems are amongst the first. Indeed, the brain needs plenty of energy to function. Because of the effects of Alzheimer's Disease, the brain has difficulty using its main fuel, a sugar called glucose, so it becomes « starved » of energy, which is part of the vicious circle that leads to memory problems.

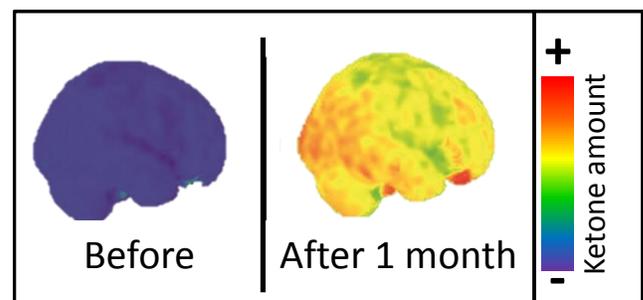
### Ketones: the brain's alternative fuel

When glucose is reduced in the blood, for example during sleep or physical exercise, the body can function by using fat for energy. It is also possible to supply a special form of fat-derived fuel to the brain in the form of "ketones". A simple approach to safely raising ketones is to take a dose of medium chain triglyceride (MCT) oil. This natural vegetable oil has the property of being rapidly absorbed and transformed by the liver into ketones.

But does the brain conserve its ability to use ketones as energy in Alzheimer's Disease? To verify this, 12 individuals with Alzheimer's Disease consumed a drink rich in MCT oil for one month and underwent scans to measure brain energy. The results were conclusive: not only did the MCT drink double the amount of energy available to the brain but also the brain's use of ketones remains efficient despite the disease. This important finding was recently published in The Journal of Alzheimer's Disease.

Our recent 6-month study with MCT in people at the start of Alzheimer's Disease suggests that ketones help preserve memory in older people. This research will be published in the journal *Alzheimer's & Dementia*. This important research project continues with a new project to find a dietary supplement that is more efficient than MCT at producing ketones.

Results: Brain fuel after 1 month of MCT oil in patients with Alzheimer's Disease



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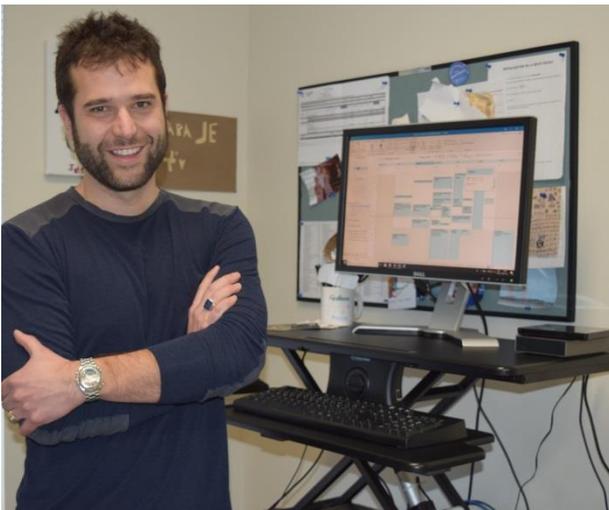
## SMART SIT TO STAND DESK TO AVOID PHYSICAL DISCOMFORT WHEN WORKING WITH A COMPUTER

Patrick Boissy, CdRV and Université de Sherbrooke

The Research Centre on Aging (CdRV) and the CIUSSS de l'Estrie - CHUS are launching a unique and motivating research project to counter physical discomfort in its employees aged 45 years and over using a computer work station.

“Imagine a desk that lets you work in a seated or standing position. Nothing special about that. However, if you add sensors that record your presence at the computer and the height of your desk with a motor that changes its heights and software that control the frequency of position changes, you have a preview of what most active desks will look like in a few years” says Patrick Boissy, lead CdRV researcher working on this project.

“Since sedentary behavior touches more and more people in today’s society, and that people who work for long periods in a seated position are more at risk of developing low back, neck and shoulder pain, we want to evaluate if frequent position changes induced by a smart desk help reduce the negative effects and increase productivity” adds his colleague, Guillaume Léonard.



This research project is implemented in collaboration with the establishment’s work health and safety prevention team who sees this as an opportunity to prevent musculoskeletal problems linked to working in a seated position, and to improve the support offered to workers by offering them some proven solutions.

“More than an expense, we believe that implementing this type of innovative intervention could be a long-term investment in our organization’s human capital” adds André Jalbert, Chief of the work health and safety prevention service.

This research project will take place over a 12-month period with 24 employees. Initial results should be available around June 2020. Stay tuned!

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## TRANSCRANIAL STIMULATION TO HELP IMPROVE MOTOR RECOVERY OF THE AFFECTED LIMB AFTER A STROKE

Marie-Hélène Milot, CdRV and Université de Sherbrooke

After a stroke, the limbs on one side of the body, specifically the arm or leg, may no longer function properly. This can affect a person's quality of life and level of independence.

Exercises for the affected limbs are key to minimize the impact of a stroke and regain mobility. However, to date, the positive effects of exercises after a stroke remain variable as they lack intensity. One way to deal with this problem is to precisely evaluate the individual's potential for recovery following his/her stroke using innovative tools such as *transcranial magnetic stimulation*. This non-invasive method makes it possible to painlessly evaluate the brain's ability to communicate with the muscles of a limb that has been affected by a stroke.

### Strategies to recover motor function after a stroke

In this project, the response obtained during transcranial magnetic stimulation enables to optimally tailor the intensity of an exercise program for the affected limb to each stroke survivor's potential for recovery. This project also evaluates the effect of another type of non-invasive brain stimulation called *transcranial direct current stimulation* (tDCS). This second method delivers a constant electrical current of low amplitude to the brain in an attempt to increase the positive effects of the exercises performed during the research project. This project targets individuals aged 18 years and older who have suffered a stroke more than 6 months ago. The exercise program to strengthen the affected arm and hand lasts for 4 weeks, including 3 sessions per week.



This project also aims at offering to clinicians an exercise protocol that is better suited to stroke survivors' recovery potential. Furthermore, it aims at helping stroke survivors recover the mobility of their affected arm to its full capability.

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## EXERCISING DURING HEMODIALYSIS: LET'S RIDE!

Thomas Deshayes, CdRV and Université de Sherbrooke

Kidney disease can lead to chronic kidney failure, a state in which the kidneys no longer function adequately. Kidney failure affects nearly 40,000 people in Canada, half of which are aged 65 and over. In its final stages, chronic kidney failure requires, among other things, a treatment to replace the defective kidneys, and hemodialysis is the most frequent treatment.

### What is hemodialysis?

Hemodialysis, which means “blood purification”, consists in running the body’s blood through a machine that acts as an artificial kidney, replacing the defective kidneys by eliminating the body’s waste and excess water.

In all, this represents over 600 hours per year during which the patient must remain lying down or seated in a hospital setting (3 x 4-hour treatments per week). Although this is essential to survival, hemodialysis can affect quality of life and physical capacity, which in turn, can affect activities of daily life.

### The ACTION Project

A team comprised of two researchers and healthcare professionals from the CIUSSS de l’Estrie – CHUS have tested the feasibility and advantages of an exercise program performed during hemodialysis in older adults. To do this, a special table was created, that enables patients to pedal during the treatment.



During each treatment, for 6 months, 14 patients pedaled at a moderate intensity for 30 minutes and performed muscle strengthening exercises. This represents a total of 72 hours of exercising while patients were still in bed.

### Encouraging results!

The team first demonstrated that exercise during hemodialysis is feasible, safe and appreciated by older patients.

1. After 6 months of training, the team noted:
2. Increased endurance and strength in the legs. *This facilitates performing activities of daily life.*
3. Improvement of patient wellbeing, i.e. less symptoms of depression and better quality of sleep.
4. Improvement of the efficacy of the hemodialysis treatment in women. *This indicates a better elimination of waste by the artificial kidney.* Future work will attempt to determine how to improve this aspect for men as well.

Several exercise projects for people over 60 are currently underway; do not hesitate to contact our team.

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## HOW CAN WE HELP OLDER ADULTS TO STAY AT HOME IN FLEURIMONT

Fabienne Labonté, Marina Sirois, Reem Hussein, Marie-Ève Ravenelle, Amélie Roberge (students),  
Mélanie Levasseur, CdRV and Université de Sherbrooke



Most older adults want to remain in their house or apartment for as long as possible. Remaining at home not only gives older adults a sense of control over their environment, it fosters a sense of competency in relation to their independence and their involvement in their role as a citizen, spouse, neighbor, etc. Remaining at home is also associated with a better perception of one's health and well-being. However, several obstacles can arise. For example, the older adult's health can deteriorate over the years and access to their home may no longer be adapted to their needs (e.g.: difficulty going up and down the stairs without a hand rail). Moreover, loneliness can incite certain people to move into senior residences. Lack of knowledge about the private and public resources that are available in the community can also be an obstacle to remaining at home.

### Exploring the needs of the older adults

With the help of engaged citizens, a community worker from the CIUSSS de l'Estrie - CHUS along with partners from the community, a team of students completing their master's degree in occupational therapy and a researcher from the CdRV are leading an action-research effort to keep older adults at home in Fleurimont.

This project explores the needs of older adults and the resources available in their community to respond to these needs. To reach about 60 older participants or their caregiver, 5 discussion groups will take place during the spring of 2019 in 9 communities throughout Fleurimont. Participants will have to reside in Fleurimont and be 65 years and over, or be a caregiver for an older adult who lives in Fleurimont. Results should give better knowledge of the older adults' needs and resources and, ultimately, optimize these resources and the creation of services that better respond to these needs.

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## MOBILE APPLICATIONS TO SUPPORT THE FAMILY/CAREGIVERS OF PEOPLE WITH DEMENTIA

Véronique Provencher, CdRV and Université de Sherbrooke  
& Marjorie Desormeaux-Moreau, Université de Sherbrooke

Wandering around the house in the middle of the night is one example of the problematic behavior encountered on a daily basis by the family and caregivers of people living with dementia. These situations are exhausting and can rush the decision to send the person to a long-term care facility. More and more mobile applications are now available to help families and caregivers to manage these difficult behaviors. However, are all these applications relevant, useful and user-friendly? Do they offer adequate, scientifically valid information? How well do they respond to the needs of the family and caregivers of people living with dementia?

### A workshop to choose better applications

Over the course of the coming weeks, a workshop will be organized in the context of a research project aiming at answering these different questions. It will bring together caregivers (siblings, spouses, children), healthcare professionals from the CIUSSS de l'Estrie - CHUS and researchers from the CdRV. The objective is to guide caregivers in their choices and ensure that they receive good advice, adapted to their reality and easy to apply. Indeed, these simple and accessible mobile apps could help to reach and support a large array of caregivers. Considering the quality of the apps that are currently available, this project could eventually help to reduce exhaustion in caregivers and delay relocation of people living with dementia.



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## OPTIMIZING THE USE OF MEDICATIONS IN OLDER ADULTS FOLLOWED BY THE FAMILY HEALTH TEAMS

Benoit Cossette, CdRV and Université de Sherbrooke (and collaborators)



A pilot study was done in 2017 with a *Family Health Team (Groupe de médecine de famille (GMF)* in French) in Sherbrooke to reduce the use of

potentially inappropriate medication for older adults. More specifically, the objective was to avoid the adverse effects often associated with this medication and that override the advantages for this population.

### Identifying the right individuals

Initially, patients who could benefit from a review of their medications were identified from data in their electronic medical file. Thanks to interdisciplinary team work between the pharmacist and the FMG physician, medication prescriptions were evaluated and recommendations were made.

### Conclusive results!

Over the course of this study, the medications documented in the electronic medical files of 369 older patients were analyzed. Among them, 65 older adults, median age 77 years, were identified to have their medication reviewed. Over half of them were taking 10 medications or more. Potential changes in their medications were indicated by the pharmacist for 27 older adults. After discussion with the physician, medications were ceased, or dosages reduced for 17 of these 27 individuals.



In conclusion, this study has shown that the collaboration between pharmacist and physician enables a reduction in the use of potentially inappropriate medication for older adults consulting in Family Health Team. We continue to develop this approach and will go even further! In a healthcare coordination study, older patients are identified during hospitalisation. Medication changes are initiated. When older adults return home, the follow-up started in the hospital setting will then be continued by the patient's neighborhood pharmacist or the Family Health Team pharmacist.

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## A GUIDE TO HELP FAMILIES DEAL WITH THE SPIRITUAL NEEDS OF A LOVED ONE WITH ADVANCED DEMENTIA

Gina Bravo & Maude Viens, CdRV and Université de Sherbrooke

Nearly one million (1,000,000) Canadians could suffer from dementia within the next 15 years. Dementia gradually alters cognitive functions, such as the ability to communicate verbally.

People at advanced stages of the disease usually live in private or public long-term care facilities. These living environments aim to fill their physical, psychosocial and spiritual needs.

### Better response to spiritual needs

Spirituality goes beyond the formal notion of religion. It is the very essence of a human being, regardless of his/her cognitive abilities. The spiritual needs of people who have lost the ability to communicate verbally are however little known, notably by their families. Therefore, a study was created to help families respond to these spiritual needs when patients are unable to express themselves verbally.

Through close collaboration with the Murray Residence (Sherbrooke) management, an activities guide focussing on senses and emotions has been proposed to families of residents who are unable to communicate verbally. The activities aim at stimulating the resident's senses and include, for example: diffusing smells that remind them of happy memories, human contact during care and listening to their favorite music. These activities do not necessarily focus on hygiene or leisure; they aim at fulfilling the resident's needs in terms of identity and connection.

Starting in January 2019, 10 people who regularly visit a loved one living at the Murray Residence will be invited to perform the activities proposed in the guide.



A weekly calendar will be hung in the resident's room where activity frequency will be monitored. These data will be completed by an interview with the participant on the guide's usefulness.

Murray Residence is an excellent partner for this study. This innovative center was named Residence of the Year three times. This award acknowledges their sustained efforts to maximise quality of life for their residents in comfort, human compassion, and serenity. The guide that was developed for the present study is a promising way to support this goal.

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## A COMMITTEE TO STRENGTHEN THE DIALOGUE BETWEEN THE CDRV AND COMMUNITY-DWELLING OLDER ADULTS

Par Mélisa Audet, Coordonnatrice du LIPPA

What could be better than older adults themselves as contributors to the research on aging? It is with this idea in mind that the *Innovation Lab by and for older adults/ Laboratoire d'innovations par et pour les aînés (LIPPA)* was able to implement a promising initiative in the fall of 2018: a new committee of older citizens.

### What is the LIPPA?

The LIPPA's mission is to promote older adults' participation in the development of innovative solutions aiming at responding more adequately to their needs. Therefore, this new committee wants to strengthen the dialogue between older adults from the community and the CdRV to increase their involvement in the center's scientific activities so that they can actively contribute to better-aging in our community.

This committee is currently comprised of 11 members (older adults and representatives from organizations that work with older people) in the Eastern Townships. Focus was given to diversity within the committee to represent the different faces of aging, as well as to acknowledge urban and rural realities, cultural diversity and groups living with different levels of vulnerability.

### Already three meetings!

The three first meetings that took place in the fall of 2018 enabled the committee members to get to know each other better, to become familiar with the CdRV's scientific activities, and start to outline their projects. Not only does the committee want to feed reflection groups meetings about the issues that older people must face, in order to promote research, they also want to become a board that the CdRV researchers can consult about older adults' opinions on different aspects of their research programs.

This committee is an emerging initiative that should be followed closely in the coming years. We will be happy to share our accomplishments in future editions of the *Enchrêge*!



Members of the committee: Jean-Pierre Comtois, Claude Desjardins, Pierre Daigle, Lorraine Dean (Eastern Townships Committee of Seniors), Matey Mandza (Fédération des communautés culturelles de l'Estrie - Committee of Seniors), Paul Thibault (Association des étudiantes et des étudiants aînés de l'Université de Sherbrooke) and 5 representatives from the Sherbrooke Committee of Seniors: Sylvie Gilbert Fowlis (Community Help Group - Lennoxville and neighboring municipalities), Caroline Giguère (Eastern Townships Alzheimer's Association), Martine Grégoire (FADOQ- Eastern Townships), Marie Toupin (AQDR-Sherbrooke), Vicky St-François (Les Petits Frères de Sherbrooke).

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The Research Centre on Aging (CdRV) is proud to be one of the largest centers for aging in Canada. Our research supports society's efforts to better meet the needs of populations as they age.

Our ultimate goal: to improve the quality of life of older adults and to enable everyone to have the best strategies to make informed decisions to age and maintain their independence.

**15 awards and distinctions**  
of which **6** abroad

**More than 330 actors**

- 49** regular researchers
- 23** associate researchers
- 167** graduate students
- 100** research professionals

**More than \$5 M in grants (FRQS)**

- \$3.9 M** from recognized organisations by the Fonds de recherche du Québec – Santé (FRQS)
- \$1.2 M** other organizations

**More than 400 scientific papers**

- 132** communications as guest speaker
- 276** communications in scientific congresses

**Hundreds of public interventions**

- 195** articles and interviews in the Quebec media

**Recognized by the World Health Organization (WHO)**

The CdRV has been designated by the World Health Organization pan American of health collaborator centre in June 2017.

This designation result from work of the Age-Friendly Cities research team and the research chair on mistreatment of older adults, leaded respectively by researchers Suzanne Garon and Marie Beaulieu.





## TAKE PART IN OUR PROJECTS!

### Research on aging doesn't have an age limit

We need your help to advance our knowledge and understanding of aging. All our research projects are conducted according to strict ethical protocols which ensure the safety and consent of all participants. Men and women of all ages contribute to the development of programs which are subsequently applied in many social spheres to improve the health, care, and living conditions of older people.

### Getting involved in a research project

#### 1- Respond to a call for a particular project

Consult our Web site for more information about recruitment under way: [www.cdrv.ca](http://www.cdrv.ca)

#### 2- Register with the CdRV's participant-recruitment centre

Give your consent to allow a representative of the Research Centre on Aging to contact you if you fit the requirements for taking part in a specific research project. To register:

Telephone: 1 819 780-1832

Toll-free: 1 888 780-1832

Web Site: [www.cdrv.ca](http://www.cdrv.ca)



**Centre de recherche  
sur le vieillissement**  
Research Centre  
on Aging



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