

Centre for Policy on Ageing
Information Service

Selected Readings

Anxiety and Older People

November 2018

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Centre for Policy on Ageing

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2018

Applying implementation science in a clinical setting: a reflective discussion; by Philip Smith, Leigh Whitnall.: British Psychological Society, April 2018, pp 10-15.

Psychology of Older People: the FPOP Bulletin, no 142, April 2018, pp 10-15.

The authors describe their experience in applying implementation science to clinical development. They describe the process of assessing the needs of a specialist care setting in implementing psychological interventions in dementia, specifically but not exclusively, the Newcastle Clinical Model (NCM; Ian James, 1999) for distressed behaviours. The assessment highlighted the specialist settings present, stage of implementation, and the barriers addressed to enable progress in implementing the model. Furthermore, specific recommendations were suggested that would enable the maintenance of systemic changes to support the NCM in the settings routine practice. This paper reflects on the overall process of applying implementation science to a clinical framework and potential recommendations for the services highlighted. (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

Barriers and facilitators for guidelines with depression and anxiety in Parkinson's disease or dementia; by Zahra Goodarzi, Heather M Hanson, Nathalie Jette (et al):. Cambridge University Press, June 2018, pp 185-199.

Canadian Journal on Aging, vol 37, no 2, June 2018, pp 185-199.

A primary objective of this study was to understand the barriers and facilitators associated with the implementation of high-quality clinical practice guidelines (CPGs) for depression and anxiety in patients with dementia or Parkinson's disease (PD). The authors conducted focus groups or interviews with participants experiencing dementia or PD, their caregivers and physicians in Calgary, Alberta, and applied the theoretical domains framework and behaviour change wheel to guide data collection and perform a framework analysis. 33 physicians and seven PD patients and/or caregivers participated. The study reported barriers and facilitators to the implementation of guideline recommendations for diagnosis, management, and the use of the guidelines. An overarching theme was the lack of evidence for depression or anxiety disorders in dementia or PD, which was prominent for anxiety versus depression. Patients noted difficulties with communicating symptoms and accessing services. Although guidelines are available, physicians have difficulty implementing certain recommendations due primarily to a lack of evidence regarding efficacy. (JL)

ISSN: 07149808

From : <http://www.cambridge.org/cjg>

Can a virtual nature experience reduce anxiety and agitation in people with dementia?; by Lori Reynolds, Susan Rodiek, Monica Liniger, Aubrey McCulley.: Taylor and Francis, April-June 2018, pp 176-193.

Journal of Housing for the Elderly, vol 32, no 2, April-June 2018, pp 176-193.

Research has found that viewing nature reduces stress and improves mood, but few studies have focused on the potential of viewing nature to reduce negative emotions associated with dementia. Using a counterbalanced design, 14 memory care residents were alternately exposed to a virtual nature experience (treatment) and a generational movie (control). Before and after each exposure, heart rate was measured, and emotions were assessed with the Observed Emotion Rating Scale and the Agitated Behaviour Scale. Results are that heart rate declined significantly compared with the generational movie, and anxiety and pleasure showed greater improvements during the nature intervention, although the difference was not significant. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

Complex trauma and current understandings of 'personality disorder' in older people; by Kirsty Patterson, Sara Appleyard.: British Psychological Society, October 2018, pp 20-25.

Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 20-25.

'The Power Threat Meaning framework' (L Johnstone and M Boyle, British Psychological Society, 2018) and 'The consensus statement for people with complex mental health difficulties who are diagnosed with a personality disorder' (Lamb, Sibbald and Stirzaker, 2018) advocate that we move away from psychiatric diagnoses of personality disorder and towards trauma-informed formulation of a person's difficulties. The authors present composite case studies of some of encounters with older people who may be diagnosed with a personality disorder. They consider the impact of ageing on strategies to protect against inadequacy and vulnerability, and against internal loneliness; also, how early complex trauma affects people who later develop organic disorders. They also argue that it is their duty to keep the whole person at the forefront of their clinical conversations in their understandings of an individual's difficulties. (RH)

ISSN: 23969652

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

Dynamic Interpersonal Therapy and older people; by Chris Wilson, Mirko Esposito.: British Psychological Society, April 2018, pp 49-52.

Psychology of Older People: the FPOP Bulletin, no 142, April 2018, pp 49-52.

Dynamic Interpersonal Therapy (DIT) is a 16-session structured and goal-oriented psychodynamic approach, usually employed for the treatment of depression and anxiety. DIT has also proven useful for reducing distress associated with medically unexplained symptoms. To date, the authors have found no literature concerning the application of DIT to work with older people. They propose that DIT has usefulness as a treatment model for complex needs within an older people NHS context. This paper will link theory in the application of DIT with older people, for the treatment of mood difficulties and medically unexplained physical and cognitive symptoms. (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

Emotional distress with dementia: a systematic review using corpus-based analysis and meta-ethnography; by Stephanie Petty, Kevin Harvey, Amanda Griffiths (et al): Wiley, May 2018, pp 679-687.

International Journal of Geriatric Psychiatry, vol 33, no 5, May 2018, pp 679-687.

More understanding is needed about the emotional experiences of dementia from the sufferer's perspective. This understanding can then inform the provision of health care to meet individual needs. This systematic review aimed to present all available descriptions of emotional distress and explanations for emotional distress experienced by individuals with dementia, articulated personally and by others. A systematic mixed-method review identified literature that was screened and quality appraised. Data were analysed quantitatively and qualitatively using corpus-based methods and meta-ethnography. The 121 included studies showed that individuals with dementia have expressed emotional distress comprehensibly. Family, professional caregivers, clinicians and academic writers have also observed and described extreme emotional experiences. Feeling fearful and lonely were predominant and show the importance of anxiety in dementia. Explanations for emotional distress included threats to universal, human needs for identity, belonging, hope and predictability. The variable and personal emotional experiences of individuals with dementia are well described and should not continue to be overlooked. Limitations, future research and clinical implications are discussed. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

The impact of early trauma in old age: a psychoanalytic perspective; by Claire Appleton.: British Psychological Society, October 2018, pp 31-36.

Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 31-36.

The author highlights how a psychoanalytic view of the mind can enrich our understanding of the impact of developmental trauma in older people. After a short discussion of the theory, she uses brief clinical examples to discuss: reconnection with developmental trauma; the impact of the ageing body; long-term consequences of abuse, confusion and splitting; and anger and grievance. (RH)

ISSN: 23969652

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

Introducing strategies for relatives (START) coping intervention for family carers of people with dementia within Barnet Memory Service; by Claire Franklin, Ruth Lukeman.: British Psychological Society, July 2018, pp 43-49.

Psychology of Older People: The FPOP Bulletin, no 143, July 2018, pp 43-49.

The authors aim to share their experiences of offering START: STRategies for RelaTives for family carers of people with dementia within Barnet Memory Service (BMS), which is hoped might be helpful for other services considering a similar process. START is an 8-session intervention aimed at promoting the development of coping strategies for carers of people with dementia. This article presents findings of a trial of START, which showed that the intervention reduced depression and anxiety for family carers. The reader is also alerted to results of a new START implementation project (see <https://www.ucl.ac.uk/psychiatry/start>). (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

Personal well-being in the UK: January to December 2017: estimates of personal well-being in the UK, with analysis by country; by Office for National Statistics - ONS.: Office for National Statistics, 17 May 2018, 14 pp (Statistical bulletin).

Since 2011, the Office for National Statistics (ONS) has asked adults in the UK questions about their personal well-being, to better understand how they feel about their lives and to estimate life satisfaction, happiness and anxiety in the UK and constituent countries. This Statistical bulletin finds that between the years ending December 2016 and 2017, average ratings of happiness and feeling that the things done in life are worthwhile have slightly increased in the UK. Scotland was the only country to show improvements across any measures of personal well-being. While people in Northern Ireland continued to report higher levels of personal well-being compared with the UK average, a larger proportion of people in Wales reported low ratings of life satisfaction, worthwhile and happiness compared with the UK average. This Statistical Bulletin includes findings from ONS-commissioned research by the New Economics Foundation (NEF) in collaboration with the What Works Centre for Well-being, to investigate a range of possible measures of well-being inequalities. (RH)

From :

https://www.ons.gov.uk/releases/personalwellbeingintheukjanuarytodecember2017?utm_source=govdelivery&utm_medium=email

Psychological vulnerability of widowhood: financial strain, social engagement and worry about having no care-giver as mediators and moderators; by Joohong Min, Yawen Li, Ling Xu, Iris Chi.: Cambridge University Press, November 2018, pp 2356-2375.

Ageing and Society, vol 38, no 11, November 2018, pp 2356-2375.

This study examined how financial strain, worry about having no caregiver and social engagement modify the association between widowhood and depressive symptoms among older adults in China. To investigate mediating and moderating effects of these three variables, the authors ran structural equation models and ordinary least square regressions, using data from the nationally representative Sample Survey on Aged Population in Urban/Rural China for older people in China in 2006. All three variables significantly mediated the association between widowhood and depressive symptoms. Compared to their married counterparts, widowed older adults showed more worry about having no care-giver, increased financial strain and lower social engagement, which were significantly associated with depressive symptoms. Higher level of worry about having no care-giver and lower social engagement significantly exacerbated the adverse effects of widowhood on depressive symptoms in the moderation analyses. The finding of mediating effects suggests that widowhood is negatively related to psychological well-being via financial strain, social engagement and care resources. The results regarding moderating effects suggest that alleviating worry about having no caregiver and increasing social engagement may buffer the deleterious effect of widowhood on psychological well-being in later life. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Serious psychological distress, sex, and falls among the elderly; by Thanh V Tran, Phu T Phan.: Taylor and Francis, January-February 2018, pp 75-84.

Journal of Women and Aging, vol 30, no 1, January-February 2018, pp 75-84.

Serious psychological distress and falls are two major public health problems for older people. This study tests the hypothesis that, although serious psychological distress can increase the risks of falls in older people, it tends to affect older women more than older men. The study uses data from the 2011 California Health Survey Interviews (CHIS). The authors extracted a sample of 13,153 respondents aged 65+ (8,087 females and 5,066 males). They tested both unadjusted and adjusted interaction effects using bivariate and multivariate logistic regression analysis. Older women with serious psychological distress had the greatest likelihood of falls, as compared to men with serious psychological distress and men and women without serious psychological distress. With respect to the covariates, limitations of physical activity and poor self-rated health status, Asian race, and older age were more likely to be associated with falls. This study provides further information on gender disparities in falling among older people, such that serious psychological distress has a greater impact on falls for older women than older men. Thus, the authors' findings suggest that mental health services and interventions can be useful in preventing falls for older women. (RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

Service evaluation: impact of psychological input for people with dementia who are experiencing stress and distress; by Emily Hemming, Farrah Rahemtulla, Julia Cook (et al.): British Psychological Society, October 2018, pp 49-56.

Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 49-56.

This evaluation focuses on the impact of PBS (positive behavioural support) plans as a part of care on the frequency of incident reports which indicate the experience of stress and distressed behaviour for people with dementia. It also considers the use of management strategies, specifically regular and PRN antipsychotics and benzodiazepines and the implementation of Management of Potential Aggression (MAPA) holds. The evaluation suggests that PBS plans may have a positive impact on care practices for people with dementia, and supports recommendations for focus on non-pharmacological approaches that could reduce stress and distress. However, use of other measurements and with larger samples is suggested. (RH)

ISSN: 23969652

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

Telephone-based management of chronic pain in older adults in an integrated care system; by Amy Helstrom, Josh Haratz, Shirley Chen (et al.): Wiley, May 2018, pp 779-785.

International Journal of Geriatric Psychiatry, vol 33, no 5, May 2018, pp 779-785.

Few studies have explored behavioural strategies for managing chronic pain in older adults. Pain Care Management (PCM) is a telephone-based behavioural intervention for chronic pain. The present study examined chronic pain characteristics among older adults and tested the delivery of PCM as an adjunct to depression and anxiety care management. Participants were drawn from a state-sponsored programme offering care management services to community members aged 65 and older who were prescribed a psychotropic medication by a primary care provider. Chronic pain information was collected for all 250 participants in the programme and treatment outcome data were collected for a subset with significant chronic pain. 80 participants with high chronic pain interference were offered PCM and compared to 80 controls with chronic pain who received monitoring only on depression, anxiety and pain interference outcomes. Chronic pain was identified in 14% of older adults newly prescribed a psychotropic medication. Compared to monitoring only, PCM participants had higher odds of seeing a reduction of 2 or more points in pain interference at 6 months. Pain care management participants' anxiety scores significantly decreased over the study period. Older adults treated with psychotropic medications often also experience chronic pain that interferes with daily activities. A telephone-based care management intervention is acceptable and feasible with an older community-based population and can lead to improvements in anxiety symptoms and interference from chronic pain. Further research will help to refine interventions that may help improve symptoms and increase functioning with this population. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

Trajectories of depressive and anxiety symptoms in older adults: a 6-year prospective cohort study; by Sophie E Holmes, Irina Esterlis, Carolyn M Mazure (et al.): Wiley, February 2018, pp 405-413.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 405-413.

Depressive and anxiety symptoms are common in older adults, significantly affect quality of life and are risk factors for Alzheimer's disease. The present study sought to identify the determinants of predominant trajectories of depression and anxiety in cognitively normal older adults. 423 older adults recruited from the general community underwent positron emission tomography imaging, apolipoprotein and brain-derived neurotrophic factor genotyping, and cognitive testing at baseline and had follow-up assessments. All participants were cognitively normal and free of clinical depression at baseline. Latent growth mixture modelling was used to identify predominant trajectories of subthreshold depression and anxiety over six years. Binary logistic regression analysis was used to identify baseline predictors of symptomatic depressive and anxiety trajectories. Latent growth mixture modelling revealed two predominant trajectories of depression and anxiety: a chronically elevated trajectory and a low, stable symptom trajectory, with almost one in five participants falling into the elevated trajectory groups. Male sex, lower attentional function and carriage of the brain-derived neurotrophic factor Val66Met allele in women were associated with increased risk for chronically elevated depressive symptom trajectory. Carriage of the apolipoprotein epsilon 4 allele and lower executive function in women were associated with chronically elevated anxiety symptom trajectory. These results indicate distinct and sex-specific risk factors linked to depressive and anxiety trajectories which may help inform risk stratification and management of these symptoms in older adults at risk for Alzheimer's disease. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

What is different about working with trauma in later life?; by Imogen Sturgeon-Clegg.: British Psychological Society, October 2018, pp 14-19.

Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 14-19.

This paper stems from a presentation made at the FPOP Preston event in April 2018 entitled 'Our Emerging Stories of working with trauma using the PTM framework' (L Johnstone and M Boyle, The Power Threat Meaning framework ..., British Psychological Society, 2018). The presentation concentrated on the importance of understanding the historical, social, political and cultural context of traumatic experiences, focusing particularly on differences when working therapeutically with older people when compared with younger people. This paper uses an amalgamated case study from patients who had experienced traumatic events. The author notes the importance of listening to and understanding clients, also the physical space in which conversations take place. All identifying details have been omitted. (RH)

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From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

2017

The correlates of anxiety among older adults in nursing homes and other residential aged care facilities: a systematic review; by Alexandra S Creighton, Tanya E Davison, David W Kissane.: Wiley Blackwell, February 2017, pp 141-154.

International Journal of Geriatric Psychiatry, vol 32, no 2, February 2017, pp 141-154.

The present study aimed to synthesise and summarise studies examining the correlates and predictors of anxiety in older adults living in residential aged care. Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, five electronic databases were searched using key terms and subject headings, as well as reference lists of relevant papers. The search was limited to peer-reviewed literature published in English. Eligible studies examined the association between at least one correlate/factor and anxiety disorders or symptoms in aged care residents aged 50+ years. A total of 3741 articles were identified, of which 34 studies (with a total of 1,543,554 participants) were included in this review. Correlates associated with anxiety included pain, use of anti-depressants/lithium, depression and lower perceived quality of life. Less consistent and/or less studied variables included younger age, female gender, higher educational level, functional dependence, subjective health status, more prescribed medications, impaired vision, insomnia, external locus of control, fear of falling, attachment, hope, meaning in life, and the influence of social, environmental, and staff/policy correlates. While several variables were found to have strong associations with anxiety in aged care residents, a number of factors have been examined by only one or two studies. Further research (preferably prospective studies) is therefore needed to reliably confirm findings and to help plan and develop preventative and intervention strategies. (JL)

ISSN: 08856230

From : www.orangejournal.org

Discrimination and psychiatric disorders among older African Americans; by Dawne M Mouzon, Robert Joseph Taylor, Verna M Keith (et al).: Wiley Blackwell, February 2017, pp 175-182.

International Journal of Geriatric Psychiatry, vol 32, no 2, February 2017, pp 175-182.

This study examined the impact of everyday discrimination (both racial and non-racial) on the mental health of older African Americans. This analysis was based on the older African American subsample of the National Survey of American Life. The authors examined the associations between everyday discrimination and both general distress and psychiatric disorders as measured by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Six dependent variables were examined: lifetime mood disorders, lifetime anxiety disorders, any lifetime disorder, number of lifetime disorders, depressive symptoms as measured by the 12-item Center for Epidemiological Scale of Depression (CES-D), and serious psychological distress as measured by the Kessler 6 (K6). Overall racial and non-racial everyday discrimination were consistently associated with worse mental health for older African Americans. Older African Americans who experienced higher levels of overall everyday discrimination had higher odds of any psychiatric disorder, any lifetime mood disorder, any lifetime anxiety disorder and more lifetime DSM-IV disorders, in addition to elevated levels of depressive symptoms and serious psychological distress. These findings were similar for both racial discrimination and non-racial discrimination. This study documents the harmful association of not only racial discrimination, but also non-racial (and overall) discrimination with the mental health of older African Americans. Specifically, discrimination is negatively associated with mood and anxiety disorders as well as depressive symptoms and psychological distress. (JL)

ISSN: 08856230

From : www.orangejournal.org

The effect on carer well-being of carer involvement in cognition-based interventions for people with dementia: a systematic review and meta-analysis; by Phuoung Leung, Vasiliki Orgeta, Martin Orrell.: Wiley Blackwell, April 2017, pp 372-385.

International Journal of Geriatric Psychiatry, vol 32, no 4, April 2017, pp 372-385.

The purpose of this study was to investigate the effects on carer well-being of carer involvement in cognition-based interventions (CBIs) for people with dementia. A review and meta-analysis were performed. Searches were carried out on electronic databases for randomised controlled trials (RCTs). Two reviewers worked independently to select trials, extract data and assess the risk of bias. A total of 4737 studies was identified. Eight RCTs met the inclusion criteria. Only seven studies with 803 dyads of people with dementia and carers were included in the meta-analysis. Evidence indicated that carer involvement in CBIs for people with dementia had a beneficial effect on carers' quality of life. Carers' depression levels were reduced in the intervention group. No significant differences were observed in levels of anxiety symptoms, caregiving relationship and carer burden in the intervention group compared to those in the control group. Because CBIs are designed to deliver benefit for people with dementia, the collateral benefits for carers have potential implications for the importance of CBIs in service delivery and may contribute to cost effectiveness. However there remains a lack of quality of research in this area. Particularly, in some outcomes, there was a lack of consistency of results, so the findings should be interpreted with caution. Future studies of the impact of CBIs on carers with larger samples and high-quality RCTs are warranted. (JL)

ISSN: 08856230

From : www.orangejournal.org

Elder mistreatment predicts later physical and psychological health: results from a national longitudinal study; by Jaclyn S Wong, Linda J Waite.: Taylor and Francis, January-February 2017, pp 15-42.

Journal of Elder Abuse and Neglect, vol 29, no 1, January-February 2017, pp 15-42.

Stress process theory predicts that elder mistreatment leads to declines in health, and that social support buffers its ill effects. The authors test this theory using nationally representative, longitudinal data from 2,261 older adults in the US National Social Life Health and Aging Project. They regress psychological and physical health in 2010/2011 on verbal and financial mistreatment experience in 2005/2006, and find that the mistreated have more anxiety symptoms, greater feelings of loneliness, and worse physical and functional health 5 years later than those who did not report mistreatment. In particular, a novel association between financial mistreatment and functional health is shown. Contrary to the stress buffering hypothesis, the authors find little evidence that social support moderates the relationship between mistreatment and health. Their findings point to the lasting impact of mistreatment on health, but show little evidence of a buffering role of social support in this process. (RH)

ISSN: 08946566

From : <http://www.tandfonline.com>

An existential perspective on death anxiety, retirement, and related research problems; by John W Osborne.: Cambridge University Press, June 2017, pp 246-255.

Canadian Journal on Aging, vol 36, no 2, June 2017, pp 246-255.

The present study aimed to discuss aspects of existentialism relevant to existence and death anxiety (DA). Included were the 'thrownness' of existence, being-with-others, the motivational influence of inevitable death, the search for meaning, making the most of existence by taking responsibility for one's own life, and coping with existential isolation. The attempted separation of DA from object anxiety was found to be a significant difficulty. The correlations among age, gender and DA were variable. Personality and role-oriented problems in the transition to retirement were discussed along with Erikson's notion of 'generativity' as an expression of the energy and purpose of mid-life. Furthermore methodological and linguistic problems in DA research were considered. The article suggests qualitative methodologies as an interpersonal means of exploring DA within the contexts of psychotherapy and counselling. (JL)

ISSN: 07149808

From : <http://cambridge.org/cjg>

Free will perceptions, religious coping, and other mental health outcomes in caregivers of individuals with dementia; by Amy Weisman de Mamani, Marc J Weintraub, Kayla Gurak ... (et al): Taylor and Francis, October-December 2017, pp 226-247.

Journal of Religion, Spirituality and Aging, vol 29, no 4, October-December 2017, pp 226-247.

Caring for a person with dementia often results in depression, anxiety and reduced quality of life (QoL). Pinpointing beliefs and practices that reduce this distress is imperative. The current study tested the hypotheses that greater free will perceptions and religious coping would be associated with greater QoL and other mental health indicators in a sample of 107 dementia caregivers. The results of regression and content analyses supported the expectation that free will and religious coping would be associated with greater QoL. Relationships also emerged among free will perceptions, religious coping, anxiety and depression. Clinical implications are discussed. (JL)

ISSN: 15528030

From : <http://tandf.com>

Health status, health behaviours and anxiety symptoms of older male caregivers: findings from the Concord Health and Ageing in Men Project; by Chen-Chun Shu, Robert G Cumming, Hal L Kendig ... (et al): Wiley, June 2017, pp 151-157.

Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 151-157.

The objective of this study was to explore differences between older male Australian caregivers and non-caregivers on health status, health behaviours and well-being, including symptoms of anxiety. Data were collected through self-completed questionnaires and face-to-face interviews with 1,705 community living men aged 70 years or more in the Concord Health and Ageing in Men Project. 11% of the men in the survey were caregivers, of whom 81.7% were looking after their wives or partners. The caregivers did not have worse physical health or more depressive symptoms than non-caregivers, but being a caregiver was associated with increased likelihood of reporting anxiety symptoms. Caregivers had similar levels and frequencies of leisure activities but did more housework than non-caregivers. Higher anxiety levels were the main adverse health condition in older male caregivers. Strategies to assist minimising anxiety for caregivers should be a target of interventions. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

Men and the early detection of cancer: is it possible to identify who may need more support?; by Anna Lynall: Institute of Ageing and Health West Midlands, 2017, pp 7-13.

Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no 21, 2017, pp 7-13.

Men have poorer health outcomes than women, and cancer is more common in older people, with incidence increasing with age for most cancers. The early detection of cancer can lead to improved survival, but the diagnostic phase is believed to be the most stressful time. Communication around the time of a diagnosis of cancer for men is difficult and tense: It is well-documented that those in the early detection stage of cancer have high levels of distress, manifested primarily by anxiety: for men, communication around the time of a diagnosis of cancer is difficult and tense. Being connected, having strong social support, and receiving a person-centred care approach within the phase are beneficial and imperative (as the ability to cope may not be obvious or communicated). Research is being conducted to explore the introduction of new generic blood tests, which should improve the early detection of cancer. For that cohort of patients, waiting for results and a final diagnosis will be stressful, as will ongoing surveillance. For certain predisposed groups of men, the stress experienced in this waiting time has the potential to be exacerbated by a number of different factors. This paper explores which groups of men are now more at risk, due to circumstances of life stage. It highlights the scope for future work to understand further how stratifying high risk groups of older men in particular can offer opportunities to identify interventions designed to support segmented groups. (RH)

ISSN: 13649752

From : www.iah-wmids.org.uk

A meta-analysis of third wave mindfulness-based cognitive behavioral therapies for older people; by Naoko Kishita, Yuko Takei, Ian Stewart.: Wiley, December 2017, pp 1352-1361.

International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1352-1361.

The aim of this study was to review the effectiveness of third wave mindfulness-based cognitive behavioural therapies (CBTs) for depression or anxiety in older adults across a wide range of physical and psychological conditions. Electronic databases were searched for articles and random-effects meta-analyses were conducted. Ten studies met the inclusion criteria, of which nine reported the efficacy of interventions on depression and seven on anxiety. Effect-size estimates suggested that mindfulness-based CBT is moderately effective for depression in older adults. The results demonstrated a similar level of overall effect size for anxiety. However

there was a large heterogeneity and publication bias was evident in studies reporting outcomes on anxiety, hence this observed efficacy for late-life anxiety may not be robust. The quality of the included studies varied. Only one study used an active psychological control condition. There were a limited number of studies that used an intent-to-treat (last observation carried forward method) analysis and reported appropriate methods for clinical trials (e.g. treatment-integrity reporting). Third wave mindfulness-based CBT may be robust in particular for depression in older adults. It is recommended that future studies (i) conduct randomised controlled trials with intent-to-treat to compare mindfulness-based CBT with other types of psychotherapy in older people and (ii) improve study quality by using appropriate methods for checking treatment adherence, randomisation and blinding of assessors. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

A multifactorial approach to predicting death anxiety: assessing the role of religiosity, susceptibility to mortality cues, and individual differences; by Carrie French, Nathan Greenauer, Catherine Mello.: Taylor and Francis, April-September 2017, pp 151-172.

Journal of Social Work in End-of-Life and Palliative Care, vol 13, nos 2-3, April-September 2017, pp 151-172.

Death anxiety is not only experienced by individuals receiving end-of-life care but also by family members, social workers and other service providers who support these individuals. Thus identifying predictors of individual differences in experienced death anxiety levels may have both theoretical and clinical ramifications. The present study assessed the relative influence of religiosity, susceptibility to mortality cues, state and trait anxiety and demographic factors in the experience of death anxiety through an online survey distributed to members of two online communities related to end-of-life care. Results indicated that cognitive and emotional susceptibility to mortality cues, as well as gender, predicted differences in death anxiety. Conversely, religiosity and age did not increase the predictive power of the model. Thus death anxiety may be a function of emotional, cognitive and sociocultural factors that interact in complex but predictable ways to modulate the response to mortality cues that occur in one's life. (JL)

ISSN: 15524256

From : <http://www.tandfonline.com>

The National Elder Mistreatment Study: an 8-year longitudinal study of outcomes; by Ron Acierno, Melba A Hernandez-Tejada, Georgia J Anetzberger, Daniel Loew, Wendy Muzzy.: Taylor and Francis, August-October 2017, pp 254-269.

Journal of Elder Abuse and Neglect, vol 29, no 4, August-October 2017, pp 254-269.

The objectives were to conduct an 8-year follow-up of the National Elder Mistreatment Study (NEMS), and to specify risk ratios for negative outcomes of elder abuse, including DSM-5 defined depression, generalised anxiety disorder (GAD), post-traumatic stress disorder (PTSD) and poor self-reported health. Attempts were made to re-contact (via Computer Assisted Telephone Interview) all 752 NEMS participants who reported mistreatment since age 60 at Wave I, as well as a randomly selected sample of non-mistreated NEMS participants. 183 NEMS Wave I elder abuse victims and 591 non-victims provided data. In bivariate analyses, elder mistreatment 8 years earlier increased risk of negative outcomes by 200-700%. However, multivariate analyses revealed that Current (Wave II) social support was highly protective against most negative outcomes (excepting PTSD), and even appeared to nullify effects of mistreatment on GAD and poor self-reported health. Outcomes of elder mistreatment had not previously been studied prospectively in a national sample. The NEMS 8-year follow-up findings indicate a strong relationship between elder mistreatment at Wave I and negative emotional and physical health 8 years later. Fortunately, current (Wave II) social support appears to be both consistently and powerfully protective against most negative outcomes. (RH)

ISSN: 08946566

From : <http://tandf.com>

Personal well-being in the UK: April 2016 to March 2017: estimates of life satisfaction, whether you feel the things you do in life are worthwhile, happiness and anxiety at the UK, country, regional and local authority level; by Office for National Statistics - ONS.: Office for National Statistics, 26 September 2017, 13 pp (Statistical bulletin).

Since 2011, the Office for National Statistics (ONS) has asked adults in the UK questions about their personal well-being, to better understand how they feel about their lives and to estimate life satisfaction, happiness and anxiety in the UK and constituent countries. This Statistical bulletin finds that comparing the years ending March 2016 and 2017, there have been statistically significant improvements in average ratings of life satisfaction and happiness for the UK overall: they have reached their highest levels since 2011. There was no change in average ratings of anxiety and the sense that things done in life are worthwhile. The main finding is that Northern Ireland continues to give higher average ratings across each of the personal well-being measures,

when compared with the other UK countries. This bulletin includes links to related statistics for the period, including the What Works Centre for Wellbeing's local well-being indicators and guidelines, as well as ONS publications on economic well-being and social capital. (RH)

From :

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2016tomarch2017>

Personal well-being in the UK: Oct 2015 to Sept 2016; by Office for National Statistics - ONS.: Office for National Statistics, 13 January 2017, 10 pp (Statistical bulletin).

Since 2011, the Office for National Statistics (ONS) has asked adults in the UK questions about their personal well-being, to better understand how they feel about their lives and to estimate life satisfaction, happiness and anxiety in the UK and constituent countries. The 4 questions are: Overall, how satisfied are you with your life nowadays? Overall, to what extent do you feel the things you do in your life are worthwhile? Overall, how happy did you feel yesterday? Overall, how anxious did you feel yesterday? Responses are on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'. This Statistical bulletin presents headline results for the year ending September 2016, and how things have changed in the last 5 years. For the first time, estimates of personal well-being are being presented on a rolling quarterly basis, which will provide a more timely picture of how the UK population feels, and will allow monitoring of how well-being is changing in the UK more frequently. The main finding is that Northern Ireland continues to have the highest personal well-being ratings compared with the other constituent countries of the UK. Ratings of life satisfaction, worthwhile and happiness in Northern Ireland are higher than those in England, Wales, Scotland and the UK average. Wales has higher anxiety than the UK average, while Northern Ireland has lower anxiety than the UK average. This bulletin includes links to related statistics for the period, including economic well-being, social capital, and health state expectancies. (RH)

From : <https://www.ons.gov.uk/releases/personalwellbeingintheukoct2015tosept2016>

Spirituality promotes better health outcomes and lowers anxiety about aging: the importance of spiritual dimensions for baby boomers as they enter older adulthood; by Elizabeth MacKinlay, Richard Burns.: Taylor and Francis, October-December 2017, pp 248-265.

Journal of Religion, Spirituality and Aging, vol 29, no 4, October-December 2017, pp 248-265.

Baby boomers present unique challenges to aged care service provision. Like previous generations baby boomers face challenges of ageing. Spirituality in later life, understood largely as meaning in life, is crucial to wellbeing. Little has been studied about this dimension of ageing for baby boomers. This mixed methods study used survey and focus groups methods to investigate spirituality in a sample of 143 baby boomers. Participants comprised staff, children of adults in care and Uniting Church congregational members. The study examined associations between physical and mental health, and ageing anxiety with spirituality and whether baby boomer spirituality buffered the impact of negative life events. Focus groups revealed fears of future frailty, loss and fears of dementia. Religious affiliation in the study was lower, yet spirituality was important, even with those without religious affiliation. Closeness of association of staff with older people in their care seemed to account for lower levels of fear of older people amongst staff, but higher fears of future loss compared with the other groups. Higher levels of spirituality were related to better mental and physical health and lower anxiety about and fear of ageing, and buffered the impact of negative life events where they occurred. (JL)

ISSN: 15528030

From : <http://www.tandfonline.com/doi/abs/10.1080/15528030.2016.1264345>

Stress and subjective age: those with greater financial stress look older; by Stefan Agrigoroaei, Angela Lee-Attardo, Margie E Lachman.: Sage, December 2017, pp 1075-1099.

Research on Aging, vol 39, no 10, December 2017, pp 1075-1099.

Subjective indicators of age add to our understanding of the ageing process beyond the role of chronological age. The authors examined whether financial stress contributes to subjective age as rated by others and the self. The 228 participants (aged 26-75) were from a Boston area satellite of the Midlife in the United States (MIDUS) longitudinal study. Participants reported how old they felt and how old they thought they looked. Observers assessed the participants' age based on photographs from two different times, an average of 10 years apart. Financial stress was measured at Time 1. Controlling for income, general stress, health and attractiveness, participants who reported higher levels of financial stress were perceived as older than their actual age to a greater extent, and showed larger increases in other-look age over time. The authors consider the results on accelerated ageing of appearance with regard to their implications for interpersonal interactions and in relation to health. (RH)

ISSN: 01640275

From : <http://journals.sagepub.com/doi/abs/10.1177/0164027516658502?journalCode=roaa>

Telephone-delivered cognitive-behavioral therapy for older, rural veterans with depression and anxiety in home-based primary care; by Terri L Barrera, Jeremy P Cummings, Maria Armento (et al): Taylor and Francis, March-April 2017, pp 114-123.

Clinical Gerontologist, vol 40, no 2, March-April 2017, pp 114-123.

Rural housebound older adults are at increased risk for anxiety and depression, and they have limited access to mental health services. These individuals face many barriers to receiving evidence-based mental health treatment and would benefit from interventions that increase access to and efficiency of care. This study evaluated use of a telephone-delivered, modular, cognitive behavioural therapy (CBT) intervention for both late-life depression and anxiety delivered to rural, housebound Veterans. It presents three cases to illustrate the flexible adaptation of the intervention for use among older Veterans enrolled in home-based primary care, with varying symptom presentations and functional limitations. The Veterans received 7 to 9 sessions of the CBT intervention, with ordering of skill modules based on symptom presentation and determined collaboratively between patient and therapist. The three Veterans showed improvement in depression and/or anxiety symptoms following treatment and provided positive feedback regarding their experiences in this program. These results suggest that telephone-delivered CBT is acceptable to older adults, can be tailored to individual patient needs, and is a way of increasing access to mental health care to housebound individuals in rural areas. (RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Why do older adults avoid seeking financial advice?: Adviser anxiety in the Netherlands; by Hendrik P Van Dalen, Kene Henkens, Douglas A Hershey.: Cambridge University Press, July 2017, pp 1268-1290.

Ageing and Society, vol 37, no 6, July 2017, pp 1268-1290.

Why is it that many people fail to seek retirement planning advice when doing so is clearly indicated? Distrust of financial intermediaries is often presented as the common answer. But this paper shows that trust issues are only part of the answer: an appreciable proportion of individuals experience anxiety at the prospect of visiting a financial adviser. In the present investigation, financial adviser anxiety is studied among 950 Dutch adults over the age of 50. Anxiety levels were measured using a six-item scale that was administered as part of a larger nationwide investigation on retirement attitudes and behaviour. Findings revealed that nearly one-third of respondents reported having moderate to severe levels of anxiety at the prospect of visiting a financial professional. Furthermore, a hierarchical regression analysis revealed that strong predictors of anxiety included one's educational level, income, age, level of future time perspective, risk tolerance, financial knowledge and scepticism regarding whether advice from a financial professional can be trusted. A cluster analysis using demographic and psychological covariates identified three separate groups of older adults that were found to differ in terms of their mean level of anxiety. Those who had low levels of education and low incomes were found to disproportionately display high levels of financial adviser anxiety. (RH)

ISSN: 0144686X

From : cambridge.org/aso

2016

Activity, balance, learning, and exposure (ABLE): a new intervention for fear of falling; by Julie Loebach Wetherell, Kristen Johnson, Douglas Chang ... (et al): Wiley Blackwell, July 2016, pp 791-798.

International Journal of Geriatric Psychiatry, vol 31, no 7, July 2016, pp 791-798.

Fear of falling is an important problem among older adults, even those with relatively low rates of objective fall risk who are often overlooked as targets for intervention. In this study the authors developed and pilot tested a new intervention known as Activity, Balance, Learning, and Exposure (ABLE) in a sample of 10 older adults with excessive fear of falling. The ABLE intervention integrated exposure therapy and cognitive restructuring with a home safety evaluation and an exercise programme and was conducted in the home. In this pilot project ABLE was jointly conducted by a physical therapist and a psychologist with expertise in geriatric anxiety disorders. The intervention was feasible and acceptable and resulted in decreases in fear and activity avoidance for most participants. One participant experienced an injurious fall. A number of important lessons were learned resulting in modifications to the inclusion criteria, assessments and intervention over the course of this pilot study. Results suggest that ABLE has promise for treating excessive fear of falling in older adults and support testing the intervention in a larger randomised trial. (JL)

ISSN: 08856230

From : www.orangejournal.org

A cost-benefit analysis of a CBT for carers of people with dementia group; by Chris Allen.: British Psychological Society, January 2016, pp 18-24.

Psychology of Older People: The FPOP Bulletin, no 133, January 2016, pp 18-24.

Twenty-two of the most stressed (defined by hitting caseness and having high levels of contact with services) carers of people with dementia attended and completed one of three 12-week CBT (cognitive behavioural therapy) for Carers groups. The carers were assessed pre- and post-group on a range of clinical outcome measures, which indicated that after the group, they were less stressed, felt more competent, their general health improved, their participation in activities increased, and their levels of anxiety and depression decreased. A cost-benefit analysis performed by public health indicated that this also translated into savings for the healthcare system, with acute care contacts reducing from 281 to 36 over the same time period, representing a saving of £11,855, and mental health contacts from 119 to 18, suggesting a potential saving of £35,451. Community care contacts increased by one. Total savings were £47,000 for a project costing £15,000. CBT for Carers of People with Dementia groups offer the opportunity of improving carers' physical and mental health, and producing savings for the healthcare system. (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/newtworks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

'Depression is not an illness. It's up to you to make yourself happy': perceptions of Chinese health professionals and community workers about older Chinese immigrants' experiences of depression and anxiety; by Betty Haralambous ... (et al.): Wiley, December 2016, pp 249-254.

Australasian Journal on Ageing, vol 35, no 4, December 2016, pp 249-254.

The aim of this study was to improve understanding of depression and anxiety among older immigrant Chinese Australians. The study was based on the National Ageing Research Institute's Cultural Exchange Model, an iterative process of exchange between researchers and stakeholders. The project involved a range of components including consultations with health professionals and community workers about perceptions of depression and anxiety within the Chinese community. This paper reports on these consultation findings. Thematic analysis generated five main categories to explain participants' perceptions of depression and anxiety within the Chinese community. Themes included: lack of knowledge; personal weakness rather than illness; stigma; somatisation; and experience of migration in later life. Responses to questions about education and information dissemination were collated separately and reported. Views of depression and anxiety among older Chinese people suggest that educating the community may be an important way to improve mental health literacy and help-seeking behaviour. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

The effects of mindfulness and self-compassion on improving the capacity to adapt to stress situations in elderly people living in the community; by Josefa Perez-Blasco, Alicia Sales, Juan C Melendez, Teresa Mayordomo.: Taylor and Francis, 2016, pp 90-103.

Clinical Gerontologist, vol 39, nos 1-5, 2016, pp 90-103.

The authors sought to show the effectiveness of mindfulness and self-compassion therapy in improving older people's coping ability and adaptation to stressful situations. Forty-five older non-institutionalised Spanish adults were randomised to either treatment or a treatment waiting list. A pre- and post-treatment assessment was performed, consisting of the Brief Resilient Coping Scale (BRCS), the Depression Anxiety Stress Scales (DASS), and the Coping Strategies Questionnaire. The therapy was delivered over 10 sessions, each lasting 120 minutes. Analysis of variance for repeated measures showed: significant differences in the time-group interaction for the treatment's effectiveness in improving resilience, positive reappraisal and avoidance strategies; and decreasing anxiety, problem-solving coping, negative self-focus, overt emotional expression and religion. The study concludes that this mindfulness and self-compassion therapy is useful for improving older people's resilience and coping strategies, and in reducing their anxiety and stress level. (RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Fear of crime and older people in low- and middle-income countries; by Peter Lloyd-Sherlock, Sutapa Agrawal, Nadia Minicuci.: Cambridge University Press, May 2016, pp 1083-1108.

Ageing and Society, vol 36, no 5, May 2016, pp 1083-1108.

This paper analyses data from the World Health Organization (WHO) Study on Global AGEing and Adult Health (SAGE) on the prevalence of reported fear of crime at home and on the street among older people in China, Ghana, India, Mexico, Russia and South Africa. SAGE provides nationally representative data for 35,125 people aged 50+. These reveal large national variations in reported crime fear: for example, 65 per cent of older

South Africans felt unsafe on the street, compared to only 9 per cent of older Ghanaians. The paper examines factors potentially associated with crime fear, including age, socio-economic status and frailty, and relates these to different theoretical models of crime fear. Female sex and frailty are associated with higher rates of crime fear across the study countries. Other associations are less consistent, e.g. urban residence is associated with higher levels of fear in some countries and lower levels in others. The paper considers the potential effects of crime fear on mobility beyond the home, health status and quality of life. A strong association is found for mobility, but effects on health and quality of life are harder to interpret as the direction of causality can be two-way. Overall, the paper demonstrates the potential impact of crime fear on older people's well-being and highlights a need for further, more contextualised research. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Hospital discharge: lost opportunities to promote or maintain older people's mental health; by Tarran Haskey Macmillan.: Emerald, 2016, pp 189-197.

Quality in Ageing and Older Adults, vol 17, no 3, 2016, pp 189-197.

The impact of hospital discharge on the wider well-being of older people and their carers is explored, along with its implications for mental health. This paper is based on research from the Healthwatch England Special Inquiry into hospital discharge ('Safely home', 2015). It focuses on the experiences of 1,300 older people; most of the research was undertaken by the local Healthwatch network. The 58 local Healthwatch who submitted evidence on the experiences of older people as part of the inquiry were autonomous in how they carried out the research. The results were analysed using a qualitative framework. This paper examines these issues in detail through case studies collected regarding older people; and it exposes the impact poor discharge can have on physical and mental well-being for older patients. The paper presents a number of issues which have implications for policy and practice in both health and social care, and the integration of the two services. Older people often felt they were not ready for discharge, due to not feeling involved in planning of their discharge, being discharged without the information they need, and having difficulties accessing aftercare support. This paper examines the impact these issues can have on the mental health and well-being of older people, their carers and specifically patients with dementia both during and after discharge from hospital. Through examination of these issues the discharge process can be viewed from the perspective of the individual, and start to conceptualise where the hospital discharge process could further support older people's mental health and well-being. (RH)

ISSN: 14717794

From : www.emeraldgroupublishing.com/qaoo.htm

Older adults and the fear of death: the protective function of generativity; by Rochelle J Major, William J Whelton, Jeff Schimel ... (et al): Canadian Association on Gerontology, June 2016, pp 261-272.

Canadian Journal on Aging, vol 35, no 2, June 2016, pp 261-272.

Terror management theory (TMT) posits that cultural worldviews function to allay concerns about human mortality. Preliminary research with older adults has indicated that seniors do not respond to death reminders in the same way as their younger counterparts. The purpose of the current study was to test a developmentally relevant construct that may buffer death anxiety in later life. It was hypothesised that Erikson's concept of generativity may encompass death-denying properties for older adults. In the study 179 older adults were recruited to determine if subtle mortality salience inductions would lead participants to rate their own generativity as higher than after a blatant induction, or no induction, after controlling for pre-induction generativity. As expected, participants exposed to subtle death primes rated themselves as having higher levels of generativity than the other two groups after co-varying pre-induction generativity. Explanations are discussed in light of the literatures on TMT and generativity. (JL)

ISSN: 07149808

From : journals.cambridge.org/cjg

The prevalence of anxiety among older adults in nursing homes and other residential aged care facilities: a systematic review; by Alexandra S Creighton, Tanya E Davison, David W Kissane.: Wiley Blackwell, June 2016, pp 555-566.

International Journal of Geriatric Psychiatry, vol 31, no 6, June 2016, pp 555-566.

The objective of the research was to synthesise and summarise studies examining the prevalence rate of anxiety disorders and symptoms in older adults living in residential aged care. Using the PRISMA guidelines, five electronic databases were searched using key terms and subject headings, as well as reference lists of relevant papers. The search was limited to literature published in English. Eligible studies examined the prevalence of anxiety disorders or symptoms in aged care residents aged 50+ years. A total of 2249 articles were identified, of which 18 studies (with a total of 5927 participants) were included in this review. The rate of overall anxiety

disorders ranged from 3.2% to 20%, with the highest quality studies estimating a prevalence rate of 5% to 5.7%. Generalised anxiety disorder and specific phobias were found to be the most common anxiety disorders among aged care residents, while clinically significant anxiety symptoms were found to be more frequent (6.5% to 58.4%) than threshold disorders. Anxiety disorders and anxiety symptoms are common in older aged care residents. Given the paucity and overall quality of research examining anxiety within this population and the heterogeneity found in studies, further research is needed to help clarify this issue. (JL)

ISSN: 08856230

From : www.orangejournal.org

2015

Caregiver distress in dementia in rural Victoria; by Kaye Ervin, Julie Pallant, Carol Reid.: Wiley, December 2015, pp 235-240.

Australasian Journal on Ageing, vol 34, no 4, December 2015, pp 235-240.

The aim of this study was to explore levels of stress, anxiety and depression in informal carers caring for someone with dementia in a rural setting. Carers of people with dementia were recruited to complete a survey that incorporated the Depression Anxiety Stress Scales (DASS) to measure carer emotional well-being. The survey also included the Neuropsychiatric Inventory Questionnaire (NPI-Q), which assessed the presence and severity of behavioural and psychological symptoms of dementia (BPSD) of care recipients and their effects on the carer. A total of 39 carers completed surveys. Almost half of the respondents reported levels of stress and depression in the moderate to severe range as measured on the DASS. BPSD exhibited by care recipients, such as agitation, anxiety, aggression and nocturnal disturbance, were associated with the level of stress reported by the carer as measured with the NPI-Q. Caring for care recipients who exhibit BPSD predisposes carers in rural areas to high levels of stress and depression. Regular, periodic screening of carers is required to detect abnormal levels of stress, depression and anxiety in order to enable timely introduction of interventions. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

Depression and anxiety symptoms in male veterans and non-veterans: the Health and Retirement Study; by Christine E Gould, Tiffany Rideaux, Adam P Spira ... (et al).: Wiley Blackwell, June 2015, pp 623-630.

International Journal of Geriatric Psychiatry, vol 30, no 6, June 2015, pp 623-630.

The present study examined whether war veteran status was associated with elevated depression and anxiety symptoms in men aged 50 and older after adjusting for sociodemographic factors. Participants were 6,577 men aged 50 years and older who completed the 2006 wave of the Health and Retirement Study (HRS). 49% of participants were veterans. A randomly selected subset of participants completed the HRS Psychosocial Questionnaire, which contained the anxiety items. Elevated depression and anxiety symptoms were determined based on brief versions of Center for Epidemiologic Studies-Depression Scale (CES-D) and Beck Anxiety Inventory (BAI). Results of the study showed that elevated depression and anxiety symptoms were found in 11.0 and 9.9% of veterans, respectively, compared with 12.8 and 12.3% of non-veterans. Veteran status was not associated with increased odds of anxiety or depression symptoms in the multivariable-adjusted logistic regression analyses. Additional analyses indicated that Vietnam War veterans were more than twice as likely as World War II or Korean War veterans to have elevated depression or anxiety symptoms. In this community-based sample of men aged 50 and older, veteran status was not associated with the presence of elevated depression and anxiety symptoms. Rather these symptoms were associated with age, ethnicity, education and medical conditions. Among veterans, cohort effects accounted for differences in psychiatric symptoms. Including younger cohorts from the Global War on Terror may yield different results in future studies. (JL)

ISSN: 08856230

From : www.orangejournal.org

Food anxiety is associated with poor health status among recently hospital-discharged older adults; by Anna Vaudin, Nadine R Sahyoun.: Taylor and Francis, April-June 2015, pp 245-262.

Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 2, April-June 2015, pp 245-262.

Older adults returning home from the hospital may encounter health issues that cause anxiety about their ability to obtain enough food. Home-delivered meal (HDM) services support nutritional needs and improve food security of those who cannot provide for themselves. A study conducted in six States examined feelings of anxiety about older people (aged 60+) getting enough food, comparing three time points: prior to hospitalisation, at hospitalisation (n = 566) and after receiving HDMs for two months post-hospitalisation (n = 377). Food anxiety during hospitalisation was significantly higher among Hispanic ethnicity, current and former smokers, diabetics, and those who eat alone or have difficulty shopping. Food anxiety was significantly lower from baseline to two months follow-up (P < 0.0001), and participants showed improvements in certain coping

strategies used to get their meals. Indicators of food anxiety can help the health care system and community nutrition services to target those at highest risk of negative health outcomes. (RH)

ISSN: 21551197

From : <http://www.tandfonline.com>

Learning to use a novel CBT intervention to reduce fear of falling in older people; by Charlotte Dunkel.: British Psychological Society, April 2015, pp 42-46.

Faculty of the Psychology of Older People (FPOP) Newsletter, no 130, April 2015, pp 42-46.

The STRIDE (Strategies to incRease confidence, inDePendence and Energy) research project at Newcastle-upon-Tyne Hospitals NHS Foundation Trust is looking at measures that will help the half of the community-living older people who experience anxiety and fear of falling (FoF). The author describes the study's development of an eight-week cognitive behavioural therapy (CBT) based intervention, and its training for, delivery by and supervision of health care assistants (HCAs) and clinical trials associates (CTAs). (RH)

ISSN: 13603671

From : www.bps.org.uk

2014

Alcohol consumption and tobacco smoking among community-dwelling older Australian men: the Concord Health and Ageing in Men Project; by Jenni Iilomaki, Danijela Gnjidic, David G Le Couteur ... (et al.): Wiley, September 2014, pp 185-192.

Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 185-192.

The present study aimed to describe the prevalence and correlates of alcohol consumption and tobacco smoking among older Australian men. Self-reported alcohol and tobacco use were assessed among a random sample of 1705 community-dwelling men aged 70 or more years living in Sydney from 2005 to 2007. Logistic regression was used to compute odds ratios (ORs) and 95% confidence intervals (CIs) for factors associated with alcohol and tobacco use. Study results showed that the prevalence of heavy or excessive drinking was 19.2%, daily drinking 33.7%, and binge drinking 14.1%. Daily drinking was associated with chronic pain. Binge drinking was associated with anxiety and/or being widowed. Six per cent of men were current smokers and 56.7% were former smokers. Former smoking was associated with comorbidities and polypharmacy. Overall, nearly one-fifth of older men drank heavily or excessively. This highlights the need for public health initiatives to reduce alcohol consumption in older people. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

Effectiveness of computer-mediated interventions for informal carers of people with dementia: a systematic review; by Vicky McKechnie, Chris Barker, Josh Stott.: Cambridge University Press, October 2014, pp 1619-1637.

International Psychogeriatrics, vol 26, no 10, October 2014, pp 1619-1637.

Caring for a friend or relative with dementia can be burdensome and stressful, and puts carers at increased risk of physical and psychological problems. A number of psychosocial interventions, some delivered by computer, have been developed to support carers. This review evaluates the outcomes of computer-mediated interventions. PsychINFO, MEDLINE, and CINAHL Plus were searched for papers published between January 2000 and September 2012. Study quality was evaluated using a modified version of Downs and Black's (1998) checklist. 14 empirical studies evaluating a range of complex and multifaceted interventions met inclusion criteria. The most commonly measured variables were carer burden/stress and depression. In general, higher quality studies found that interventions did have an effect on these variables. Two higher quality studies also found that anxiety was reduced following intervention. Most studies found that positive aspects of caring were increased through these interventions, as was carer self-efficacy. There were mixed results in relation to social support, and physical aspects of caring did not seem to be affected. Programme impact measures indicated general acceptability of these interventions. These findings support the provision of computer-mediated interventions for carers of people with dementia. Future studies would benefit from design improvements, such as articulating clearly defined aims, having a control group, having adequate statistical power, and measuring a greater range of factors important to carers themselves. (JL)

ISSN: 10416102

From : www.journals.cambridge.org

An evaluation of a CBT-based psychoeducation group for anxiety disorders delivered in routine practice in an older adult community mental health team; by Laura Bettney.: British Psychological Society, January 2014, pp 43-48.

Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 43-48.

The effectiveness and acceptability of a brief cognitive behavioural therapy (CBT) based psychoeducation group for anxiety disorders delivered in a National Health Service (NHS) older adult community mental health team (CMHT) setting is determined. Clients referred from the caseload of a local NHS older adult CMHT, who were found suitable for CBT, and who had an anxiety disorder, were invited to a psychoeducation group delivered in an outpatient mental health clinic by an occupational therapist (OT) and a clinical psychologist. Outcomes were measured using the Depression/Anxiety/Stress Scale (DASS-21; Lovibond and Lovibond, 1995), which was administered at the first and final sessions of the five-week group. Participants also filled in an Anxiety Psychoeducation Group feedback form at the final session. Sixteen people took part in the group intervention; they had a mean age of 74.7 years, were all White British, and four participants were male. There were statistically significant differences between the pre- and post-intervention means for all DASS-21 subscales, with post-intervention scores for Depression, Anxiety and Stress being significantly lower than their pre-intervention scores. Data collected from the feedback form at the final session of the group suggests good levels of participant satisfaction with the intervention. The intervention appeared to be effective in reducing scores on measures of Depression, Anxiety and Stress, and was also acceptable to all participants who attended. The results are supportive of further evaluation and refinement of alternative systems of delivery, such as group interventions, with this client group. (RH)

ISSN: 13603671

From : www.bps.org.uk

Feasibility of central meditation and imagery therapy for dementia caregivers; by Felipe A Jain, Nora Nazarian, Helen Lavretsky.: Wiley Blackwell, August 2014, pp 870-876.

International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 870-876.

Family dementia caregivers are at high risk of depression and burnout. The present study aimed to assess the feasibility of Central Meditation and Imagery Therapy for Caregivers (CMIT-C), a novel eight-week group meditation and guided imagery group therapy programme, for dementia caregivers reporting stress because of caregiving responsibilities. Twelve family dementia caregivers enrolled in CMIT-C. Primary outcomes included depression and anxiety, and secondary outcomes included insomnia, quality of life and mindfulness. Changes over the study and three month follow-up were analysed with non-parametric related samples tests. Correlations of feeling state changes from meditation diaries at one week were made with symptom changes post meditation training. Ten participants completed the study. Completers came to an average of seven sessions out of a possible eight sessions, and turned in home practice logs of $90 \pm 10\%$ of the time. Anxiety, depression and insomnia symptoms decreased, and mindfulness ratings improved with large effects. Gains were stable at three months. Early response during the first week of meditation practice was associated with subsequent home meditation practice, anxiety change at eight weeks and endpoint satisfaction with CMIT-C. Overall the study found that Central Meditation and Imagery Therapy for Caregivers is a feasible intervention for dementia caregivers. Results suggest that this therapeutic technique can reduce symptoms of anxiety, depression and insomnia, and increase levels of mindfulness. Early response to meditation practice predicted those with the greatest short-term benefits, and this may inform future studies of meditation. Larger controlled efficacy studies of CMIT-C for dementia caregivers are warranted. (JL)

ISSN: 08856230

From : www.orangejournal.org

The impact of psychological abuse on somatic symptoms: a study of older persons aged 60-84 years; by Joaquim Jorge Fernandes Soares, Eija Viitasara, Gloria Macassa ... (et al): Emerald, 2014, pp 213-231.

Journal of Adult Protection, vol 16, no 4, 2014, pp 213-231.

The purpose of this paper was to examine differences in the experience of somatic symptoms by domain (exhaustion, musculoskeletal, gastrointestinal, heart distress) between psychologically abused and non-abused older people, and to scrutinise associations between abuse and somatic symptoms while considering other factors, such as social support. The design was cross-sectional, and participants were 4,467 men and women aged 60-84 years living in seven European cities. The data were analysed using bivariate/multivariate methods. Psychologically abused participants scored higher on all somatic symptom domains than non-abused, and thus were more affected by the symptoms. The regressions confirmed a positive association between psychological abuse and most somatic symptom domains, but other factors (e.g. depression and/or anxiety) were more salient. Demographics/socio-economics were positively (e.g. marriage/cohabitation) or negatively (e.g. education) associated with somatic symptoms depending on the domain. Social support and family structure 'protected' the experience of somatic symptoms. This study focused on psychological abuse only, and did not cover the effects

of other abuse types on somatic symptoms. Nevertheless, the findings indicate that psychological abuse is linked to somatic symptoms. The role of other factors (e.g. depression, anxiety, social support) is also important. (JL)
ISSN: 14668203

From : www.emeraldinsight.com/jap.htm

Predicting anxiety in carers of people with dementia: the role of trait emotional intelligence; by Jessica Weaving, Vasiliki Orgeta, Martin Orrell ... (et al.): Cambridge University Press, July 2014, pp 1201-1209.

International Psychogeriatrics, vol 26, no 7, July 2014, pp 1201-1209.

Trait emotional intelligence (trait EI) is a personality dimension related to affect that has been shown to predict mental health problems. The objective of the present study was to examine the predictive validity of trait EI in explaining anxiety symptoms in family carers of people with dementia. A cross-sectional survey was conducted with a convenience sample of 203 dementia family caregivers. The study used the Trait Emotional Intelligence Questionnaire - Short Form (TEIQue-SF) to measure trait EI in carers. The predictive validity of the scale in explaining anxiety was tested via regression analysis. Bivariate correlational analysis indicated that lower levels of trait EI were related to higher perceived burden, higher anxiety and depression, and poorer self-rated health in carers. Multiple regression analyses indicated that trait EI was a significant predictor of anxiety symptoms after accounting for known factors influencing outcomes for caregivers. Trait EI also showed strong predictive validity in relation to psychosocial outcomes in carers. Overall these findings show that trait EI plays an important role in predicting anxiety in dementia caregivers. Theoretical models and interventions aimed at carers of people with dementia should take into account aspects of personality. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

Prevalence and psychosocial correlates of the fear of crime in older Chinese; by Nan Qin, Elsie Yan.: Emerald, 2014, pp 264-275.

Journal of Adult Protection, vol 16, no 5, 2014, pp 264-275.

The purpose of this paper was to examine the prevalence and psychosocial correlates of fear of crime in an older Chinese population. An attempt was made to test a theoretical model which integrated the vulnerability model, 'broken windows' theory, victimisation theory and risk interpretation model. A cross-sectional survey was conducted with 453 older adults from a representative sample recruited from the city of Kunming using stratified sampling methods. More than half of the study participants reported fear of one or more types of depicted common crime. By comparison, a smaller percentage reported fear of domestic violence (FDV). Correlational analysis indicated different correlates for fear of common crime (FCC) and FDV. Female gender, a younger age, poor financial and health statuses, perception of greater social instability and neighbourhood disorder, direct and/or indirect victimisation and perception of a higher risk of victimisation were significantly associated with higher levels of FCC. Limited social networks, perception of greater neighbourhood disorder, direct and/or indirect victimisation and perception of a higher risk of victimisation were salient correlates of FDV. The results of hierarchical regression analyses showed that the integrated model explained 37 and 43 percent of the variance in FCC and FDV, respectively. This study found diverse patterns in terms of the prevalence and risk factors for FCC and FDV. The findings have important implications for policy, practice and research. (JL)

ISSN: 14668203

From : www.emeraldinsight.com/jap.htm

Which factors are associated with fear of falling in community-dwelling older people?; by Arun Kumar, Hannah Carpenter, Richard Morris (et al.): Oxford University Press, January 2014, pp 76-84.

Age and Ageing, vol 42, no 1, January 2014, pp 76-84.

Fear of falling (FOF) is common in older people and associated with serious physical and psychosocial consequences. Identifying those at risk of FOF can help target interventions to both prevent falls and reduce FOF. A cross-sectional study of 1,088 community-dwelling older people aged 65 years living in London, Nottingham and Derby aimed to identify factors associated with FOF. Data were collected on socio-demographic characteristics, self-perceived health, exercise, risk factors for falls, FOF (Short FES-I), and functional measures. Logistic regression models of increasing complexity identified factors associated with FOF. High FOF (Short FES-I =11) was reported by 19%. A simpler model (socio-demographic + falls risk factors) correctly classified as many observations (82%) as a more complex model (socio-demographic + falls risk factors + functional measures) with similar sensitivity and specificity values in both models. There were significantly raised odds of FOF in the simpler model with the following factors: unable to rise from a chair of knee height (OR: 7.39), lower household income (OR: 4.58), using a walking aid (OR: 4.32), difficulty in using public transport (OR: 4.02), poorer physical health (OR: 2.85), black/minority ethnic group (OR: 2.42), self-reported balance problems (OR: 2.17), lower educational level (OR: 2.01), and a higher BMI (OR: 1.06). A

range of factors identify those with FOF. A simpler model performs as well as a more complex model containing functional assessments and could be used in primary care to identify those at risk of FOF, who could benefit from falls prevention interventions. (RH)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

2013

Adjustment, depression, and anxiety in mild cognitive impairment and early dementia: a systematic review of psychological intervention studies; by Bridget Regan, Laura Varanelli.: Cambridge University Press, December 2013, pp 1963-1984.

International Psychogeriatrics, vol 25, no 12, December 2013, pp 1963-1984.

Many people with mild cognitive impairment (MCI) or early dementia suffer from concomitant depression and anxiety disorders, which in some cases may be related difficulties adjusting to their diagnosis and associated cognitive problems. Successful adjustment and alleviation of depression and anxiety symptoms in these people is of critical importance for quality of life and may also help prevent, or delay, further cognitive decline. A variety of psychosocial intervention approaches has been trialled with this group. In the present study the literature was systematically searched for community-based intervention studies that aim to improve depression, anxiety or adjustment. Studies were included or excluded using a priori criteria. Once included, the quality of studies was evaluated using pre-set criteria. 17 of 925 studies identified through literature databases and manual searches met the inclusion criteria. Of these, 16 were considered to be of at least 'adequate quality'. These included seven randomised controlled trials and eight pre-post studies. A diverse range of psychotherapeutic approaches, formats (individual or group), outcome measures, inclusion criteria, and cultural contexts were apparent, making comparisons between studies challenging. Several studies have demonstrated positive findings in the treatment of depression in older adults with early dementia using problem solving and modified cognitive behaviour therapy (CBT) approaches. Amongst the large range of approaches trialled to improve adjustment and quality of life for patients with MCI and early dementia, some approaches, such as modified CBT, have shown promise. There is a need for replication studies using more rigorous methodology before clear clinical recommendations can be made. (JL)

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From : www.journals.cambridge.org

Anxiety symptoms in older home health care recipients: prevalence and associates; by Nimali Jayasinghe ... (et al).: Taylor and Francis, July-September 2013, pp 163-177.

Home Health Care Services Quarterly, vol 32, no 3, July-September 2013, pp 163-177.

This study examined the prevalence and associates of anxiety symptoms in older home health care recipients who completed structured interviews assessing sociodemographic, cognitive, medical, disability and psychosocial variables _ including anxiety (assessed by the Clinical Anxiety Scale). Mild or moderate anxiety was reported by 3.6% of the sample. No anxiety symptoms were reported by 63.9%, while the remaining endorsed at least one symptom. Binary logistic regression analysis revealed that the odds of having any anxiety were elevated among participants who had had a recent fall and those with major depression. These findings point to the importance of conducting studies to clarify whether the mild severity of anxiety found in this sample is best accounted for by protective factors inherent to the home health care setting or assessment factors that diminish the reporting of anxiety symptoms. (JL)

ISSN: 01621424

From : <http://www.tandfonline.com>

Assessment of anxiety in older adults: a reliability generalization meta-analysis of commonly used measures; by Zoe Therrien, John Hunsley.: Taylor & Francis, May-June 2013, pp 171-194.

Clinical Gerontologist, vol 36, no 3, May-June 2013, pp 171-194.

In this study the authors conducted a reliability generalisation meta-analysis of the 12 most commonly used measures of anxiety in older adults aged 65 and over. Of the 136 articles considered for inclusion, only 24% of published studies reported reliability coefficients from their original data collection. The study used 63 reliability coefficients from 51 articles and 16,183 individuals to provide internal consistency reliability estimates for this meta-analysis. It presented the average score reliabilities for each of the 12 measures, characterised the variance in score reliabilities across studies, and considered sample and study characteristics that were predictive of score reliability. The study discussed the importance of considering factors specific to the assessment of older adults (e.g., the frequency of a comorbid medical condition) as well as the importance of conducting sample specific reliability analyses. Recommendations were provided for researchers and clinicians choosing a measure of anxiety for use with older adults. (JL)

ISSN: 07317115

From : <http://www.tandfonline.com>

Computerised cognitive behavioural therapy for depression and anxiety with older people: a pilot study to examine patient acceptability and treatment outcome; by William McMurchie, Fiona Macleod, Kevin Power ... (et al).: Wiley Blackwell, November 2013, pp 1147-1156.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1147-1156.

The objective of the present study was to determine the acceptability and treatment outcome of using 'Beating the Blues' (BTB), a computerised cognitive behaviour therapy package, with older people aged 65 or over. Specific aims included identifying the treatment uptake and drop-out rate, and describing the role of basic demographics in therapy uptake. 58 participants experiencing symptoms of depression were given a free choice of receiving treatment as usual (TAU) plus BTB (TAU + BTB) or TAU alone. All participants completed demographic questionnaires and a range of outcome measures at baseline, two months after baseline (end of treatment) and three months after baseline (follow-up). 33 participants (56.9%) opted to receive BTB and reported having more experience and confidence using a computer than those who declined BTB. 24 participants (72.7%) went on to complete all eight BTB sessions. Statistical analysis found significant differences between the two treatment groups, with the TAU + BTB group showing greater improvements in their symptoms of depression and anxiety than the TAU group by the end of treatment and at follow-up. Furthermore, the TAU + BTB group had a significantly higher percentage of participants who met criteria for clinically significant improvement in their symptoms of depression by the end of treatment and at follow-up. Although further research is required, including a randomised controlled trial, the results of this initial pilot study provide evidence that BTB may offer an acceptable and effective treatment option for older people. (JL)

ISSN: 98856230

From : www.orangejournal.org

Do changes in coping style explain the effectiveness of interventions for psychological morbidity in family carers of people with dementia?: a systematic review and meta-analysis; by Ryan Li, Claudia Cooper, Allana Austin, Gill Livingston.: Cambridge University Press, February 2013, pp 204-214.

International Psychogeriatrics, vol 25, no 2, February 2013, pp 204-214.

Observational studies find that family carers of people with dementia who use more emotional support and acceptance-based coping, and less dysfunctional coping, are less depressed and anxious. In this study it was hypothesised that interventions effective in reducing psychological symptoms would increase emotional support and acceptance-based coping, or decrease dysfunctional coping. A systematic review was carried out of randomised controlled trials published up to July 2011 of interventions for carers of people with dementia measuring coping and psychological morbidity in which study validity and reported findings were reported. Fixed-effect meta-analyses for interventions were also carried out where possible. Eight of 433 papers identified by the search met inclusion criteria. All measured coping immediately after intervention. Two interventions significantly decreased depressive or anxiety symptoms: the smaller study found no change in dysfunctional coping. Neither measured emotional support and acceptance-based coping. Meta-analysis found that both group coping skills interventions alone and with behavioural activation significantly increased dysfunctional coping, while significantly reducing depressive symptoms. Positive coping (a mix of emotional and solution-focused strategies) increased with group coping skills interventions and behavioural activation. Contrary to the study hypothesis, dysfunctional coping increased when carer depressive symptoms improved. There was preliminary evidence that emotional support and acceptance-based coping increased, as positive coping increased although solution-focused coping alone did not. More research is needed to elucidate whether successful interventions work through changing coping strategies immediately and in the longer term. (JL)

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From : journals.cambridge.org/ipg

The Hospital Anxiety and Depression Scale: low sensitivity for depression screening in demented and non-demented hospitalized elderly; by Nikolaos Samaras, Francois R Herrmann, Dimitrios Samaras ... (et al).: Cambridge University Press, January 2013, pp 82-87.

International Psychogeriatrics, vol 25, no 1, January 2013, pp 82-87.

Specialists currently use the depression subscale (HADD) of the Hospital Anxiety and Depression Scale (HADS) for depression screening in older inpatients. Given recent concerns about the performance of the HADD in this age group, the authors performed a quality-control study retrospectively comparing HADD with the diagnosis of depression by a psychiatrist. The effect of dementia on the scale's performance was also studied. HADS produces two seven-item subscales assessing depression or anxiety. The HADD was administered by a neuropsychologist. As 'gold standard' the authors considered the psychiatrist's diagnosis based on DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) criteria. Patients

older than 65 years, assessed by both the HADD and the psychiatrist, with a clinical dementia rating (CDR) score lower than three, were included. The effect of dementia was assessed by forming three groups according to the CDR score (CDR0_0.5, CDR1, and CDR2). Simple and multiple logistic regression models were applied to predict the psychiatrist's depression diagnosis from HADD scores. Areas under the receiver operating characteristics curve (AUC) were plotted and compared by different tests. Results showed that on both univariate and multiple analyses, HADD predicted depression diagnosis but performed poorly, regardless of cognitive status. Because mood could have changed between the two assessments (they occurred at different points of the hospital stay), the multiple analyses were repeated after limiting time interval at 28, 21, and 14 days. No major improvements were noted. Overall the HADD performed poorly in older inpatients regardless of cognitive status. It cannot be recommended in this population for depression screening without further study. (JL)

ISSN: 10416102

[From : journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

Patterns of dietary intake and psychological distress in older Australians: benefits not just from a Mediterranean diet; by Allison Hodge, Osvaldo P Almeida, Dallas R English ... (et al.): Cambridge University Press, March 2013, pp 456-466.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 456-466.

Anxiety and depression contribute to morbidity in older adults and may be associated with diet. The purpose of this study was to investigate the association between diet and psychological distress as a marker for depression. Dietary patterns were defined by factor analysis or the Mediterranean Diet Score (MDS); depression and anxiety were assessed 12 years later. A total of 8,660 generally healthy men and women born in Australia and aged 50_69 years from the Melbourne Collaborative Cohort Study were included. At baseline (1990_1994), diet (food frequency questionnaire), education, Socio-Economic Indexes for Areas (SEIFA) _ Index of Relative Socio-economic Disadvantage, medication use, social engagement, physical activity, smoking status, alcohol use and health conditions were assessed; at follow-up (2003_2007), psychological distress was assessed using the Kessler Psychological Distress Scale (K10). Logistic regression was used to identify associations between diet and a K10 score of 20 or more, indicative of psychological distress. Study results showed that the MDS was inversely associated with psychological distress, with the odds ratio in the top-scoring group relative to the lowest scoring group being 0.72. Stronger adherence to a traditional Australian-style eating pattern was also associated with a lower K10 score at follow-up, with the odds ratio for having a K10 score indicative of psychological distress for the top 20% of adherence to this pattern relative to the lowest being 0.61. Hence a Mediterranean-style diet was associated with less psychological distress, possibly through provision of a healthy nutrient profile. The Australian dietary pattern, which included some foods high in fat and sugar content along with whole foods, also showed a weak inverse association. Adherence to this pattern may reflect a feeling of belonging to the community associated with less psychological distress. (JL)

ISSN: 10416102

[From : www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

Perceptual quality of neighbourhood design and feelings of unsafety; by Elisabeth de Donder, Tine Buffel, Sarah Dury (et al.): Cambridge University Press, August 2013, pp 917-937.

Ageing and Society, vol 33, no 6, August 2013, pp 917-937.

This paper takes the quality of life in the neighbourhood as a starting point, and appeals to the framework of Age-friendly cities to gain insights in how "the neighbourhood as a physical surrounding" can either promise or hinder feelings of unsafety in later life. It examines the impact of the perceived design of the neighbourhood on feelings of unsafety and the neighbourhood mainly concentrates on incivilities and disorder. Other physical-spatial features of the neighbourhood are rarely taken into consideration. Using data generated from the Belgian Ageing Studies (N=25,980), multivariate analyses indicate that a neighbourhood which is perceived to be physically adapted to the needs of older people (in terms of accessibility and distance to services) heightens feelings of safety. The findings demonstrate the need to reduce behaviour constraints by redesigning ear-related physical features. This conclusion raises practical implications, and formulates a number of policy recommendations to tackle feelings of being unsafe in an ageing society. (RH)

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[From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Physicians' practice and familiarity with treatment for agitation associated with dementia in Israeli nursing homes; by Jiska Cohen-Mansfield, Atarah Juravel-Jaffe, Aaron Cohen ... (et al.): Cambridge University Press, February 2013, pp 236-244.

International Psychogeriatrics, vol 25, no 2, February 2013, pp 236-244.

The purpose of this study was to clarify physicians' actual practice in treating agitation in the nursing home and to elucidate the relationship between background factors, familiarity with interventions and practice. A survey of actual practice for agitation in persons with dementia was administered to 67 physicians working in nursing homes in Israel. Questionnaires were administered by personal interview, self-completed or a combination of the two. Results showed that psychotropic medications are prescribed by 92.5% of physicians for treating agitation, most notably, Haloperidol (39%). Non-pharmacological treatment was also reported to be common, though to a lesser extent, with environmental change being the most prevalent non-pharmacological intervention. Generally physicians showed low familiarity levels with non-pharmacological interventions, with higher levels noted for physicians with a speciality in geriatrics compared to those who were non-specialised. Physicians who were non-Israeli and younger also reported higher familiarity levels compared to their respective counterparts (i.e. Israeli and older) but this difference did not reach significance. The findings indicate that, despite current guidelines, psychotropic medications are the treatment of choice among nursing home physicians in Israel. While rates of use of non-pharmacological interventions are substantial, their in-practice application may be hindered by lack of familiarity as well as system barriers. The results have implications for system and education changes. (JL)

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From : journals.cambridge.org/ipg

Self-concept in early stage dementia: profile, course, correlates, predictors and implications for quality of life; by Linda Clare, Christopher J Whitaker, Sharon M Nelis ... (et al.): Wiley Blackwell, May 2013, pp 494-503.

International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 494-503.

Although it is increasingly accepted that people with dementia retain a sense of self, there is a need for empirical evidence regarding the nature of the self-concept in early stage dementia, how this changes over time and how it relates to quality of life. In the present study, self-concept was assessed using the short form of the Tennessee Self-concept Scale in 95 individuals with early stage dementia. Of these, 63 were reassessed after 12 months, and 45 were seen again at 20 months. Participants also completed measures of mood, cognitive functioning and quality of life. Caregivers provided proxy ratings of self-concept, completed measures of symptoms and distress at symptoms and rated their own levels of stress and well-being. Results showed that self-ratings of self-concept were close to the average range for the standardisation sample, and the distribution did not differ significantly from expected values. Although caregiver ratings were slightly lower, discrepancies were small. There were no significant changes over time in self-ratings or informant ratings or discrepancies. At Time 1, self-ratings were predicted by anxiety, depression and memory, caregiver ratings were predicted by caregiver distress and by depression in the person with dementia and discrepancies were predicted by caregiver distress. These models remained predictive at later time points. Self-rated self-concept predicted quality of life, with the relationship only partially mediated by depression and anxiety. Self-concept appears largely intact in early stage dementia, but in view of the association between self-concept and quality of life, a preventive approach focused on supporting self-concept may offer benefits as dementia progresses. (JL)

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From : www.orangejournal.org

Sense of coherence, burden, and affective symptoms in family carers of people with dementia; by Vasiliki Orgeta, Elena Lo Sterzo.: Cambridge University Press, June 2013, pp 973-980.

International Psychogeriatrics, vol 25, no 6, June 2013, pp 973-980.

Caring for a relative with dementia has been associated with high levels of psychological morbidity in carers. Sense of coherence is an important resource of successful coping with caregiving. The purpose of the present study was to examine the relationship between stress associated with caregiving, sense of coherence and self-reported depression and anxiety in family carers of people with dementia. It was hypothesised that carers reporting high levels of anxiety and depression would report low levels of coherence and that the relationship between caregiver stress and affective symptoms would be mediated by sense of coherence. A total of 170 carers of people with dementia took part in the study. Family carers completed the Sense of Coherence Scale, the Relative Stress Scale and the Hospital Anxiety and Depression Scale. A series of multiple linear regressions were conducted to examine the relationship between stress related to caregiving, caregiver anxiety and depression and whether sense of coherence mediated this relationship. Study results showed that self-reported anxiety and depression were associated with low levels of sense of coherence. Sense of coherence mediated the relationship between burden and self-reported depressive effect and anxiety symptoms. Thus carers reporting high levels of anxiety and depression are more likely to report low levels of sense of coherence. The relationship

between stress related to caregiving and depressive symptoms is mediated by carers' self-reported sense of coherence. Future psychotherapeutic intervention studies in family carers of people with dementia may incorporate strategies that specifically target sense of coherence. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

South Asian and Middle Eastern American older adults: dementia, mood disorders, and anxiety disorders; by Philip Sayegh, Jennifer Kellough, Poorni G Otilingam, Cecilia Y M Poon.: Taylor & Francis, May-June 2013, pp 216-240.

Clinical Gerontologist, vol 36, no 3, May-June 2013, pp 216-240.

This review discusses topics associated with dementia and mood and anxiety disorders among South Asian and Middle Eastern American older adults. These two groups have been seriously understudied in the fields of both mental health and dementia despite the fact that they represent two of the fastest growing ethnic groups in the United States. Firstly existing research results are presented regarding the prevalence of these disorders and gaps in the research are noted. Secondly culture-specific findings are discussed pertaining to psychometric, psychodiagnostic, and psychotherapeutic considerations that incorporate contextual factors, such as beliefs, language, family, religion, acculturation, war trauma and discrimination. The study concludes with the following recommendations: to design population-based studies to obtain consistent prevalence data and ascertain the epidemiologic burden of these disorders; test measurement invariance and validate psychodiagnostic measures; and conduct research to test the effectiveness of psychotherapeutic interventions and outreach efforts. (JL)

ISSN: 07317115

From : <http://www.tandfonline.com>

The structure of affective symptomatology in older adults with osteoarthritis; by Patricia A Parmalee, Tina L Harralson, Jesse A McPherron, H Ralph Schumacher.: Wiley Blackwell, April 2013, pp 393-401.

International Journal of Geriatric Psychiatry, vol 28, no 4, April 2013, pp 393-401.

The objective of this study was to examine the structure of symptoms of affective disorder among older adults with a chronic health problem (osteoarthritis) and to explore cross-sectional and longitudinal associations of obtained affective symptom clusters with key health outcomes (pain, functional disability, perceived health). The study method was a one-year longitudinal study of older adults with diagnosed osteoarthritis of the knee. Symptoms of DSM depression and anxiety were assessed in a research diagnostic interview by using a DSM-IV symptom checklist in which self-reports captured demographic characteristics, objective health, pain, disability and perceived health. Confirmatory factor analysis tested comparability of affective symptom structure in this sample to findings of previous research. Ordinary least squares regression examined cross-sectional and longitudinal associations of affective symptoms with health outcomes, controlling for demographics and objective health. The current sample displayed an affective symptom structure comparable with that observed in previous research, with symptoms clustering into depressed mood (DM), somatic symptoms (SS) and psychic anxiety (PA) factors. DM was cross-sectionally associated with pain and disability and marginally with perceived health. SS predicted current pain and perceived health. Only DM predicted a one year change in disability and perceived health (but not pain). This research confirms the role of SS of distress in fuelling disability and perceived ill health among older adults who are chronically ill. However it is DM that drives changes in perceived health and functional ability. (JL)

ISSN: 08856230

From : www.orangejournal.org

Transdiagnostic emotional well-being group for older adults: outcomes and process reflections; by Andrew Sheen, Susan Pullan.: British Psychological Society, April 2013, pp 37-45.

Faculty for the Psychology of Older People (FPOP) Newsletter, no 123, April 2013, pp 37-45.

The authors reflect on their experience of running therapy groups in an NHS Community Service for Older People. They discuss an eight-session closed group for six to eight participants experiencing high levels of distress, need to learn coping strategies, but able to tolerate being in a group, coming prepared to share their experiences and listen to others. Given a waiting list of older people with a range of conditions, running a transdiagnostic group would enable managing a range of emotional difficulties and would meet the needs of more people. The article considers the selection of appropriate clients and their physical health needs. The authors summarise feedback from a group of five which ran April-June 2012, which although small, was thought to be good start in developing a database of outcome measures and an evidence base for working transdiagnostically. (RH)

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From : www.bps.org.uk

Who worries most?: worry prevalence and patterns across the lifespan; by Daniela C Goncalves, Gerard J Byrne.; Wiley-Blackwell, January 2013, pp 41-49.

International Journal of Geriatric Psychiatry, vol 28, no 1, January 2013, pp 41-49.

The purpose of this study was to examine the age-related worry patterns in a population-based sample of self-reported worriers. A sample of participants was extracted from the National Survey of Mental Health and Well-Being, a multistage stratified epidemiological survey of mental health conducted in Australia in 2007. Participants were surveyed using the Composite International Diagnostic Interview. All 3,735 participants who reported a period of pervasive worry were included in this study. Their ages ranged from 16-85 years of age, and 61% were female. Study results showed that compared with younger adults, older adults reported fewer worries and a lower likelihood of worrying about interpersonal relations, health, work and miscellaneous topics, but a higher likelihood of worrying about the health and welfare of loved ones after adjusting for socio-demographic and clinical factors. Similar patterns were seen in older persons with and without a lifetime history of generalised anxiety disorder as diagnosed by the Diagnostic and Statistical Manual of Mental Disorders. The findings indicated an overall decrease in worry count with advancing age, as well as a developmental distribution of worry content, and a quantitative but not qualitative distinction between normal and pathological worriers. Overall these findings might contribute to the understanding of worry processes and the phenomenology of generalised anxiety disorder in older cohorts. (JL)

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From : www.orangejournal.org

2012

Anxiety symptoms and suicidal feelings in a population sample of 70-year-olds without dementia; by Mattias Jonson, Ingmar Skoog, Thomas Marlow (et al).

International Psychogeriatrics, vol 24, no 11, November 2012, pp 1865-1871.

The association between anxiety symptoms and suicidal feelings was explored in a population sample of 70-year-olds without dementia, and to test whether associations would be independent of depression. Data for this study derive from the H70 longitudinal study initiated in Gothenburg, Sweden in 1971. Face-to-face interviews with 560 people born in 1930 were carried out by psychiatric nurses. Past month symptoms were rated with the Comprehensive Psychopathological Rating Scale (CPRS). The Brief Scale for Anxiety (BSA) was derived from the CPRS to quantify anxiety symptom burden. Past month suicidal feelings were evaluated with the Paykel questions. Anxiety symptom burden was associated with suicidal feelings. The association remained after adjusting for major depression. One individual BSA item (Inner tension) was independently associated with suicidal feelings in a multivariate regression model. The association did not remain, however, in a final model in which depression symptoms replaced depression diagnosis. Results from this population study suggest an association between anxiety and suicidal feelings in older adults. The role of anxiety and depression symptoms needs further clarification in the study of suicidal behaviour in late life. (RH)

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From : www.journals.cambridge.org/ipg

Assessment of anxiety in older adults: a systematic review of commonly used measures; by Zoe Therrien, John Hunsley.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 1-16.

This article set out to systematically review the research literature in order to identify anxiety measures most commonly used in the assessment of older adults. Once identified, the literature was reviewed to determine the extent to which these instruments had age-relevant norms and psychometric data supporting their use with older adults. After screening for suitability, 213 articles were reviewed to determine the most commonly used anxiety measures with older adults to examine the psychometric properties of these instruments and to evaluate whether the instruments were appropriate for use with older adults. 91 different anxiety measures were used in the articles concerned. Twelve anxiety measures were most commonly used in the literature and of those three were specifically developed for older adults. Of the most commonly used measures, the majority lacked sufficient evidence to warrant their use with older adults. Based on psychometric evidence, three measures (Beck Anxiety Inventory, Penn State Worry Questionnaire, and Geriatric Mental Status Examination) showed psychometric properties sufficient to justify the use of these instruments when assessing anxiety in older adults. In addition, two measures developed specifically for older adults (Worry Scale and Geriatric Anxiety Inventory) were also found to be appropriate for use with older adults. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com>

Cognition, coping, and outcome in Parkinson's disease; by Catherine S Hurt, Sabine Landau, David J Burn (et al).

International Psychogeriatrics, vol 24, no 10, October 2012, pp 1656-1663.

Cognitive impairment and depression are common and disabling non-motor symptoms of Parkinson's disease (PD). Previous studies have shown associations between them but the nature of the relationship remains unclear. In chronic illness, problem- or task-oriented coping strategies are associated with better outcome, but often require higher level cognitive functioning. This study investigated the relationships between cognitive function, choice of coping strategies, and a broad index of outcome including depression, anxiety, and health-related quality of life (HRQoL). It was hypothesised that the coping strategy used could mediate the association between cognition and outcome. 347 patients with PD completed the Coping Inventory for Stressful Situations, the Hospital Anxiety and Depression Scale (HADS), the Parkinson's Disease Questionnaire-8, the Unified Parkinson's Disease Rating Scale, and the Addenbrooke's Cognitive Examination - Revised. Structural equation modelling was used to test the hypothesised model of cognition, coping, and outcome based on a direct association between cognition and outcome and an indirect association mediated by coping. Overall, poorer cognition predicted less use of task-oriented coping, which predicted worse outcome (a latent variable comprised of higher depression and anxiety and lower QoL). The analyses suggest a small indirect effect of cognition on outcome mediated by coping. (RH)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

Fear of dementia: implications for assessment and intervention in a memory clinic service; by Karen B E Addy.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, April 2012, pp 32-37.

PSIGE Newsletter, no 119, April 2012, pp 32-37.

Cognitive decline associated with ageing is a common cause for anxiety within the older adult age group. Often, patients will be referred to services with concerns about memory loss and in some case suffering significant emotional and functional problems as a result of a fear of the meaning of memory lapses. This paper explores three cases of patients with a fear of dementia in which the patients' functional ability was impaired as a result of their interpretation of memory decline as a sign of dementia. The patients attended a memory clinic service and completed a neuropsychological assessment, which indicated no evidence of cognitive decline. Psychological assessment suggested specific health anxiety related to dementia. A cognitive behavioural intervention was completed. Each reported significant functional improvement and a reduction in memory-related anxiety. A cognitive model exploring the interaction between memory loss and anxiety is proposed; and the implications for the treatment of such patients are discussed. (RH)

ISSN: 13603671

From : <http://www.psige.org.uk>

Frailty, depression, and anxiety in later life; by Aine M Ni Mhaolain, Chie Wei Fan, Roman Romero-Ortuno (et al).

International Psychogeriatrics, vol 24, no 8, August 2012, pp 1265-1274.

Anxiety and depression are common in older people but are often missed; to improve detection, we must focus on those elderly people at risk. Frailty is a geriatric syndrome inferring increased risk of poor outcomes. The authors explore the relationship between frailty and clinically significant anxiety and depression in later life. This study has a cross-sectional design and involved the assessment of 567 community-dwelling people aged 60+ recruited from the Technology Research for Independent Living (TRIL) Clinic, Dublin. Frailty was measured using the Fried biological syndrome model; depressive symptoms were assessed using the Center for Epidemiological Studies Depression Scale (CES-D); and anxiety symptoms measured using the Hospital Anxiety and Depression Scale (HADS). Higher depression and anxiety scores were identified in both pre-frail and frail groups compared to robust older people (three-way factorial ANOVA, $p = 0.0001$). In a logistic regression model, the odds ratio for frailty showed a significantly higher likelihood of clinically meaningful depressive and anxiety symptoms even controlling for age, gender and a history of depression or anxiety requiring pharmacotherapy (OR = 4.3; 95% CI 1.5, 11.9; $p = 0.005$; OR = 4.36; 95% CI 1.4, 13.8; $p = 0.013$ respectively). The findings suggest that even at the earliest stage of pre-frailty, there is an association with increased symptoms of emotional distress. Once frailty develops, there is a higher likelihood of clinically significant depression and anxiety. Frailty may be relevant in identifying older people at risk of deteriorating mental health. (RH)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

The frequency and correlates of anxiety in patients with first-time diagnosed mild dementia; by Minna J Hynninen, Monica H Breivte, Arvid Rongve (et al).

International Psychogeriatrics, vol 24, no 11, November 2012, pp 1771-1778.

In this observational cross-sectional study, the authors investigated the frequency of anxiety and associations between anxiety and socio-demographic and clinical variables. The study sample comprised 169 outpatients with first-time diagnosed mild dementia recruited from clinics in geriatric medicine and old age psychiatry for a longitudinal dementia study in Western Norway (DEMVEST). Symptoms of anxiety were rated by a caregiver on the Neuropsychiatric Inventory (NPI) and by the patient on the anxiety tension item on the Montgomery and Åsberg Depression Rating Scale (MADRS). Measures of caregiver stress, dementia-related impairment (Clinical Dementia Rating (CDR) scale), and cognitive functioning were also included. According to caregiver reports, 19.5% had clinically significant anxiety, and an additional 22.5% had subclinical anxiety. Half of the patients reported experiencing anxiety from time to time. Patients with Lewy-body dementia (LBD) reported anxiety more often compared to patients with Alzheimer's disease. Anxiety was associated with depression, higher caregiver stress, and more dementia-related impairment, but not with cognitive test performance. Caregiver stress and higher CDR score increased the odds for anxiety significantly, even when controlling for depression. Anxiety is common in patients with mild dementia, and seems to be associated not so much with cognitive test performance than with caregiver distress and the patient's ability to function in daily life. Anxiety should be taken into account when assessing dementia, as well as screened for when examining patients with known dementia. (RH)

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From : www.journals.cambridge.org/ipg

A group music intervention using percussion instruments with familiar music to reduce anxiety and agitation of institutionalized older adults with dementia; by Huei-chuan Sung, Wen-li Lee, Tzai-li Li, Roger Watson.

International Journal of Geriatric Psychiatry, vol 27, no 6, June 2012, pp 621-627.

This experimental study from Taiwan aimed to evaluate the effects of a group music intervention on anxiety and agitation in institutionalized older adults with dementia. 60 participants were randomly assigned to an experimental or a control group. The experimental group received a 30-minute music intervention using percussion instruments with familiar music in a group setting twice weekly for six weeks, whereas the control group received usual care with no music intervention. The Rating of Anxiety in Dementia scale was used to assess anxiety, and Cohen-Mansfield Agitation Inventory was used to assess agitation at baseline, week four and week six. Repeated measures analysis of covariance indicated that older adults who received a group music intervention had a significantly lower anxiety score than those in the control group while controlling for pre-test score and cognitive level. However the reduction of agitation between the two groups was not significantly different. The authors conclude that anxiety and agitation are common in older adults with dementia and have been reported by caregivers as challenging care problems. An innovative group music intervention using percussion instruments with familiar music as a cost-effective approach has the potential to reduce anxiety and improve psychological well-being of those with dementia. (JL)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Mistreatment and self-reported emotional symptoms: results from the National Elder Mistreatment Study; by Josh M Cisler, Angela M Begle, Ananda B Amstadter, Ron Acierno.: Taylor and Francis, July/September 2012, pp 216-230.

Journal of Elder Abuse and Neglect, vol 24, no 3, July/September 2012, pp 216-230.

Many American older people living in the community report past year mistreatment; hitherto, though, little is known about mental health correlates of abuse. This study investigated whether a recent history of emotional, physical, or sexual abuse is associated with self-reported emotional symptoms (e.g. anxiety, depression) among older adults. Data was drawn from the US National Elder Mistreatment Study, a telephone survey of a representative sample of 5,777 American older people aged 60+. Results demonstrate that each type of abuse increased the likelihood of reporting emotional symptoms. However, when other known correlates (such as social support and physical health) were controlled, only emotional abuse remained a significant predictor. Additional study of mistreatment-related correlates of depression and anxiety is needed, with a focus on the often overlooked category of emotional mistreatment. (RH)

ISSN: 08946566

From : <http://www.tandfonline.com>

The potential of volunteers to implement non-pharmacological interventions to reduce agitation associated with dementia in nursing home residents; by Eva S van der Ploeg, Tapiwa Mbakile, Sandra Genovesi (et al). *International Psychogeriatrics*, vol 24, no 11, November 2012, pp 1790-1797.

Advanced dementia may be accompanied by behavioural and psychological symptoms of dementia (BPSD). BPSD stemming from pain, depression, or psychosis benefit from treatment with drugs, but in other cases, medications have limited efficacy and may elicit adverse effects. Therefore, more attention has been paid to non-pharmacological interventions, which have fewer risks and can be successful in reducing agitation and negative mood. However, these interventions are frequently not implemented in nursing homes due to staffing constraints. This study explores the potential of volunteers to further assist staff. The authors interviewed 18 staff members and 39 volunteers in 17 aged care facilities in southeast Melbourne, Australia. Three-quarters of the facilities in this region worked with at least one regular volunteer. Both self-interest and altruistic reasons were identified as motives for volunteering. Volunteers were perceived by facility representatives as helpful to residents through provision of stimulation and company. However, they were discouraged from engaging with individuals with prominent BPSD. A majority of facility representatives and volunteers had experienced some difficulties in negotiating working relationships but most were easily resolved. A large majority of volunteers expressed an interest in learning new methods of interacting with residents. Despite their beneficial effects for agitated residents, non-pharmacological interventions are often not implemented in aged care facilities. Staff members often lack time; but current volunteers in the sector are available, experienced and interested in learning new methods of interacting. Volunteers have the potential to be a valuable resource in assisting with the application of new treatments. (RH)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

Predictors of health anxiety among older and young adults; by Lindsay A Gerolimatos, Barry A Edelstein.

International Psychogeriatrics, vol 24, no 12, December 2012, pp 1998-2008.

Many older adults have at least one chronic disease and experience greater health problems than young adults. However, little is known about factors other than health that account for health anxiety (HA) among older adults. This American study aimed to develop a better understanding of HA among older and young adults. The authors examined how anxiety-related constructs (anxiety sensitivity, intolerance of uncertainty, anxiety control, and emotion regulation) predict two core components of HA described in the cognitive-behavioural model of HA (illness likelihood and negative consequences) in older and young adults. They also examined the extent to which the predictor variables differentially account for HA in both age groups. Older and young adult participants completed several self-report surveys. Young adults reported higher levels of HA than older adults. Anxiety sensitivity and reappraisal predicted illness likelihood for older and young adults. Intolerance of uncertainty predicted negative consequences in both age groups. Anxiety sensitivity predicted negative consequences for older adults only. Anxiety control did not predict illness likelihood or negative consequences for either age group. Results suggest that anxiety sensitivity and intolerance of uncertainty may predispose older and young adults to HA, which is influenced by reappraisal. Implications for the cognitive-behavioural model of HA in both age groups are discussed. (RH)

ISSN: 10416102

From : journals.cambridge.org/ipg

The relationship between attitudes to aging and physical and mental health in older adults; by Christina Bryant, Bei Bei, Kim Gilson (et al).

International Psychogeriatrics, vol 24, no 10, October 2012, pp 1674-1683.

Attitudes are known to exert a powerful influence on a range of behaviours. The authors investigated the contribution of attitudes toward one's own ageing to satisfaction with life and physical and mental health measured in a sample of community-dwelling older adults. 421 people aged 60+ who were part of a larger study of health and well-being in rural and regional Australia completed a cross-sectional postal survey comprising the Attitudes to Aging Questionnaire, the 12-Item Short Form Health Survey (SF-12), the Satisfaction with Life Scale, the Geriatric Anxiety Inventory, and the Center for Epidemiological Studies Depression Scale. Overall, attitudes to ageing were positive in this sample. More positive attitudes to ageing were associated with higher levels of satisfaction with life, better self-report physical and mental health on the SF-12, and lower levels of anxiety and depression, after controlling for confounding variables. Better financial status and being employed were both associated with more positive attitudes to ageing and better self-reported physical health. Relationship status was also significantly associated with mental health and satisfaction with life, but not physical health. The promotion of successful ageing is increasingly becoming important in ageing societies. Having positive attitudes to ageing may contribute to healthier mental and physical outcomes in older adults. Overcoming negative stereotypes of ageing through change at the societal and individual level may help to promote more successful ageing. (RH)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

Resilience to health related adversity in older people; by John Gallacher, Clive Mitchell, Luke Heslop, Gary Christopher.: Emerald, September 2012, pp 197-204.

Quality in Ageing and Older Adults, vol 13, no 3, September 2012, pp 197-204.

The authors explore factors underlying resilience to health adversity, where resilience is defined as better perceived health, after adjusting for the presence of doctor-diagnosed heart disease, stroke or diabetes (vascular disease). A population sample of 667 men and women aged 50+ years from South Wales was recruited to participate in Age Well Feel Good, an epidemiological study, involving consent and online assessment of health, psychological and cognitive status. Structural equation modelling was used to model causal pathways. The analysis presents baseline data for this sample. After adjustment for vascular disease, self-esteem was associated with higher perceived health ($\beta=0.279$, $p<0.001$), whilst depression was associated with lower perceived health ($\beta=-0.368$, $p<0.001$). Self-efficacy and anxiety were not associated with perceived health. Further analysis found self-esteem to buffer an effect of vascular disease on depression, reducing the impact of depression on perceived health. Cognitive and affective factors are involved in resilience in relation to health, and these are specific to self-esteem and depression. Although more complex associations may be found with other adversities in relation to health, interventions to improve self-esteem and ameliorate depression are likely to increase resilience. Resilience has been modelled as a process involving cognitive and affective response to adversity. In the context of health, the adverse effect of depression on health perception was mediated by self-esteem. These associations add to the understanding of the processes underlying resilience, and suggest opportunities for interventions designed to increase resilience to health adversities. (RH)

ISSN: 14717794

From : www.emeraldinsight.com/journals

Social capital and feelings of unsafety in later life: a study on the influence of social networks, place attachment, and civic participation on perceived safety in Belgium; by Liesbeth de Donder, Nico de Witte, Tine Buffel ... (et al).

Research on Aging, vol 34, no 4, July 2012, pp 425-448.

The aim of this study was to examine the relation between social capital, defined in terms of social ties, place attachment and civic participation, and feelings of unsafety in later life. Survey data for 24,962 people aged 60 years and older from 85 municipalities across Belgium provided the empirical evidence for the analysis. The results of the multiple regression analysis revealed that a lack of opportunities for political participation was the most important factor in interpreting feelings of unsafety. In addition several features of place attachment proved to be associated with feelings of unsafety, such as neighbourhood satisfaction and neighbourhood involvement. Finally some recommendations to reduce feelings of unsafety among older people are discussed. The results point to the need to enhance opportunities to give older people a voice in the process of political decision making as an important action in reducing feelings of unsafety. (JL)

ISSN: 01640275

From : <http://roa.sagepub.com/>

Spirituality and self-efficacy in dementia family caregiving: trust in God and in yourself; by J Lopez, R Romero-Moreno, M Marquez-Gonzalez (et al).

International Psychogeriatrics, vol 24, no 12, December 2012, pp 1943-1952.

Research indicates that spirituality and self-efficacy have been associated with higher levels of caregivers' well-being. However, these two concepts have rarely been examined simultaneously. This Spanish cross-sectional study of 122 dementia family caregivers analyses the combined effect of spirituality and self-efficacy on the caregiving stress process. The caregivers were assessed in relation to the following variables: stressors (time since caregiving began, daily hours caring, frequency of behavioural problems, patient's functional status); appraisal (caregiver's appraisal of behavioural problems), caregiver's personal resources (self-efficacy, spiritual meaning, social support), and outcomes (depression and anxiety). Participants were divided into four groups corresponding to four profiles defined by their scores on spiritual meaning and self-efficacy: LELS = Low self-efficacy and low spirituality; HELS = High self-efficacy and low spirituality; LEHS = Low self-efficacy and high spirituality; and HEHS = High self-efficacy and high spirituality. No differences were found between groups in stressors, appraisal, or personal resources. Caregivers in the HEHS group had significantly less depression compared to the LEHS group. Regression analysis showed that being a HEHS caregiver, low appraisal of behavioural problems and high social support were associated with low caregiver depression. Only high appraisal of behavioural problems was associated with high levels of anxiety. These results suggest that spirituality and self-efficacy had an additive effect on caregivers' well-being. A high sense of spiritual meaning and a high self-efficacy, in combination, was associated with lower levels of depression in caregivers. (RH)

ISSN: 10416102

From : journals.cambridge.org/ipg

2011

Age and anxiety and depressive symptoms: the effect on domains of quality of life; by Patrick J Brown, Steven P Roose.

International Journal of Geriatric Psychiatry, vol 26, no 12, December 2011, pp 1260-1266.

This study examined whether anxiety and depressive symptomatology moderated the relationship between age and quality of life. The community-based sample consisted of 443 adults aged 30 to 98 years. Quality of life was assessed using the World Health Organisation Quality of Life-BREF assessment. Depression was assessed using the 15-item Geriatric Depression Scale and anxiety was assessed using the Social Interaction Anxiety Scale, a measure of social anxiety. Depression and anxiety, but not age, were negatively associated with quality of life in the Psychological and Social domains. Age negatively associated for the Physical domain and positively associated for the Environmental domain, with respect to quality of life. The authors conclude that older people with high levels of anxiety and depressive symptoms reported better environmental and higher quality of life compared with middle-aged adults with similar conditions. (JL)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Anxiety and behavioural disturbance as markers of prodromal Alzheimer's disease in patients with mild cognitive impairment; by Damien Gallagher, Robert Coen, Dana Kilroy ... (et al).

International Journal of Geriatric Psychiatry, vol 26, no 2, February 2011, pp 166-172.

The objective of this study was to determine which symptoms among a range of neuropsychiatric symptoms known to occur in patients with mild cognitive impairment (MCI) are predictive of later conversion to Alzheimer's disease (AD). The research also looked at whether those symptoms track existing measures of declining cognitive and functional status or may be considered distinct and sensitive biomarkers of evolving Alzheimer's pathology. 161 patients with MCI were identified from consecutive referrals to a memory clinic. 76% of all patients had at least one neuropsychiatric symptom at baseline of which anxiety, affective disturbance and aggression were the most common. Increasing symptom frequency was observed with increasing clinical severity. Anticipatory anxiety and activity disturbances were significantly associated with earlier conversion to AD although this association did not remain significant following adjustment for cognitive status at baseline. In conclusion, neuropsychiatric symptoms and anxiety symptoms in particular are common in patients with MCI. In this sample anxiety for upcoming events and purposeless activity frequently co-occurred and were significant clinical predictors of early conversion to AD. (JL)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

The Center for Epidemiological Studies Depression Scale (CES-D) is an adequate screening instrument for depressive and anxiety disorders in a very old population living in residential homes; by Els Dozeman, Digna J F van Schaik, Harm W J van Marwijk ... (et al).

International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 239-246.

The Center for Epidemiological Studies Depression Scale (CES-D) is an instrument that is commonly used to screen for depression in community-based studies of older people, but the characteristics of the CES-D in a residential home population have not yet been studied. The aim of this study was to investigate the criterion validity and the predictive power of the CES-D for both depressive and anxiety disorders in a vulnerable, very old population living in residential homes. 277 residents were screened with the CES-D, and subsequently interviewed with a diagnostic instrument, the Mini International Neuropsychiatric Instrument (MINI). The sensitivity, specificity, and positive and negative predictive value of the CES-D were calculated by cross-tabulation at different cut-off scores. Receiver Operating Characteristics (ROC) curves were used to assess the optimal cut-off point for each disorder and to assess the predictive power of the instrument. Results showed that CES-D had satisfactory criterion validity for depressive disorders and for any combination of depressive and/or anxiety disorders. With a desired sensitivity of at least 80%, the optimal cut-off scores varied between 18 and 22. The predictive power of the CES-D in this population was best for major depression and dysthymia, closely followed by the score for any combination of depressive and/or anxiety disorder. In conclusion, the use of one single instrument to screen for both depression and anxiety disorders at the same time has obvious advantages in this very old population. (JL)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Coping processes and health-related quality of life in Parkinson's disease; by R S Bucks, K E Cruise, T C Skinner ... (et al).

International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 247-255.

The study investigated the predictive value of various coping processes for the psychological and disease specific aspects of health-related quality of life (HRQoL) in Parkinson's disease (PD). 85 patients with PD were assessed for depression, anxiety, stress, quality of life and other variables. Results showed that greater use of planned problem solving was significantly associated with better HRQoL in relation to cognitive impairment, communication and bodily discomfort. In addition to greater disease duration, greater use of escape-avoidance coping processes were identified as significant predictors of poorer HRQoL outcomes in the domains of mood and emotional well-being. Concludes that psychological interventions such as mindfulness training, aimed at reducing the use of escape-avoidance coping, may help to improve HRQoL in PD. (JL)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Reminiscence and adaptation to critical life events in older adults with mild to moderate depressive symptoms; by Joanneke Korte, Ernst T Bohlmeijer, Gerben J Westerhof, Anne M Pot.

Aging & Mental Health, vol 15, no 5, July 2011, pp 638-646.

This study examined reminiscence therapy in older people as a way of adapting to critical life events and chronic medical conditions. Participants included 171 Dutch adults with a mean age of 64 years, all with mild to moderate depressive symptoms. Critical life events, chronic medical conditions, depressive symptoms, symptoms of anxiety and life satisfaction were measured. The reminiscence functions included were: identity, problem solving, bitterness revival and boredom reduction. Findings revealed that critical life events were positively correlated with identity and problem solving. Bitterness revival and boredom reduction were positively correlated with depressive and anxiety symptoms, and negatively to life satisfaction. Problem solving had a negative relation with anxiety symptoms. When all the reminiscence functions were included, problem solving was uniquely associated with symptoms of anxiety, and bitterness revival was uniquely associated with depressive symptoms and life satisfaction. The authors recommended that therapists focus on techniques which reduce bitterness revival in people with depressive symptoms, and focus on problem-solving among older people presenting with anxiety symptoms. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com>

The spectrum of worry in the community-dwelling elderly; by Jeannette Golden, Ronan M Conroy, Irene Bruce ... (et al).

Aging & Mental Health, vol 15, no 8, November 2011, pp 985-994.

The study looked at the prevalence and distribution of worry, its content, and its associations with quality of life and depression, based on a community sample of 2,136 people aged between 65 and 96. The GMS-AGECAT structured psychiatric interview was used to rate symptoms which were classified into five levels of severity of worry ranging from simple, non-excessive to generalised anxiety disorder (GAD). In the study, 79% of the participants reported worrying, 37% reported worrying excessively, while 20% reported excessive, uncontrollable worry. Overall, 6.3% met criteria for GAD. Prevalence of all types of worry declined with age and was lower in men. The prevalence of depressed mood was similar in those without worry and those with non-severe worry but rose significantly with each level of severe worry. Major depression was absent in those who did not worry, and had a prevalence of only 0.2% in those with non-severe worry. It had a significantly elevated prevalence at all levels of excessive worry, and a significantly higher prevalence in those with GAD. All levels of excessive worry were associated with reduced quality of life. In conclusion, severe worry is highly prevalent in the elderly. Although most severe worriers do not meet criteria for GAD they do have a reduced quality of life and an increased prevalence of depression. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com>

Trauma and stress among older adults in the criminal justice system: a review of the literature with implications for social work; by Tina Maschi, Kelly Sullivan Dennis, Sandy Gibson (et al).

Journal of Gerontological Social Work, vol 54, no 4, May-June 2011, pp 390-424.

Older adults in the criminal justice system often have more physical health problems than those in the general population. Unaddressed trauma and stress among ageing prisoners may have significant consequences on their physical and mental health. The purpose of this article was to review the research literature that investigated trauma and stress among older adults in prison. A comprehensive literature review was conducted to identify empirical studies published between 1988 and 2010 examining trauma or life stressors in adult prisoners aged 50 and above. A total of 19 articles were identified. These included 11 studies using mixed age samples of

adjudicated older and younger adults and eight studies using older adult only samples. The article discusses the findings in the areas of: history of traumatic and stressful experiences; consequences and correlates of traumatic and stressful experiences; and coping resources as a protective factor. The implications and future directions for gerontological social work, research, and policy with older adults in the criminal justice system are discussed. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Unemployment during working life and mental health of retirees: results of a representative survey; by Marcus Zenger, Elmar Brahler, Hendrik Berth, Yve Stobel-Richter.

Aging & Mental Health, vol 15, no 2, March 2011, pp 178-185.

The aim of this German study was to examine differences in mental health and satisfaction with life in retired men and women depending on experienced unemployment during working life. 1396 retirees in the age range of 60-92 years were interviewed face-to-face, assessing two screening instruments for anxiety and depression as well as the Questions on Life Satisfaction questionnaire. Among others, analyses of variance were used to test the differences between groups with distinct experiences of unemployment periods. Retirees with the experience of repeated unemployment - but not with one-time unemployment - during working life reported worse mental health and satisfaction with life. Differences between men and women emerged, but similarities dominated. Participants with higher current household incomes were found to be less affected. In conclusion, the experience of repeated unemployment periods during working life is associated with more psychosocial distress in retired men and women. Thus unemployment may have serious negative implications even for persons now retired. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com>

2010

Age differences in the demand-control model of work stress: an examination of data from 15 European countries; by Kenneth S Shultz, Mo Wang, Eileen M Crimmins (et al).

Journal of Applied Gerontology, vol 29, no 1, February 2010, pp 21-47.

There have been many tests of Karasek's demand-control model of work stress. However, no studies have examined how the model may differentially apply to older versus younger workers. Due to age changes in cognitive processing, the psychological demands of jobs may interact differently with controls for younger versus older workers. Therefore, the study uses data from the Eurobarometer to examine how the demand-control model of work stress may function differently for older versus younger workers. The results indicate that different controls may in fact buffer different types of job demands for younger versus older workers. The findings reveal that only the interaction between problem solving and time to complete tasks was significant for younger workers. For older workers, however, the interactions between time deadlines and having sufficient time to complete tasks, autonomy, and the interaction between problem solving and schedule flexibility are significant predictors of self-reported stress. (KJ/RH)

ISSN: 07334648

From : <http://jag.sagepub.com> DOI: 10.1177/0733464809334286

Cost-effectiveness of a stepped care intervention to prevent depression and anxiety in late life: randomised trial; by Petronella van't Veer-Tazelaar, Filip Smit, Hein van Hout (et al).

British Journal of Psychiatry, vol 196, no 4, April 2010, pp 319-324.

There is an urgent need for the development of cost-effective preventive strategies to reduce the onset of mental disorders. The aim of this study was to establish the cost-effectiveness of a stepped care preventive intervention for depression and anxiety disorders in older people at high risk of these conditions, compared with routine primary care. An economic evaluation was conducted alongside a pragmatic randomised controlled trial (ISRCTN26474556). Consenting individuals presenting with sub-threshold levels of depressive or anxiety symptoms were randomly assigned to a preventive stepped care programme (n = 86) or to routine primary care (n = 84). The intervention was successful in halving the incidence rate of depression and anxiety at Ç563 (£412) per recipient and Ç4367 (£3196) per disorder-free year gained, compared with routine primary care. The latter would represent good value for money if the willingness to pay for a disorder-free year is at least Ç5000. The prevention programme generated depression- and anxiety-free survival years in the older population at affordable cost. (KJ/RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org> doi: 10.1192/bjp.bp.109.069617

Depression and anxiety in chronic heart failure and chronic obstructive pulmonary disease: prevalence, relevance, clinical implications and management principles; by A M Yohannes, T G Willgoss, R C Baldwin, M J Connolly.

International Journal of Geriatric Psychiatry, vol 25, no 12, December 2010, pp 1209-1221.

The purpose of the study was to review evidence regarding the prevalence, causation, clinical implications, aspects of healthcare utilisation and management of depression and anxiety in chronic heart failure and chronic obstructive pulmonary disease. A critical review of research published between 1994 and 2009 was carried out. Findings showed that the prevalence of depression and anxiety is high in both chronic obstructive pulmonary disease and chronic heart failure. However methodological weaknesses and the use of a wide range of diagnostic tools make it difficult to reach a consensus on rates of prevalence. Co-morbid depression and anxiety are associated with increased mortality and healthcare utilisation and impact upon functional disability and quality of life. Despite these negative consequences, the identification and management of co-morbid depression and anxiety in these two diseases is inadequate. There is some evidence for the positive role of pulmonary and/or cardiac rehabilitation and psychotherapy in the management of co-morbid depression and anxiety, however this is insufficient to guide recommendations. In conclusion, the high prevalence and associated increase in morbidity and mortality justifies future research regarding the management of anxiety and depression in both chronic heart failure and chronic obstructive pulmonary disease. Current evidence suggests that multi-faceted interventions such as pulmonary and cardiac rehabilitation may offer the best hope for improving outcomes for depression and anxiety. (JL)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Determinants of disparities between perceived and physiological risk of falling among elderly people: cohort study; by Kim Delbaere, Jacqueline C T Close, Henry Brodaty (et al).

British Medical Journal, vol 341, no 7770, 28 August 2010, p 436.

Fear of falling is common in older people and is associated with poor balance, depression and falls. 300 men and women aged 70-90 were randomly recruited from a cohort of 1037 living in the community in eastern Sydney, Australia and participating in the Sydney Memory and Ageing Study. Participants were categorised in relation to their physiological fall risk and their perceived fall risk: vigorous, anxious, stoic and aware. The anxious group had a low physiological but a high perceived fall risk, which was related to depressive symptoms, neurotic personality traits and decreased executive functioning. The stoic group had a high physiological but low perceived fall risk, which was protective for falling and mediated through a positive outlook on life and maintained physical activity and community participation. This summary of a paper published on bmj.com shows that many older people underestimate or overestimate their risk of falls. (RH)

ISSN: 09598138

From : www.bmj.com/BMJ2010;341:c4165

Global and caregiving mastery as moderators in the caregiving stress process; by Mark F Pioli.: Taylor & Francis, July 2010, pp 603-612.

Aging & Mental Health, vol 14, no 5, July 2010, pp 603-612.

The study tests the circumstances under which global mastery and caregiving mastery moderate the impact of objective and subjective stressors on depressive and anxious symptoms among Alzheimer's caregivers. Data from the first wave of the US Alzheimer's Family Study (AFS), a sample of 200 spousal caregivers to people with Alzheimer's disease, were examined. Sixteen separate models were tested with depression and anxiety regressed on two measures of objective demand (activities of daily living and problem behaviours), and two measures of subjective demand (role overload and role captivity), matched with each of the two mastery measures and their relevant interaction terms. Caregiving mastery functions as a moderator in the relationship between subjective demands and depression and anxiety, that is, at higher levels of caregiving mastery, the positive association between role overload and role captivity on depression and anxiety was weaker. Although there is a strong main effect of global mastery on mental health, it was not found to act as a moderator in this study. The findings demonstrate the importance of evaluating role-specific measures, such as caregiving mastery, as well as assessing a variety of stressful demands, in order to explicate the pathways through which psychosocial resources exert their protective effects. (KJ/RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Older adults' responses to Hurricane Katrina: daily hassles and coping strategies; by Tammy L Henderson, Karen A Roberto, Yoshinori Kamo.

Journal of Applied Gerontology, vol 29, no 1, February 2010, pp 48-69.

Using the stress and coping model, this article explores how older adults prepared for and coped with the aftermath of Hurricane Katrina. Interviews with a sample of 122 displaced adults, 60 years of age or older, provided insights regarding the daily hassles they faced that included securing basic resources, facing communication difficulties, and finding transportation. Positive thinking, modified thinking, staying busy, and spirituality were categories that emerged from the qualitative analysis of 119 participants and explained coping by displaced older adults. These findings reflect what and how older adults coped with a disaster and have implications for disaster preparedness. (KJ/RH)

ISSN: 07334648

From : <http://jag.sagepub.com> DOI: 10.1177/0733464809334287

Older people's perceptions of personal safety in deprived communities: understanding the social causes of fear of crime; by Joanna Waters, Richard Neale.

Quality in Ageing and Older Adults, vol 11, issue 1, March 2010, pp 48-56.

This study explored the neighbourhood-level personal safety concerns experienced by older people living in socioeconomically deprived communities in South Wales. While there is a wealth of criminological literature focusing on whether older people experience high levels of fear of crime, much of it conflicting in its conclusions, such studies tell us little about the social and physical cues for feelings of fear that are evoked in older people on a community level. To provide a richer understanding of these issues, the study adopted a predominantly qualitative approach to identify community characteristics that shaped older people's views of personal safety. This was supplemented by quantitative data regarding their actual experience of crime. The main finding was that personal safety concerns were overwhelmingly related to the social connotations of specific community locations, such as those associated with the presence and behaviour of perceived "undesirable others", rather than specific locations themselves or their physical characteristics. This raises questions and challenges about the development of appropriate and effective crime and fear reduction strategies that enable older people to feel safer in their communities, and so facilitate their community engagement and social inclusion. (RH)

ISSN: 14717794

From : Website: <http://www.pierprofessional.com> doi: 10.5042/qiaoa.2010.0155

Older people, fear and crime: problems and new directions; by Stephen Moore.

Working with Older People, vol 14, issue 4, December 2010, pp 16-24.

Critically examines the current state of knowledge regarding older people and crime and suggests that there are a number of gaps. In particular the fear of crime paradox, in which older people are seen as disproportionately afraid of becoming a victim, has drawn attention away from more important issues. Suggests that there appears to be confusion in the use of the terms 'older people' and 'crime', so that very different age groups are treated as one, homogenous grouping. Also by emphasising age as the most important factor in impacting upon fear of crime other important factors, such as income and gender, are overshadowed. If these are highlighted then the paradox of older people's fear of crime becomes less important and what emerges is that fear of crime is related to other factors that are a genuine reflection of risk. (JL)

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From : <http://www.pierprofessional.com/wwoflyer/index.html>

Psychometric properties and health correlates of the Geriatric Anxiety Inventory in Australian community-residing older women; by Gerard J Byrne, Nancy A Pachana, Daniela C Goncalves (et al).: Taylor & Francis, April 2010, pp 247-254.

Aging & Mental Health, vol 14, no 3, April 2010, pp 247-254.

A cross-sectional study of a population-based cohort of 286 Australian community-residing women aged 60+ assessed the psychometric properties and health correlates of the Geriatric Anxiety Inventory (GAI). The GAI exhibited sound internal consistency and demonstrated good concurrent validity against the state half of the Spielberger State Trait Anxiety Inventory (STAI-S) and the neuroticism domain of the NEO five-factor inventory. GAI score was significantly associated with self-reported sleep difficulties and perceived memory impairment, but not with age or cognitive function. Women with current DSM-IV Generalized Anxiety Disorder (GAD) had significantly higher GAI scores than women without such a history. In this cohort, the optimal cut-point to detect current GAD was 8/9. Although the GAI was designed to have few somatic items, women with a greater number of general medical problems or who rated their general health as worse had higher GAI scores. The GAI is a new scale designed specifically to measure anxiety in older people. In this Australian cohort of older women, the instrument had sound psychometric properties. (KJ/RH)

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From : <http://www.tandfonline.com>

PTSD in the older bereaved people; by Maja O'Connor.: Taylor & Francis, April 2010, pp 310-318.

Aging & Mental Health, vol 14, no 3, April 2010, pp 310-318.

Complicated grief reactions are relatively common following spousal bereavement. Old-age spousal loss qualifies as a possible traumatic stressor; however, post-traumatic stress disorder (PTSD) as a possible complication of the loss has rarely been explored in this population. This Danish study aimed to investigate the frequency of PTSD in older bereaved people in the county of Aarhus across the first 18 months of bereavement. Additionally, risk factors for the prediction of bereavement outcome in relation to four domains of the bereavement process were investigated. Data were collected via self-report questionnaires measuring traumatic stress (Harvard Trauma Questionnaire (HTQ)), coping style (Coping Style Questionnaire (CSQ)), crisis support (Crisis Support Scale (CSS)), and personality (e.g. NEO-five factor inventory (NEO-FFI)). 296 older bereaved people (mean age 73 years) participated at 2, 6, 13, and 18 months post loss. The comparison group consisted of 276 married older people who had experienced at least one significant loss (mean age 70 years). The frequency of PTSD within the spousal bereaved group was high (16%) compared to the comparison group (4%) and remained stable across time. Each individual domain included in the current analysis was a predictor of PTSD 18 months post loss. Most predictors remained stable across time. A hierarchical regression analysis of the four domains predicted 49% of the variance, indicating a considerable overlap between the domains. Only one predictor, early post-traumatic distress, remained significant. The results confirm that loss of a spouse in old age is traumatic for some and that the effects of the loss remain over the first 18 months post loss. The results therefore underline the importance of further investigation into PTSD in the older bereaved. (KJ/RH)

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From : <http://www.tandfonline.com>

Stress raises risk of heart disease among women under 50; by Rebecca Wilkins.

British Medical Journal, vol 340, no 7755, 15 May 2010, p 1052.

A Danish study of more than 12000 nurses indicates that pressure in the workplace can increase the risk of heart disease in women under the age of 50, but not in those aged between 50 and 65, as other factors become more important in determining the risk. This short article summarises findings of a 15-year follow-up cohort study started in 1993, led by Karen Allese of the Research Centre for Prevention and Health, Glostrup University Hospital, and published in *Occupational and Environmental Medicine* (2010, vol 37, pp 319-322; doi: 10.1136/oem.2008.043091). (RH)

ISSN: 09598138

From : www.bmj.comBMJ2010;340:c2508

The structure of the Hospital Anxiety and Depression Scale in four cohorts of community-based, health older people: the HALCYon program; by Catharine R Gale, Michael Allerhand, Avan Aihie Sayer (et al).

International Psychogeriatrics, vol 22, no 4, June 2010, pp 559-571.

The Hospital Anxiety and Depression Scale (HADS) is widely used, but evaluation of its psychometric properties has produced equivocal results. Little is known about its structure in non-clinical samples of older people. The authors used data from four cohorts in the HALCYon collaborative research program into healthy aging: the Caerphilly Prospective Study, the Hertfordshire Ageing Study, the Hertfordshire Cohort Study, and the Lothian Birth Cohort 1921. They used exploratory factor analysis and confirmatory factor analysis with multi-group comparisons to establish the structure of the HADS and test for factorial invariance between samples. Exploratory factor analysis showed a bi-dimensional structure (anxiety and depression) of the scale in men and women in each cohort. Researchers tested a hypothesised three-factor model but high correlations between two of the factors made a two-factor model more psychologically plausible. Multi-group confirmatory factor analysis revealed that the sizes of the respective item loadings on the two factors were effectively identical in men and women from the same cohort. There was more variation between cohorts, particularly those from different parts of the UK and in whom the HADS was administered differently. Differences in social-class distribution accounted for part of this variation. Scoring the HADS as two subscales of anxiety and depression is appropriate in non-clinical populations of older men and women. However, there were differences between cohorts in the way that individual items were linked with the constructs of anxiety and depression, perhaps due to differences in sociocultural factors and/or in the administration of the scale. (KJ/RH)

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From : <http://www.journals.cambridge.org>ipgdoi:10.1017/S1041610210000256

Worry and rumination in older adults: differentiating the processes; by Geoffrey D'Hudson, Lauren L Saling.: Taylor & Francis, July 2010, pp 524-534.

Aging & Mental Health, vol 14, no 5, July 2010, pp 524-534.

This study examined the factor structure of the adapted Ruminative Response Scale in a large Australian older adult sample. Previously, the factor structure has only been explored in small UK sample and thus remains tentative. A further objective was to explore overlapping and distinct characteristics of worry, brooding and reflection in relation to coping behaviour which has not previously been examined in older adults. A total of 138 older adults aged between 65 and 97 years ($M=77$, $SD=7.9$) completed a number of instruments to measure worry, rumination, anxiety and coping behaviour. A three-factor structure comprised of worry, brooding and reflection emerged. However, no unique relationship was found between the rumination components (brooding and reflection) and worry and coping pathways. The factor structure supports the idea that worry, brooding and reflection are distinguishable constructs in the older adult. However, the lack of differential associations between the rumination components and worry in relation to coping strategies provided evidence that rumination and worry are part of the same theoretical construct of repetitive thought. The implications of these findings for the management of anxiety and depression in the older population are discussed. (KJ/RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

2009

Bringing the bedside to the bench, and then to the community: a prospectus for intervention research in late-life anxiety disorders; by Eric J Lenze, Julie Loebach Wetherell.

International Journal of Geriatric Psychiatry, vol 24, no 1, January 2009, pp 1-14.

Anxiety disorders are highly prevalent in older people, and they are associated with functional impairment, poorer quality of life, and adverse long-term consequences such as cognitive decline. This paper evaluates gaps in the evidence base for treatment of late-life anxiety disorders (LLAD) and synthesises recent research in cognitive neuroscience, basic behavioural science, stress and ageing. The authors examine three intervention issues in LLAD: prevention, acute treatment, and preempting adverse consequences. They propose combining randomised controlled trials (RCTs) with mechanistic biobehavioural methodologies as an optimal approach for developing novel, optimised and personalised treatments. They also examine three barriers in the field of LLAD research: how do we measure anxiety; how do we raise awareness; and how will we ensure our research is applicable to underserved populations (particularly minority groups)? This prospectus outlines approaches to intervention research that can reduce the morbidity of LLAD. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Co-occurrence of depression and anxiety in elderly subjects aged 90 years and its relationship with functional status, quality of life and mortality; by Gerda M Van der Weele, Jacobijn Gussekloo, Margot W M De Waal (et al).

International Journal of Geriatric Psychiatry, vol 24, no 6, June 2009, pp 595-601.

The objective of this study was to examine the prevalence of concurrent depression and anxiety and its relationship with functional status, quality of life and mortality in individuals at age 90. In the Leiden 85-plus Study, a population based cohort study, depression (15-item Geriatric Depression Scale, GDS-15, 5 points) and anxiety (Anxiety Screening Questionnaire, 1 positive answer) were assessed in all 90-year old subjects with 19 points on the Mini Mental State Examination (MMSE). Functional status included: cognitive function (MMSE) and disability in activities of daily living (Groningen Activity Restriction Scale). Quality of life included: loneliness (Loneliness Scale of De Jong-Gierveld) and life satisfaction (Cantril's ladder). For all subjects, mortality data were available up to a maximum age of 95.3 years. Of the subjects aged 90 years with MMSE 19 points (56 men, 145 women), 50 subjects (25%, 95% CI 19-31%) experienced depression and 25 subjects (12%, 95% CI 9-18%) anxiety; of them 34 (17%) experienced depression only, 9 (4%) anxiety only, and 16 (8%) both depression and anxiety. Presence of depression was associated with an overall decreased functional status and quality of life and with increased mortality. Within the depressed group, subjects with anxiety did not differ from subjects without anxiety, except for higher loneliness scores. In conclusion, among individuals aged 90 years, depression and anxiety and their co-occurrence are highly prevalent. Anxiety does not add to poor functional status and increased mortality beyond that associated with depression, and is probably part of the phenomenology of depression in old age. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Do improvements in emotional distress correlate with becoming more mindful?: A study of older adults; by Kate Splevins, Alistair Smith, Jane Simpson.: Taylor & Francis, May 2009, pp 328-335.

Aging & Mental Health, vol 13, no 3, May 2009, pp 328-335.

The study aimed to investigate changes in older people's emotional well-being (specifically depression, anxiety and stress levels) and mindful ability following a mindfulness-based cognitive therapy (MBCT) course. The study also explored correlations between mindfulness (measured as an overall ability and as individual components: observe, describe, act with awareness and accept without judgement) and changes in depression, anxiety and stress levels. 22 participants took an 8-week MBCT course. Levels of depression, anxiety and stress were recorded pre- and post-intervention, as was mindfulness ability (measured both as overall ability and as individual components). Significant improvements in emotional well-being and mindfulness were reported post MBCT with large to moderate effect sizes. Increases on all four components of mindfulness were positively associated with greater emotional well-being. However, only one act with awareness and accept without judgement were significantly correlated (with reduced depression). Older people in the sample reported higher scores on observe and act with awareness than other populations. This study adds to a growing evidence base indicating the efficacy of MBCT for depression, anxiety and stress, and extends these findings to older people. The study found older people to have elevated levels of certain facets of mindfulness. Recommendations are made for researching the possibility that mindfulness may be an extension of the developmental process. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Generalised anxiety disorder; by Sonja Kruger, John Wattis, Stephen Curran.

GM (Geriatric Medicine), vol 39, no 6, June 2009, pp 339-343.

Generalised anxiety disorder is increasingly recognised as an important treatable clinical disorder. It has an overall prevalence of about 2-5%, and twice as many women as men have this condition. This disorder can present with a variety of symptoms and some people present with mainly physical symptoms. Symptoms can be treated pharmacologically, but cognitive behavioural therapy (CBT) has an important role. (KJ/RH)

ISSN: 0268201X

From : <http://www.gerimed.co.uk>

Impact of forced displacement during World War II on the present day mental health of the elderly: a population-based study; by Philipp Kuwert, Elmar Brähler, Heide Glaesmer (et al).

International Psychogeriatrics, vol 21, no 4, August 2009, pp 748-753.

The effects of traumatisation amongst the generation who experienced the Second World War is a neglected topic in research and clinical settings. Forced displacement of civilians is one of the main traumatic features of modern armed conflict. Roughly 12 million German people were displaced in World War II (WWII), and to our knowledge there has been no representative study investigating the mental health outcomes of such trauma in this population group. The survey assessed whether current depression, anxiety, resilience and life satisfaction were significantly associated with forced displacement in WWII. A nationwide representative face-to-face household survey was conducted in Germany. A representative sample of the German population aged 61 years or older (N = 1513 participants, N = 239 displaced in WWII) was approached using 258 sample points. Measurements included depressive symptoms (Patient Health Questionnaire, PHQ-2), anxiety (Generalized Anxiety Disorder, GAD-7), resilience (RS-11), general and domain-specific life satisfaction (FLZM) and socio-demographic variables. Results showed that forced displacement in WWII is significantly associated with higher levels of anxiety and lower levels of resilience and life satisfaction 60 years later. In regression analyses, forced displacement in WWII significantly predicted current anxiety, life satisfaction and resilience. To the researchers' knowledge this is the first nationwide representative survey to examine the late-life effects of forced displacement, particularly of persons displaced during WWII in Germany. Further research is needed to identify mediating variables and to evaluate psychotherapeutic interventions in older trauma survivors. (KJ/RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>

Levels of anxiety and depression as predictors of mortality: the HUNT study; by Arnstein Mykletun, Ottar Bjerkeset, Simon Overland (et al).

British Journal of Psychiatry, vol 195, no 2, August 2009, pp 118-125.

Depression is reported to be associated with increased mortality, although underlying mechanisms are uncertain. Associations between anxiety and mortality are also uncertain. The aim of this study was to investigate associations between individual and combined anxiety/depression symptom loads (using the Hospital Anxiety and Depression Scale (HADS)) and mortality over a 3-6 year period. The authors utilised a unique link between a large Norwegian population survey (HUNT-2, n = 61,349) and a comprehensive mortality database. Results showed that case-level depression was associated with increased mortality (hazard ratio (HR) = 1.52, 95% CI

1.35-1.72) comparable with that of smoking (HR = 1.59, 95% CI 1.44-1.75), and which was only partly explained by somatic symptoms or conditions. Anxiety comorbid with depression lowered mortality compared with depression alone (anxiety depression interaction P = 0.017). The association between anxiety symptom load and mortality was U-shaped. In conclusion, depression as a risk factor for mortality was comparable in strength to smoking. Comorbid anxiety reduced mortality compared with depression alone. The relationship between anxiety symptoms and mortality was more complex with a U-shape and highest mortality in those with the lowest anxiety symptom loads. (KJ/RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

Management of generalised anxiety disorder; by Sonja Kruger, John Wattis, Stephen Curran.

GM (Geriatric Medicine), vol 39, no 9, September 2009, pp 505-512.

Generalised anxiety disorder is common and can present in older people, often in conjunction with depressive symptoms. Pharmacological treatments have included tricyclic antidepressants, benzodiazepines and antipsychotics, but a selection of new drugs are now specifically licensed for this disorder. Psychological therapies such as cognitive behaviour therapy (CBT), and changing lifestyle factors - such as substance misuse and exercise - are also important to achieve therapeutic success. (KJ/RH)

ISSN: 0268201X

From : <http://www.gerimed.co.uk>

Meeting the horizon: [mental health provision]; by Andrew Mickel.

Community Care, issue 1783, 13 August 2009, pp 26-27.

Using cognitive behavioural therapy and evidence-based therapies, the Improving Access to Psychological Therapies (IAPT) programme is filling a void in mental health provision for the 15% of the population who have depression or anxiety disorder. The IAPT began at two pilot sites in 2006, and this article looks at examples of provision to people of all ages. However, despite successes, its future funding after 2011 seems uncertain. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Older adults' perceptions of mentally ill older adults; by Alicia K Webb, Joy M Jacobs-Lawson, Erin L Waddell (et al.): Taylor & Francis, November 2009, pp 838-846.

Aging & Mental Health, vol 13, no 6, November 2009, pp 838-846.

Many mentally ill older adults are stigmatised, which reduces quality of life and discourages help-seeking. This study's goal was to identify factors associated with stigma. 101 community-dwelling older adults were asked to indicate their attitudes toward and reactions to three hypothetical older women with depression, anxiety, or schizophrenia. The results suggest that schizophrenic persons are viewed as most dangerous and dependent, while anxious persons are seen as most responsible for their illness. Age, gender, and educational level of participants were associated with desired social distance and differing perceptions of the hypothetical persons. These findings can be used to improve educational efforts that seek to reduce the stigma associated with mental illness in older adults. (KJ/RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

On the origins of ageism among older and younger adults; by Ehud Bodner.

International Psychogeriatrics, vol 21, no 6, December 2009, pp 1003-1014.

Ageism is apparent in many social structures and contexts and in diverse forms over the life cycle. This review discusses the development and consequences of ageism toward older people by others of any age, according to the Terror Management Theory (TMT) and the Social Identity Theory (SIT). A systematic search of the literature was carried out on the social and psychological origins of ageism in younger and older adults. Studies on the reasons for ageism among older adults point to attitudes that older adults have toward their own age group, while studies on ageism in young adults explain it as an unconscious defensive strategy which younger adults use against death anxiety. In other words, TMT can serve as a suitable framework for ageism in younger adults, and SIT appears to explain ageism in older adults. A dissociation of the linkage between death and old age in younger adults can be achieved by changing the concepts of death and old age. For older adults, it is recommended to improve self-worth by encouraging social contacts in which older adults contribute to younger adults, weaken the effects of age stereotypes in TV programmes, and prepare middle-aged adults for living healthy lives as older adults. However, these conclusions should be regarded with caution, because several key areas (age related cues, activated cognitive processes, impact of death awareness on ageism) need to be

investigated in order to validate this understanding of the origins of ageism among younger and older adults. (KJ/RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>

Post-traumatic stress disorder in older people after a fall; by Man Cheung Chung, Kevin J McKee, Chris Austin (et al).

International Journal of Geriatric Psychiatry, vol 24, no 9, September 2009, pp 955-964.

Post-traumatic Stress Disorder (PTSD) is a debilitating psychological condition, never studied in relation to falls in older people. This study determined the prevalence and correlates of PTSD in a convenience sample of 196 people aged 65+ post-fall. Baseline data were collected by interview in hospital post-fall and by postal self-completion at 12 and 24 weeks post-baseline. Information collected at baseline included falls-related data, activity problems, fear of falling, PTSD symptoms, anxiety and depression, and at follow-up PTSD symptoms, anxiety and depression, the receipt of rehabilitation and further falls. In hospital, of 40 participants whose fall had occurred more than 1 month previously, 35% had full acute PTSD and 17.5% had partial acute PTSD. At follow-up, full or partial chronic PTSD was found in 26.1% of participants at first follow-up, and in 27.4% of participants at second follow-up. Older age, pre-fall activity problems, fear of falling, and anxiety assessed at baseline were associated with follow-up PTSD diagnosis, as were anxiety and depression assessed concurrently. PTSD occurs in a substantial minority of older people post-fall. No pattern emerged of factors predictive of PTSD, although the association between fear of falling and PTSD suggests some patients thought to have fear of falling may be manifesting PTSD and require identification to enable therapeutic intervention. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Psychiatric disorders and other health dimensions among Holocaust survivors 6 decades later; by Asaf Sharon, Izhak Levav, Jenny Brodsky (et al).

British Journal of Psychiatry, vol 195, no 4, October 2009, pp 331-335.

No previous community-based epidemiological study has explored psychiatric disorders in those who survived the Holocaust. Anxiety and depressive disorders, sleep disturbances, other health problems, also use of services were examined among individuals exposed or unexposed to the Holocaust. The relevant population samples were part of the Israel World Mental health Survey. The interview schedule included the Composite International Diagnostic Interview and other health-related items. The Holocaust survivor group had higher lifetime (16.1%) and 12-month (6.9%) prevalence rates of anxiety disorders, and more current sleep disturbance (62.4%) and emotional distress than their counterparts who did not have higher rates of depressive disorders or post-traumatic stress disorder (PTSD). Early severe adversity was associated with psychopathological disorder long after the end of the second World War, but not in all survivors. Age during the Holocaust did not modify the results. (RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

Recognition and response: approaches to late-life depression and mental health; by Steve Iliffe.

Quality in Ageing, vol 10, issue 1, March 2009, pp 9-15.

The boundaries between what is a healthy response to stress and anxiety and what is abnormal are often difficult to determine, especially in primary care. Even symptoms of conditions such as psychosis and dementia can present as relatively normal behaviour. This paper considers depression in late life as an example of this tension. On the one hand, depressive symptoms may be viewed as an "understandable" response to bereavement or physical illness, while on the other, it can be a serious, disabling and life-threatening condition if left untreated. Primary care has a key role in supporting depressed older people, through improved pattern recognition and diagnosis, by tailoring effective treatments to fit the individual, and by providing or signposting the older person to information and advice. This is a pivotal role that primary care plays in relation to other mental health problems that older people experience. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

Social work students' comfort with end-of-life care; by Kelsey Simons, Eunice Park-Lee. Binghamton, NY: Haworth Social Work Practice Press, 2009, pp 34-48.

Journal of Social Work in End-of-life & Palliative Care, vol 5, nos 1-2, 2009, pp 34-48.

This study identified characteristics among social work students that influence their level of comfort with end-of-life practice situations. Two hundred and seventy-two students from the United States and Canada completed an online survey that assessed levels of death anxiety, experience with death, and comfort with end-of-life care.

The majority of respondents were MSW students. Multiple regression analysis demonstrated that students with less death anxiety, those who had already completed or were interested in hospice field placements, had personal experience with death, and were age 35+ had greater comfort levels. Results of this research have implications for social work education and practice by contributing knowledge that may be useful in the development of end-of-life curricula and continuing education programmes. (KJ/RH)

ISSN: 15524256

From : <http://www.tandfonline.com>

2008

Analysis of the efficacy of a psychotherapeutic program to improve the emotional status of caregivers of elderly dependent relatives; by Javier López, Maria Crespo.: Taylor & Francis, July 2008, pp 451-461.

Aging & Mental Health, vol 12, no 4, July 2008, pp 451-461.

The long-term impact was examined of a psychotherapeutic cognitive-behavioural program with two intervention formats (traditional weekly sessions and minimal therapeutic contact) in caregivers who suffered from emotional problems due to caring for an older dependent relative. The 86 Spanish participants who lived with an older person at home, were randomised into one of the two intervention formats for 8 weeks. Measures of anxiety, depression, burden, coping, social support and self-esteem were analysed pre- and post-treatment, and at 1, 3, 6 and 12 month follow-ups. Significant effects were found in the expected direction in most of the measures analysed. Participants in the intervention reduced significantly their levels of anxiety, depression and burden, and they improved the levels of problem-focused coping, social support and self-esteem. The two intervention formats had different evolutions, with better effects in the TWS format, especially at the first post-test measurements, but the difference tended to decrease over time. The data suggest that individual therapeutic interventions with caregivers are efficient to reduce their emotional problems, and that the effect is mediated by improvement both in their appraisal of the situation and in their personal resources. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Anxiety symptoms and cognitive performance in later life: results from the longitudinal aging study Amsterdam; by Ellis J M Bierman, Hannie C Comijs, Frank Rijmen (et al.): Taylor & Francis, July 2008, pp 517-523.

Aging & Mental Health, vol 12, no 4, July 2008, pp 517-523.

Data from the Longitudinal Aging Study Amsterdam (LASA) were used to investigate whether, and if so how, anxiety symptoms are related to cognitive decline in older people, and whether anxiety symptoms precede cognitive decline. Anxiety symptoms were measured using the Hospital Anxiety and Depression Scale (HADS). General cognitive functioning was measured with the Mini Mental State Examination (MMSE), episodic memory with the Auditory Verbal Learning Test, fluid intelligence with the Raven's Coloured Progressive Matrices, and information processing speed with the coding task. Multilevel analyses were performed to investigate the relationship between anxiety symptoms and cognitive decline over 9 years, taking into account confounding variables. Although not consistent across all dimensions of cognitive functioning, a curvilinear effect of anxiety on cognitive performance was found. Furthermore, the authors found that previous measurement of anxiety symptoms were not predictive of cognitive decline at a later time-point. This study suggests that the effect of anxiety on cognition depends on the severity of the present anxiety symptoms with mild anxiety associated with better cognition, whereas severe anxiety is associated with worse cognition. The effect of anxiety symptoms on cognitive functioning seems to be a temporary effect; anxiety is not predictive of cognitive decline. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Anxiety, depression and disability across the lifespan; by G A Brenes, B W J H Penninx, P H Judd (et al.): Taylor & Francis, January 2008, pp 158-163.

Aging & Mental Health, vol 12, no 1, January 2008, pp 158-163.

The relationship between anxiety, depression and physical disability was examined, after controlling for demographic and health variables, in a sample of 374 adults aged 18-94 in San Diego County, California. Results indicate that anxiety, depression and comorbid anxiety and depression are associated with higher levels of disability, after controlling for factors such as age, gender, income, self-rated health, number of medical conditions and number of physician visits in the past year. Furthermore, anxiety, depression and comorbid anxiety and depression have a differential effect on disability according to age, with older people with any of these symptoms reporting higher levels of disability than younger adults. These findings suggest that physicians working with older people should assess for and treat anxiety as well as depressive symptoms. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

The clinical utility of the geriatric anxiety inventory in older adults with cognitive impairment; by Geoff Boddice, Gerard J Byrne.

Nursing Older People, vol 20, no 8, October 2008, pp 36-39.

The assessment of anxiety can be difficult in older populations. In particular, the assessment of anxiety in long-term care settings can be problematic, because patients may be experiencing some level of cognitive impairment as well as co-existing medical conditions. The Geriatric Anxiety Inventory (GAI) is a brief, 20-item anxiety screening tool validated previously in community and outpatient samples of older adults. In this series of studies the predictive validity of the instrument in residential care settings is examined. Results indicated that classification of presence or absence of anxiety symptoms by the GAI was not significantly associated with an individual's cognitive status, in either community dwelling or residential care samples. In addition, data supported the predictive validity of the GAI in residential care settings with respect to diagnosis of anxiety disorders. Thus the GAI may be a useful measure to assess anxiety symptoms in residential care. (KJ)

ISSN: 14720795

From : <http://www.nursingolderpeople.co.uk>

Co-occurrence of anxiety and depressive disorders in a community sample of older people: results from the MRC CFAS (Medical Research Council Cognitive Function and Ageing Study); by Kari Kvaal, Fiona A McDougall, Carol Brayne (et al).

International Journal of Geriatric Psychiatry, vol 23, no 3, March 2008, pp 229-237.

Few population-based studies have examined the whole range of sub-threshold syndromes and disorders of anxiety and depression in older people. The Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) included 13004 people aged 65+ who completed the initial screening interview. A stratified random sub-sample of 2040 participated in the assessment interview where the Geriatric Mental State Examination (GMS) was administered. The AGE-CAT diagnostic system was used to generate sub-threshold and disorder levels of anxiety and depression as well as the combination of these into eight syndrome categories plus a group without any of the syndrome categories. Prevalence, adjusted and unadjusted odds ratio calculations were calculated in the syndrome categories in relation to cross-sectional personal and environmental factors, and odds ratios of sub-threshold and disorder levels were estimated. The overall prevalence of anxiety and depression were 3.1% and 9.7% respectively. There was a high prevalence of anxiety and depression occurring in parallel: overlap was 8.4%. The highest odds ratios unadjusted and adjusted for age and gender of anxiety and depressive disorders and significant for trend were found for increasing disability. The study found environmental factors to be strongly related to anxiety and depression; and overall, women have significantly higher estimates of anxiety and depression than men. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Coping strategies, anxiety and depression in caregivers of people with Alzheimer's disease; by Claudia Cooper, Cornelius Katona, Martin Orrell (et al).

International Journal of Geriatric Psychiatry, vol 23, no 9, September 2008, pp 929-936.

The hypothesis was explored that the relationship between caregiver burden and depression is mediated by coping style. As part of the LASER-AD study in London and the South East, 93 (73.8%) people with Alzheimer's disease (AD) and their family caregivers recruited at baseline were re-interviewed 1 year later. Sampling aimed to ensure that the participants were representative of people living in the UK with AD in terms of dementia severity, gender and care setting. The Hospital Anxiety and Depression Scale (HADS), the Zarit Burden scale and the brief COPE were used to measure coping strategies. Using fewer emotion-focused strategies and more problem-focused strategies (but not dysfunctional strategies) mediated the relationship between caregiver burden and anxiety a year later. Using fewer emotion focused strategies also predicted higher psychological morbidity in general. The results suggest that a psychological intervention package to emphasise emotion-focused coping may be a rational approach to reduce anxiety in dementia caregivers. Studies are needed to test such interventions. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Correlates of intrusion and avoidance as stress response symptoms in family carers of patients suffering from dementia; by Ingun Ulstein, Torgeir Bruun Wyller, Knut Engedal.

International Journal of Geriatric Psychiatry, vol 23, no 10, October 2008, pp 1051-1057.

196 family carers of 196 dementia patients living at home in Norway were studied. Carers were assessed by the Impact of Events Scale (IES), the Geriatric Depression Scale (GDS), the State Trait Anxiety Inventory (STAI) and the Distress scale of the Neuropsychiatric Inventory (NPI-D). Patients were assessed with the Mini Mental State Examination (MMSE), the Disability Assessment for Dementia (DAD) and the Neuropsychiatric Inventory (NPI). 20 carers (10%) scored above 19 on the intrusion and avoidance subscales the IES, whereas 90 (47%) scored above 8 on both subscales. The moderate to high stress response was independently explained by being a spouse, high scores on GDS, and high scores on NPI-D. Spouses and other family cares having daily contact with patients with dementia experience moderate to high levels of intrusion and avoidance. These symptoms are associated with symptoms of anxiety, distress and depression and should be taken into account when tailoring interventions for carers. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Fear of falling: measurement strategy, prevalence, risk factors and consequences among older persons; by Alice C Sheffer, Marieke J Schuurmans, Nynke van Dijk (et al).

Age and Ageing, vol 37, no 1, January 2008, pp 19-24.

Fear of falling (FOF) is a major health problem in older people living in communities, present not only in those who have fallen but also in older people who have never experienced a fall. This study's aims were to: study methods to measure FOF; study the prevalence of FOF among fallers and non-fallers; identify factors related to FOF; and investigate the relationship between FOF and possible consequences for community-dwelling older people. A systematic review identified 28 relevant studies from a systematic search of several databases and by cross-checking selected articles for other relevant publications. Due to the many different kinds of measurements used, the reported prevalence of FOF varied between 3% and 85%. The main risk factors for developing FOF are at least one fall, being female, and being older. The main consequences were identified as a decline in physical and mental performance, an increased risk of falling, and progressive loss of health-related quality of life (HRQoL). This review shows that there is great variation in the reported prevalence of FOF in older people, and that there are multiple associated factors. Knowledge of risk factors may be useful in developing multidimensional strategies to decrease FOF and improve quality of life. However, the only identifiable risk of FOF is a previous fall. In order to measure the impact of interventions, a uniform measurement strategy for FOF should be adopted, and follow-up studies should be conducted. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Mental health and cognitive function in adults aged 18 to 92 years; by David Bunce, Maya Tzur, Anusha Ramchurn (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 63B, no 2, March 2008, pp P67-P74.

In research partly funded by the Economic and Social Research Council (ESRC), the authors investigated mental health and cognitive function in 195 community-dwelling adults aged 18 to 92 (mean age 46.64). Several cognitive domains were assessed, including psychomotor, executive function and episodic memory. A significant Age x Mental Health interaction was found in relation to within-person (WP) variability (trial-to-trial variability in reaction time performance) to a 4-choice psychomotor task and a Stroop test, but not in relation to mean reaction time measures from those tasks. Poorer mental health was associated with greater WP variability to older adults; this effect was not found in relation to memory. The findings suggest that WP variability may be sensitive to relatively subtle effects associated with age and poor mental health, and that they provide a valuable insight into cognitive function in old age. (RH)

ISSN: 10795014

From : <http://www.geron.org>

The multiple sources of women's aging anxiety and their relationship with psychological distress; by Anne E Barrett, Cheryl Robbins.

Journal of Aging and Health, vol 20, no 1, February 2008, pp 32-65.

Three sources of women's ageing anxiety aer examined - declining attractiveness, health and fertility - with social contexts of their lives, including locations in systems inequality, connections to institutions, relationships, and health. Also explored are links between ageing anxieties and distress. The study uses data for 1406 women aged 25-74 from the MacArthur Foundation National Survey of Midlife Development in the United States (MIDUS) conducted in 1995-96, analysed by logistic and OLS regression. Anxiety about attractiveness is higher

among women who are younger, White, heterosexual, employed, separated or divorced, less financially dependent, and have worse relationships. Anxiety about health is greater among women who are younger, White, less financially independent, and have worse relationships and health. Anxiety about fertility is higher among younger, more educated, heterosexual, more financially independent, and childless women. Anxiety about health and attractiveness predicts greater distress. This study suggests that correlates and mental health consequences of ageing anxiety differ across sources of concern. (RH)

ISSN: 08982643

From : <http://www.sagepublications.com>

Neuropsychiatric problem in Parkinson's disease: comparisons between self and caregiver report; by Audrey McKinlay, Randolph C Grace, John C Dalrymple-Alford (et al): Taylor & Francis, September 2008, pp 647-653.

Aging & Mental Health, vol 12, no 5, September 2008, pp 647-653.

The level of agreement between caregiver and Parkinson's disease (PD) patient reports of neuropsychiatric patients was examined. Participants were 43 patients and 43 informants who knew the patient well (caregivers) in the Canterbury area of New Zealand. Caregivers rated patients' behaviour as well as their own stress, using the Neuropsychiatric Inventory (NPI). Information was obtained from patients by means of commonly used scales: Beck Depression Inventory, Apathy Scale, Unified Parkinson's Disease Rating Scale, and the Hamilton Anxiety Depression Scale. Both patients and caregivers also completed the Frontal Systems Behaviour Scale, which assesses behaviours associated with apathy, disinhibition and executive dysfunction. The level of agreement between these self and caregiver reports was low, with only 45.8% agreement for depression, 45% for apathy, 28.6% for hallucinations, 26.9% for sleep problems and 6.7% for anxiety. Given this low level of agreement, these two methods of assessment cannot be considered interchangeable. (RH)

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From : <http://www.tandfonline.com>

Post-traumatic stress and co-morbidity following myocardial infarction among older patients: the role of coping; by M C Chung, Z Berger, R Jones (et al): Taylor & Francis, January 2008, pp 124-133.

Aging & Mental Health, vol 12, no 1, January 2008, pp 124-133.

96 myocardial infarction (MI) patients were recruited from two UK general practices and completed the Post-traumatic Stress Diagnostic Scale (PDS), the General Health Questionnaire 28 (GHQ-28) and the COPE scale. 92 older patients with no previous MI experience constituted the control. Using the PDS, 30%, 42% and 28% had full, partial and no PTSD respectively. There were significant differences between the patient groups and the control on all GHQ-28 subscales. Significant differences were also identified between the patient groups in the following coping strategies: seeking emotional behaviour support; suppression of competing activities; restraint coping; focusing on and venting of emotion; and mental and behavioural disengagement. Controlling for bypass surgery, previous mental health difficulties, angioplasty, heart failure and angina, MANCOVA results did not change the overall results of the GHQ-28 but changed the results of coping, in that seeking emotional social support and behavioural disengagement stopped being significant. Coping was a partial mediator between different levels of post-MI PTSD and co-morbidity. Depending on the severity of PTSD symptoms, co-morbidity and coping strategies can vary among older patients. Older patients with full PTSD tend to use both maladaptive coping strategies as well as problem-focused coping. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey; by Linda Ganzini, Elizabeth R Goy, Steven K Dobscha.

British Medical Journal, vol 337, no 7676, 25 October 2008, pp 973-983.

58 Oregonians, most terminally ill with cancer or amyotrophic lateral sclerosis, who had either requested aid in dying from a physician or contacted an aid in dying advocacy organisation participated in this cross sectional survey. Diagnosis for depression or anxiety was ascertained according to the Hospital Anxiety and Depression Scale (HADS) and the structured clinical interview for the Diagnostic and Statistical Manual of Mental Disorders. 15 participants met "caseness" criteria for depression, and 13 for anxiety. 42 died by the end of the study; 18 received a prescription for a lethal drug under the Death with Dignity Act; and 9 died by lethal ingestion. 15 participants who received a prescription for a lethal drug did not meet criteria for depression; three did. All three depressed participants died by a legal ingestion within two months of the research interview. Although most terminally ill Oregonians who receive aid in dying did not have depressive disorders, the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced by depression from receiving a prescription for a lethal drug. (RH)

ISSN: 09598138
From : www.bmj.com

Prevalence of depression and anxiety symptoms in elderly patients admitted in post-acute intermediate care; by A M Yohannes, R C Baldwin, M J Connolly.

International Journal of Geriatric Psychiatry, vol 23, no 11, November 2008, pp 1141-1147.

Clinical depression and anxiety are common in older patients admitted to intermediate care. The study investigated the prevalence of depression and anxiety symptoms in 173 older patients (60 male; mean age 80) admitted for further rehabilitation to an intermediate care unit in north-west England. Depression and anxiety symptoms were assessed by the Hospital Anxiety and Depression Scale (HADS), and severity of depression by the Montgomery Asberg Depression Rating Scale. Physical disability was assessed by the Nottingham Extended ADL Scale and quality of life by SF-36. 65 patients (38%) were identified with depressive symptoms, 29 (17%) with clinical depression, 73 (43%) with anxiety symptoms, and 43 (25%) with clinical anxiety. 15 (35%) of the latter did not have elevated depression scores (9% of the sample). Of those with clinical depression, 14 (48%) were mildly depressed and 15 (52%) were moderately depressed. Longer stay in the unit was predicted by severity of depression, physical disability, low cognition and living alone. The benefits of structured management programmes for anxiety and depression patients admitted in intermediate care are worth evaluating. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Reciprocal relationship between fear of falling and depression in elderly Chinese primary care patients; by Kee-Lee Chou, Iris Chi.: Taylor & Francis, September 2008, pp 587-594.

Aging & Mental Health, vol 12, no 5, September 2008, pp 587-594.

Using longitudinal data collected on 321 Chinese primary care patients aged 65+, the authors investigated the reciprocal relationship between fear of falling and depression. They examined whether functional disability and social functioning mediated the link between fear of falling and depression. Participants were recruited from three primary care units in Hong Kong, and were assessed in Cantonese by two trained assessors with Minimum Data Set - Home Care twice over a 1-year period. Findings revealed that fear of falling at baseline significantly predicted depression at 12-month follow-up assessment after age, gender, marital status, education and depression at baseline were adjusted, but depression at baseline did not predict fear of falling at 12 months after fear of falling at baseline was adjusted. Moreover, social functioning mediated the impact of fear of falling on depression. These findings indicate that fear of falling potentially increase the risk of depression in Chinese older people in primary care settings. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Response variability of salivary cortisol among older adults under psychological stress; by Michel Préville, Steve Zarit, E Susman (et al.): Taylor & Francis, March 2008, pp 249-257.

Aging & Mental Health, vol 12, no 2, March 2008, pp 249-257.

In this study, a quasi-experimental design with repeated measures was used to compare 129 anxious and 186 non-anxious older people on the cortisol secretion rate attributable to an experimental stressor. Results support the hypothesis that a first-order longitudinal factor model appropriately describes the cortisol concentration in three saliva samples collected at two experimental times. The model tested explained between 82.6% and 98% of the variance in the cortisol concentration of the respondent's saliva sample at T1. and between 55.% and 78.4% at T2. In the non-anxious group (State Trait Anxiety Inventory, STAI <41), the magnitude of the experiment-related cortisol reactivity was respectively 51% and 13% higher than the respondent's baseline reactivity level at both T1 and T2. By contrast, the anxious group (STAI >42), results showed no significant gradient in the magnitude of the cortisol reactivity at either time. This result is interpreted to be in agreement with the helplessness reaction hypothesis. These results suggest that salivary cortisol is a valid measure that is sensitive to experimental stress, and may, therefore, be useful in examining physiological response to stress. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Stress, distress and mucosal immunity in carers of a partner with fronto-temporal dementia; by Matt Bristow, Rachel Cook, Sharon Erzinclioglu (et al.): Taylor & Francis, September 2008, pp 595-604.

Aging & Mental Health, vol 12, no 5, September 2008, pp 595-604.

25 carers and 36 non-carers completed standardised psychological assessments of perceived stress, psychological well-being, coping and social support. Levels of mucosal immunity were assessed in saliva

samples collected over the 3 days of the study, alongside daily assessments of stress, arousal and mood. Informal carers as a group reported greater stress and poorer psychological well-being, but there was considerable variation, with some carers reporting better psychological functioning than non-carers. Immune levels were not suppressed in carers compared to non-carers; counter to hypothesis, there was a positive correlation between immunity and poorer psychological well-being. This research suggests that caring for a partner with frontotemporal dementia (FTD) increases distress, and carers might benefit from psychological intervention. However, the variation in psychological well-being requires explanation. Furthermore, this first examination of mucosal immunity using participants experiencing enduring stress suggests that, in contrast to previous research, enduring stress does not lead to suppression of mucosal immunity and may actually enhance it. (RH)

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From : <http://www.tandfonline.com>

2007

Age differences in coping and emotional responses toward SARS: a longitudinal study of Hong Kong Chinese; by Danni Yuen-Lan Yeung, Helene H Fung.: Taylor & Francis, September 2007, pp 579-587.

Aging & Mental Health, vol 11, no 5, September 2007, pp 579-587.

Age-related emotional responses and coping at the peak and end of the severe acute respiratory syndrome (SARS) outbreak in Hong Kong were examined. 385 Hong Kong Chinese aged 18-86 rated the extent that they experienced "shock", "sadness", "anger" and "fear" in the face of SARS. They also completed selected items from Brief COPE (Carver, 1997). The results showed that older people consistently experienced less anger than did their younger counterparts. Younger adults used more emotion-focused coping than did middle-aged and older adults at the peak of SARS; yet they exhibited the lowest increase in this form of coping throughout the outbreak, such that the age differences had reversed by the end of the outbreak. This study's findings suggest that older people may be better at emotional regulation than are their younger counterparts; they react to a crisis with less anger and are better able to adapt their coping strategies to the changing environment. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Distinguishing worry from rumination in older people: a preliminary investigation; by C Rewston, C Clarke, E Moniz-Cook (et al.): Taylor & Francis, September 2007, pp 604-611.

Aging & Mental Health, vol 11, no 5, September 2007, pp 604-611.

Anxiety and depression are common mental health problems in later life. Since worry and rumination are thought to underpin the respective primary cognitive processes in anxiety and depression, the authors developed a measure to distinguish worry from rumination in later life. The Ruminative Response Scale was adapted to include items that characterise the cognitive features of worry. The authors examined its properties using 92 clinical and non-clinical participants aged over 65. Factor analysis demonstrated a 3-factor structure: brooding, reflections, and worry. They found no evidence for concurrent validity of these factors using the Penn State Worry Questionnaire. Modest but significant associations between reflection and brooding ($r=0.36$), and reflection and worry ($r=0.2$), were found. Brooding and worry scales remained unrelated. The authors suggest that it is possible to distinguish worry from rumination in older people, and that differentiating between their key underlying characteristics in the assessment of mood problems may enhance the targeting and evaluation of cognitive behavioural therapy (CBT) for anxiety and depression in later life. Future research with a substantial clinical sample is needed to explore the underlying dimensions and correlates of worry in later life. (RH)

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From : <http://www.tandfonline.com>

An evaluation of two self-report screening measures for mood in an out-patient chronic heart failure population; by J E Haworth, E Moniz-Cook, A L Clark (et al).

International Journal of Geriatric Psychiatry, vol 22, no 11, November 2007, pp 1147-1153.

88 of 203 older people with confirmed chronic heart failure (CHF) responded to a postal survey and participated in a face-to-face interview. The Geriatric Depression Scale 15-item (GDS-15) and the Hospital Anxiety Depression Scale (HADS) were compared to diagnoses from the Structured Clinical Interview for DSM-IV (SCID-I), using a receiver operating characteristic (ROC) analysis of positive and negative predictive values, sensitivity and specificity for cut-off points. The GDS-15 and HADS were both found to be valid scales for detecting depression in older CHF out-patients. However, use of the HADS requires reduced cut-points to ensure that patients with mood disorder are not missed in this population. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

The joint effects of life stress and negative social exchanges on emotional distress; by Kristin J August, Karen S Rook, Jason T Newsom.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 5, September 2007, pp S304-S314.

Negative social exchanges detract considerably from older people's emotional health, but little is known of the specific factors that make some more vulnerable than others to such exchanges. This study examined whether stressful life experiences compound the impact of negative social exchanges on emotional distress. As part of the Later Life Study of Social Exchanges, in-person interviews were conducted with a representative sample of 916 non-institutionalised older people. Linear and non-linear models were examined for three classes of stressful life experiences: relationship losses, disruptive events, and functional impairment. There was a linear pattern for loss events and functional impairment, and a non-linear pattern for disruptive events. Negative social exchanges and stressful life experiences can jointly affect emotional distress, but the particular nature of the joint effects varies by type and level of stress. Negative social exchanges appear to have more severe effects in the context of some stressors, but less severe in other contexts. (RH)

ISSN: 10795014

From : <http://www.geron.org>

Mental disorders and asthma in the elderly: a population-based study; by Tze-Pin Ng, Peak-Chiang Chiam, Ee-Heok Kua.

International Journal of Geriatric Psychiatry, vol 22, no 7, July 2007, pp 668-674.

Clinical studies have mostly linked anxiety disorders with asthma in young patients, but the data are inconsistent for depression. Few population-based studies have investigated the comorbid diagnoses of mental disorders with asthma in older people. In a cross-sectional study of 1092 people aged 60+ in Singapore, the diagnoses of recent depression and anxiety were made using the Geriatric Mental State (GMS) Schedule. The presence of asthma was ascertained by self-report. Asthma was associated with a higher prevalence of depressive disorders, when compared with non-asthmatic controls; and when comparing against controls with other chronic illnesses after adjusting for psychosocial factors, physical comorbidity and use of depression-causing drugs. The authors observed that asthma in older people was more evidently associated comorbidly with depression, rather than anxiety disorder. However, possible associations with anxiety and dementia are not excluded and should be further investigated. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Perceived control and coping in women faced with activity restriction due to osteoarthritis: relations to anxious and depressive symptoms; by Vicky Rivard, Philippe Cappeliez.

Canadian Journal on Aging, vol 26, no 3, Autumn 2007, pp 241-254.

The study focuses on perceived control and coping strategies regarding activity restriction due to osteoarthritis in a sample of older women. Using a cross-sectional design, it examines how these variables, separately and in combination, predict anxious symptoms and depressive symptoms. Perceived control did not predict anxious symptoms, while approach-type coping strategies did. Perceived control and approach-type coping strategies individually predicted depressive symptoms. Higher perceived control in interaction with avoidant-type coping strategies significantly predicted lower depressive symptoms. Overall, the findings suggest that perceived control and coping strategies with regard to activity restriction relate in different ways to anxious symptoms and to depressive symptoms. (KJ/RH)

ISSN: 07149808

From : <http://www.utpjournals.com>

Prevalence and correlates of fear of falling, and associated avoidance of activity in the general population of community-living older people; by G A R Zijlstra, J C M van Haastregt, J T M van Eijk (et al).

Age and Ageing, vol 36, no 3, May 2007, pp 304-309.

Results from a cross-sectional study of a random sample of 4031 community-living Dutch people aged 70+ are that 54.3% reported fear of falling, with 37.9% reporting associated avoidance of activity. High age, female gender, fair or poor perceived general health, and one or more multiple falls were independently associated with fear of falling and associated avoidance of activity. In particular, the associations for fair and poor perceived health and multiple falls were very strong. These findings may help health care professionals to identify people eligible for interventions aimed at reducing fear of falling and activity restriction. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Psychosocial interventions for mental illness in late-life; by P A Areán, G S Alexopoulos (eds).

International Journal of Geriatric Psychiatry, vol 22, no 2, February 2007, pp 99-165 (whole issue).

In this special topic issue of the International Journal of Geriatric Psychiatry, papers have been selected that reflect the benefits of psychotherapy in treating depression, cognitive impairment, anxiety and strain in older people. The eight research articles focus on specific techniques in psychotherapy, including cognitive behavioural therapy (CBT), interpersonal therapies, dialectical behaviour therapy (DBT), and the role of religious participation. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

The relationship between generalized anxiety disorder, depression and mortality in old age; by Tjalling J Holwerda, Robert A Schoevers, Jack Dekker (et al).

International Journal of Geriatric Psychiatry, vol 22, no 3, March 2007, pp 241-249.

As part of the Amsterdam Study of the Elderly (AMSTEL), generalized anxiety disorder, mixed anxiety-depression and depression were assessed in 4051 older people, with a 10-year follow-up of community death registers. The mortality risk of generalized anxiety disorder, depression and mixed anxiety-depression was calculated after adjustment for demographic variables, physical illness, functional disabilities and social vulnerability. In generalized anxiety disorder and mixed anxiety-depression no significant excess mortality was found. In depression, though, after adjustment for the different variables, a significant excess mortality was found in men, but not in women. Generalized anxiety disorder may even predict less mortality in depressive older people, but the relation between generalized anxiety disorder and its possible protective effect on mortality has to be further explored. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

The relationship between self-reported health and mental health problems among older adults in New Zealand: experiential avoidance as a moderator; by D H Andrew, P L Dulin.: Taylor & Francis, September 2007, pp 596-603.

Aging & Mental Health, vol 11, no 5, September 2007, pp 596-603.

Experiential avoidance (EA) has been found in previous studies to be strongly associated with a number of psychological disorders in younger adults but has received minimal attention in older populations. 208 individuals from New Zealand aged 70-92 participated in this study. The Geriatric Anxiety Inventory, the Geriatric Depression Scale (GDS) and the Acceptance and Action Questionnaire were used to measure anxiety, depression and EA respectively. It was hypothesised that self-reported health (SRH) and EA would be associated with depression and anxiety at the zero order level. It was also hypothesised that EA would be a unique predictor of depression and anxiety and would moderate the relationship between SRH and both depression and anxiety. Multiple regression analyses indicated that EA explained 8% of the unique variance in depression, 20% in anxiety, and moderated the relationships between SRH and both depression and anxiety. This study also found that the relationships involving EA were more pronounced with anxiety as compared with depression in this sample of older people. The theoretical and practical applications of these findings are discussed. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Self-report measures of anxiety: are they suitable for older adults?; by R E Dennis, S J A Boddington, N J Funnell.: Taylor & Francis, November 2007, pp 668-677.

Aging & Mental Health, vol 11, no 6, November 2007, pp 668-677.

Participants were 40 older people with current or previous anxiety symptoms, recruited from secondary mental health teams (MHTs) in South London. They completed four self-report measures of anxiety: Beck Anxiety Inventory (BAI); State Trait Anxiety Inventory (STAI); Hospital Anxiety and Depression Scale (HADS); and Visual Analogue Scale (VAS). They also received an independent diagnostic assessment and rating of anxiety severity. After a minimum of 4 months, they were re-assessed on all measures. The self-report measures most suited for anxiety screening and assessing severity when compared with the independent assessments were the BAI, the anxiety scale from HADS (HADS-A), and the STAI Trait form (STAI-T). However, participants made an unacceptably high number of errors using the STAI-T, making the BAI and HADS-A the most suitable measures for older people. The VAS performed poorly in both screening and measuring severity. All self-report measures were poor at detecting change as evaluated by independent assessment. There was no single measure

that performed adequately in screening, measuring severity and monitoring changes, suggesting that measures may need to be adapted if they are to be used with an older population. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

A systematic review of intervention studies about anxiety in caregivers of people with dementia; by Claudia Cooper, T B S Balamurali, Amber Selwood (et al).

International Journal of Geriatric Psychiatry, vol 22, no 3, March 2007, pp 181-188.

Anxiety has been a relatively neglected outcome measure but may require specific interventions. In a systematic review to synthesise evidence regarding interventions that reduce anxiety in caregivers, 24 studies met the authors' inclusion criteria. They rated the methodology of studies, and awarded grades of recommendation (GR) for each type of intervention according to Centre for Evidence-Based Medicine guidelines from A (highest level of evidence) to D. Anxiety level was the primary outcome measure in only one study, and no studies were predicated on a power calculation for anxiety level. There was little evidence of efficacy for any intervention. The only randomised controlled trial (RCT) to report significantly reduced anxiety involved a cognitive behavioural therapy (CBT) and relaxation-based intervention devised specifically to treat anxiety, and there was preliminary evidence (no RCTs) that caregiver groups involving yoga and relaxation without CBT were effective. There was grade B evidence that behavioural management, exercise therapies and respite were ineffective. CBT and other therapies developed primarily to target depression did not effectively treat anxiety. Good RCTs are needed to specifically target anxiety which might include relaxation techniques. Some of the interventions focused on reducing contact with the care recipients, but caregivers may want to cope with caring. Preliminary evidence suggests strategies to help caregivers manage caring demands may be more effective. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

A systematic review of the prevalence and covariates of anxiety in caregivers of people with dementia; by Claudia Cooper, T B S Balamurali, Gill Livingston.

International Psychogeriatrics, vol 19, no 2, April 2007, pp 175-196.

Caregiving for people with dementia has consistently been linked with psychological problems, usually in terms of caregiver burden, general psychological distress and depressive symptomatology, while morbidity due to anxiety has been relatively neglected in this group. The authors conducted a systematic review of the literature, searching electronic databases, reference lists, relevant systematic reviews and contacting experts in the field. They used the Centre for Evidence Based Medicine (CEBM) criteria for inclusion and rating the validity of all studies that reported: the prevalence, predictors and covariates of anxiety disorders or anxiety caseness; and covariates and predictors of the level of anxiety symptoms. 33 studies met the inclusion criteria for this review. Clinically, significant anxiety affects about a quarter of caregivers for people with dementia, and was more common than in matched controls. Such caregivers have higher anxiety levels than controls, and that confrontational and escape avoidance coping, caregiver burden and poorer caregiver physical health are factors associated with higher anxiety levels from cross-sectional studies. Coping style may be more associated with anxiety than depression, while other covariates (burden and poor physical health) are similar to those for caregiver depression. No conclusive evidence was found about factors associated with anxiety disorders or predicting anxiety from longitudinal studies. Neither care recipient cognition nor ADL impairment, nor caregiver age, nor duration of caring are associated with caregiver anxiety levels. Good quality cohort studies are needed to determine whether these factors also predict anxiety disorders. (RH)

ISSN: 10416102

Target groups for the prevention of late-life anxiety; by Filip Smit, Hannie Comijs, Robert Schoevers (et al).

British Journal of Psychiatry, vol 190, May 2007, pp 428-434.

Anxiety disorders in older people are highly prevalent, yet there is little evidence to guide targeted prevention strategies. The aim of this study was to identify sub-groups at increased risk of developing anxiety in later life. Anxiety was measured using the anxiety sub-scale of the Hospital Anxiety and Depression Scale (HADS) with 1931 people aged 55-85 followed over 3 years. Risk factors were identified that had a high combined attributable fraction, indicative of substantial health gains when the adverse effect of the risk factors can be contained. Factors significantly associated with increased risk of developing anxiety included sub-threshold anxiety, depression, two or more chronic illnesses, poor sense of mastery, poor self-rated health and low educational level. The identified risk groups are small, thus providing prevention with a narrow focus; and health gains are likely to be more substantial than in groups not exposed to these risk factors. Nevertheless, more research is needed to produce evidence on target groups where prevention has optimal impacts. (RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

The temporal relationship between falls and fear-of-falling among Chinese older primary-care patients in Hong Kong; by Kee-Lee Chou, Iris Chi.

Ageing and Society, vol 27, part 2, March 2007, pp 181-194.

Although the association between falls and fear of falling has been established by previous studies, the temporal ordering of the two is uncertain. Moreover, the common and unique risk factors that contribute to falls and fear of falling have not been investigated in either primary health care settings or Asian societies. This study aimed to examine the temporal sequencing of fear of falling and a fall, and to identify the risk factors associated with the two. A prospective cohort study with three six-month measurement waves was conducted in primary care settings in Hong Kong, the sample being derived from the waiting list control group of a randomised clinical trial. The 321 respondents were evaluated with the Minimum Data Set for Home Care (MDS-HC). It was found that falls and fear of falling at baseline were not independent predictors of respectively developing a fear of falling and becoming a faller, but that age was a common independent predictor for falls and the onset of fear of falling. Individuals with a fear of falling were at risk of both falling and a fear of doing so within 12 months. The good news is that no vicious circle of falls and the fear was found; and that modifiable risk factors, including IADL (instrumental activity of daily living) limitations, environmental hazards and fear of falling were identified, so that effective prevention programmes for falls and fear of falling can be designed. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

2006

A community study on emotional distress among Arab and Jewish Israelis over the age of 60; by Annarosa Anat Shemesh, Robert Kohn, Tzvia Blumstein (et al).

International Journal of Geriatric Psychiatry, vol 21, no 1, January 2006, pp 64-76.

This paper reports the contrasting distribution of the mean emotional distress (ED) scores and rates of suspected clinical cases and their related risk factors among Arab and Jewish Israeli community residents aged 60+. Several national Israeli agencies conducted a survey on 5,065 older individuals to investigate their health status, including ED. The interview included socio-demographic and behavioural health issues, as well as a modified 12-item General Health Questionnaire (GHQ) as a measure of ED. Total ED scores and prevalence of rates for suspected psychopathology were calculated. ED scores were highest among Muslim Arabs (4.9), followed by Christian Arabs (4.2), Jews (3.1) and Druzes (2.8) Their estimated prevalence rates were 43.4%, 37%, 21% and 11% respectively. The gradient of these results remained unchanged in the multivariate analysis for ED scores adjusting for confounding variables. In contrast, logistic regression analysis controlling for confounding variables did not find a differential risk for suspected psychopathology between Arabs and Jews. Conceivably, the higher demoralisation scores among older Arabs are associated with their minority status affiliation, as well as with their rapid social changes that have taken place in their midst. A cultural response style may be entertained as a possible explanation. However, these factors do not impact the risk for suspected psychopathology where no differential risk was noted after adjustments for confounders. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Differences in the way older and younger adults rate threat in faces but not situations; by Ted Ruffman, Susan Sullivan, Nigel Edge.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 61B, no 4, July 2006, pp P187-P194.

Young and healthy older adults' ability to rate photos of faces and situations (e.g. sporting activities) for the degree of threat they posed were compared. Older people did not distinguish between more and less dangerous faces to the same extent as did younger adults. In contrast, no significant age differences were found in young and older adults' ability to distinguish between high- and low- danger situations. The differences between the two age groups on the face task were independent of age differences in older people's fluid IQ. Results are discussed in terms of emotion-recognition tasks, and the socio-cognitive and neuropsychological theories of ageing. (RH)

ISSN: 10795014

From : <http://www.geron.org>

Exploring the relationship between fear of falling and neuroticism: a cross-sectional study in community-dwelling women over 70; by Rachel Mann, Yvonne Birks, Jill Hall (et al).

Age and Ageing, vol 35, no 2, March 2006, pp 143-147.

Current assessment measures and interventions designed to reduce fear of falling in older people do not take into account perceptions of anxiety. Effects of intervention to reduce fear of falling may be improved by the inclusion of personality assessments. In this study, cross-sectional data from 1,091 UK community-dwelling female participants aged 70+ were examined using multiple and logistic regression analysis. Fear of falling was measured on a 6-point Likert scale. Neuroticism was measured using the Eysenck personality inventory. Fear of falling could be predicted by neuroticism, history of falling, experience of fracture, need to use both arms to push up from a chair, poor subjective general health as measured by the SF-12, and living alone. Neuroticism seems to be an important psychological factor in the experience of fear of falling in community-dwelling older women. It may be relevant for inclusion in current assessment measures and for consideration in the design of interventions to reduce fear of falling. (RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

The impact of depression and anxiety on well being, disability and use of health care services in nursing home patients; by Martin Smalbrugge, Anne Margriet Pot, Lineke Jongenelis (et al).

International Journal of Geriatric Psychiatry, vol 21, no 4, April 2006, pp 325-332.

Among nursing home patients, depression and/or anxiety have a strong negative impact on well being, as reported in this study population of 350 nursing home patients from 14 nursing homes in the Netherlands. The study was based on data collected in the Amsterdam / Groningen Elderly Depression (AGED) study. Presence of depression and/or anxiety was associated with significantly less well-being, but not with more disability. Presence of depression and/or anxiety was also significantly associated with four of the seven indicators of health care service use measured in this study: less assistance in activities of daily living (ADLs); more consultation of medical specialists; a higher mean number of medications; and more use of antidepressants. Future studies should focus on interventions for improving the detection, diagnosis and treatment of depression and/or anxiety in the nursing home. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Interpersonal dependency in older adults and the risks of developing mood and mobility problems when receiving care at home; by D K Gardner, E Helmes.

Aging & Mental Health, vol 10, no 1, January 2006, pp 63-68.

Despite a broad interest in various types of dependence as they relate to older people (structured dependency, learned dependency, learned helplessness, and interdependency), research of dependency in older people has not included an individual difference measure of interpersonal dependency. Studies that have examined the correlates of interpersonal dependency in general populations have found links with mental health conditions such as depression and anxiety, also physical illness. If these findings could generalise to older populations, then there would be important intervention and financial implications for providers of health services to older people. This research examined the correlates of interpersonal dependency in older people using a new measure, the Interpersonal Dependency Scale for Older Adults (IDS-OA). 105 new clients aged 65-90 recruited through an Australian private home care agency responded to a postal survey. Interpersonal dependency was found to correlate significantly with both depression and mobility. In addition, a hierarchical regression analysis found that both higher interpersonal dependency and depression were significant positive predictors of poor mobility in older people. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Life-time history of suicide attempts and coronary artery disease in a community-dwelling elderly population; by S Artero, B Astruc, P Courtet (et al).

International Journal of Geriatric Psychiatry, vol 21, no 2, February 2006, pp 108-112.

Many studies have observed strong relationships between coronary artery disease (CAD) and psychiatric disorder, notably depression, anxiety and panic attacks. This study is part of the ESPRIT Project (Enquête de Santé Psychologique - Risques, Incidence et Traitement) and examines the relationship between CAD within a general French population cohort and life-time history of psychiatric disorder and suicidal behaviour. A representative sample of 1843 non-institutionalised French people aged 65+ drawn at random from the electoral roll was given a standardised neurological and psychiatric examination based on DSM-IV criteria. The clinical examination also included an electrocardiogram (ECG) and a questionnaire relating to life-time medical history. Within this sample, prevalence of suicide attempts was 3.9%. A significant positive association was observed

between lifetime prevalence of CAD and suicide attempts. Suicide attempts were associated with major depression, co-morbid anxiety and depression, but not anxiety alone. A logistic regression analysis showed that the relationship between suicide attempts and CAD persists after adjustment for anxiety and depression. CAD is associated with suicidal behaviour independently of depression. However, longitudinal studies are required to clarify the direction of causality and to integrate genetic, biological, environmental and psychological factors into an aetiological model. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Mood and anxiety disorders in widowhood: a systematic review; by S A Onrust, P Cuijpers.

Aging & Mental Health, vol 10, no 4, July 2006, pp 327-334.

The association between widowhood and mental health problems, such as depressive symptomatology and anxiety, has been examined extensively. Few studies, however, have explored the prevalence and incidence of mood and anxiety disorder based on diagnostic criteria after the loss of a partner. The authors searched major bibliographical databases for studies examining mood and anxiety disorders in widowhood. Eleven studies were identified, exploring the prevalence and incidence of mood and anxiety disorders in 1348 widowed individuals and 4685 non-widowed controls. As expected, the prevalence of Major Depressive Disorder (MDD) and anxiety disorders were considerably elevated in widowed individuals, especially in the first year after the loss of a spouse. During the first year of bereavement, almost 22% of the widowed were diagnosed as having MDD, almost 12% met diagnostic criteria for Post Traumatic Stress Disorder (PTSD), and there were higher risks of Panic Disorder and Generalised Anxiety Disorder. The incidence rate of MDD and several anxiety disorders ranged from 0.08 to 0.50. The relative risk of developing a mood or anxiety disorder ranged from 3.49 to 9.76 in the widowed, compared to control subjects. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Relationship between anxiety and agitation in dementia; by H Twelftree, A Qazi.

Aging & Mental Health, vol 10, no 4, July 2006, pp 362-367.

Anxiety and agitation are common in people with dementia. The consequences can be severe, including increased mortality rates and institutionalisation. Of the little literature available, some studies have assumed that agitation is the outward manifestation of anxiety, while others have attempted to differentiate between them. This study aims to investigate the relationship between anxiety and agitation in people with mild to moderate dementia. A secondary aim was to compare two measures of anxiety which have been used in people with dementia. A cross-sectional correlation design was used. Participants were 40 older people with dementia recruited from day hospitals and community mental health teams in Leicestershire. The main finding was that anxiety and agitation are associated in dementia. The degree of correlation did not support the use of agitation as a measure of anxiety. Anxiety symptoms of autonomic sensitivity were not correlated with agitation and could be used to differentiate between the two if this was required. The use of the Rating for Anxiety in Dementia (RAID) was supported as a measure of anxiety in people with dementia. (RH)

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From : <http://www.tandfonline.com>

2005

The association between depression, anxiety and cognitive function in the elderly general population: the Hordaland Health Study; by Eva Biringer, Arnstein Mykletun, Alv A Dahl (et al).

International Journal of Geriatric Psychiatry, vol 20, no 10, October 2005, pp 989-997.

An inverse association between depression and cognitive function has previously been reported in clinical studies of both younger and older samples. 1,930 non-demented participants aged 72-74 from Hardlund Health Study (HUSK), Norway, were assessed using the Hospital Anxiety and Depression Scale (HADS). Their cognitive function was assessed by the Digit Symbol Test (modified version), the Kendrick Object Learning Test, and the "S" task from the Controlled Oral Word Association test. There was a significant correlation between depression and reduced cognitive function. The inverse association between anxiety and reduced cognitive performance was explained by adjustment for co-morbid depression. The inverse association between depressive symptoms and cognitive function was found to be close to linear, and was also present in the sub-clinical symptom range. Men were more affected cognitively by depressive symptoms than women. The inverse association between depression and cognitive function is not only a finding restricted to severely ill patients, but it can also be found in the older general population. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

The Caregivers for Alzheimer's disease Problems Scale (CAPS): development of a new scale within the LASER-AD study; by G Livingston, R Mahoney, C Regan (et al).

Age and Ageing, vol 34, no 3, May 2005, pp 287-290.

The authors have developed the 5-item Caregivers for Alzheimer's disease Problems Scale (CAPS) comprising common risk factors for anxiety and depression for family carers of people with dementia. The sensitivity and specificity of CAPS is calculated, in order to measure its usefulness in identifying caregivers at risk of anxiety and depression. 153 family caregivers were interviewed as part of a larger epidemiological representative study of people with Alzheimer's disease (AD) and their caregivers in London and the South East Region (LASER). Caregiver anxiety and depression were measured using the Hospital Anxiety and Depression Scale (HADS). The CAPS had high sensitivity and specificity in detecting caregivers with screen positive anxiety and depression. Five areas were indicated: neuropsychiatric symptoms and depression in the care recipient, co-residence and relationships with the care recipient, and physical health of the caregiver. The authors recommend that the CAPS be used as part of routine assessments of people with dementia and their families. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Comorbidity of depression and anxiety in nursing home patients; by Martin Smalbrugge, Lineke Jongenelis, Anne Margriet Pot (et al).

International Journal of Geriatric Psychiatry, vol 20, no 3, March 2005, pp 218-226.

The prevalence of depressive disorders among nursing home patients is much higher than among older people living in the community, whereas the prevalence of DSM anxiety disorders is about half of that among older people living in the community. Comorbid depression and anxiety is most prevalent in the more severe depressive and anxious nursing home patients. These were the main findings of study based on data collected in the Amsterdam-Groningen Elderly Depression (AGED) study of 333 nursing home patients in 14 nursing homes in the Netherlands. Anxiety symptoms, anxiety disorders and depression were measured with the Schedule for Clinical Assessment of Neuropsychiatry (SCAN) and the Geriatric Depression Scale (GDS). Pure depression, pure anxiety and comorbid anxiety and depression have different sets of risk indicators, which probably have more value for clinical practice than for nosological purposes. (RH)

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From : <http://www.interscience.wiley.com>

Coping, depressive feelings and gender differences in late life widowhood; by K M Bennett, P T Smith, G M Hughes.

Aging & Mental Health, vol 9, no 4, July 2005, pp 348-353.

The relationship was investigated between depressive feelings and coping among older widowed men and women. Participants were 46 widowed men and 45 widowed women aged 55-95 living in North West England. They were interviewed about their affective experiences of widowhood, and completed two depression questionnaire assessments: the Symptoms of Anxiety and Depression Scale (SAD) and the Hospital Anxiety and Depression Scale (HADS). Participants were assessed as either coping or not coping. The results showed that both measures were effective at differentiating those who coped (Copers) and those who did not (Non-Copers) in the sample as a whole. Amongst the widows, the HADS significantly differentiated the two groups. Amongst men, neither measure significantly distinguished Copers from Non-Copers. However, an examination of the interviews suggested that widowers reported depressive feelings significantly more than widows. The results suggest that depressive feelings are associated with non-coping in older depressive people. There is also evidence to suggest that widows and widowers respond differentially to assessment measures. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Dementia associated with psychiatric disorders; by John T O'Brien.

International Psychogeriatrics, vol 17, Supplement 1, 2005, pp S207-S222.

Functional psychiatric disorders are associated with a variety of cognitive deficits and, in some instances, severe cognitive impairment. This paper reviews the cognitive profile of patients with schizophrenia, depression, bipolar and anxiety disorders, as well as the longitudinal course and clinical outcome of the cognitive impairment associated with these conditions. The paper also discusses some of the mechanisms that may contribute to the expression of the cognitive deficits in these disorders and their potential relationship with common causes of dementia. This is one of fifteen articles in this Supplement of International Psychogeriatrics that considers uncommon causes of dementia. (KJ/RH)

ISSN: 10416102

From : <http://journals.cambridge.org>

Depression in later life; by Jill Manthorpe, Steve Iliffe. London: Jessica Kingsley, 2005, 160 pp.

The authors take a multidisciplinary approach and use both medical and psycho-social models of depression. The medical model is used to identify symptoms, make diagnoses and work towards optimal treatment. Psycho-social perspectives provide insights into the scale and complexity of the condition and point to its social causes. Different levels of depression are identified in relation to, but distinct from, dementia, psychosis and anxiety, and suicide and self-harm. Practice examples are used throughout. The authors also consider the prevention of depression and how carers can be helped. (RH)

Price: £13.95

From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Email: post@jkg.com Website: www.jkg.com

The effects of anxiety on attentional processes in older adults; by L S Fox, B G Knight.

Aging & Mental Health, vol 9, no 6, November 2005, pp 585-593.

The effects of anxiety on attentional processes have not previously been studied in older people under laboratory conditions. This study explored selective attention to threat - a cognitive component of anxiety - in older people. A novel age-appropriate mood induction technique was piloted for use with older participants. 68 older people were randomly assigned to neutral or anxious mood induction conditions, and completed emotional Stroop and dot-probe tasks. Significant selective-attention effects were found in older people induced into an anxious mood. Results suggest that anxious older people are at least as hyper-vigilant to mood congruent threatening information as has been shown with younger adults in other studies. These findings provide support for the application of these theories to older people. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

The factor structure of the Hospital Anxiety and Depression Scale in older individuals with acquired amputations: a comparison of four models using confirmatory factor analysis; by Deirdre Desmond, Malcolm MacLachlan.

International Journal of Geriatric Psychiatry, vol 20, no 4, April 2005, pp 344-349.

The Hospital Anxiety and Depression Scale (HADS) is a 14-item scale designed as a brief assessment of both anxiety and depression in non-psychiatric patients. Factor structure of the HADS was investigated in a sample of 680 veterans with limb amputations who were aged 66-92. Of the four models evaluated, a 3-factor model based on L A Clark and D Watson's Tripartite theory of anxiety and depression (1991) provided the best description of the data. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Fear of crime and elderly people: key factors that determine fear of crime among elderly people in West Flanders; by Liesbeth De Donder, Dominique Verté, Els Messelis.

Ageing International, vol 30, no 4, Fall 2005, pp 363-376.

Determinants of the fear of crime are analysed using data from interviews with 4747 men and women aged 60-103 in West Flanders, Belgium. The impact on the level of fear of crime was assessed using ten key factors, analysis of which yielded three conclusions. First, demographic variables such as gender, physical vulnerability and income correlate with fear of crime: women feel less safe than men; and physical vulnerability and a low income increase fear of crime. Second, neighbourhood variables play an important role in the genesis of fear of crime. Older people who feel that they live in a neighbourhood that is adapted to them and who show more neighbourhood involvement feel safer than older people who do not. Loneliness and lack of participation in both social and cultural life show a strong relationship with fear of crime. Third, it is argued that watching television correlates with an increased fear of crime, while reading a daily newspaper decreases fear of it. (RH)

ISSN: 01635158

From : <http://www.transactionpub.com>

Incidence and risk factors for depression and anxiety disorders: results from a 34-year longitudinal Swedish cohort study; by G Samuelsson, C McCamish-Svensson, B Hagberg (et al).

Aging & Mental Health, vol 9, no 6, November 2005, pp 571-575.

This study is based on a total cohort of 192 people born in 1902 and 1903 and living in southern Sweden. Subjects were assessed at baseline when aged 67 and on eight further occasions over 34 years or until death. The participation in the nine examinations ranged from 78% to 100%. Interviews, psychological tests and medical

examinations were used as well as information on medical diagnoses from primary health care records and hospital records. The cumulative probability for the development of clinical depression during the follow-up was 8% and for anxiety 6%. The incidence rate for depression and for anxiety was highest during the period 67-81 years. The poor were more likely to be diagnosed with depression during the follow-up period, females more often than men. Therefore, the strongest risk factors for the development of depression were perceived economic problems. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Influence of neuroticism, ethnicity, familism and social support on perceived burden in dementia caregivers: pilot test of the transactional stress and social support model; by Gia Robinson Shurgot, Bob G Knight.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 60B, no 6, November 2005, pp P331-P334.

The transactional stress and social support model (TSSSM) specifies how social support variables relate to perceived burden. In this study, the authors assessed this model - postulating the role of neuroticism, ethnicity, familism and social support on perceived burden - with a sample of 77 African American and White dementia caregivers. Results substantiated interrelationships between social support variables, and the influence of perceived positive social support on burden. Neuroticism was related to the perception of positive social support and burden. Results corroborated the model, focusing on neuroticism and quality of support in modelling perceived burden to family caregivers. Findings draw attention to the role of presumably long-standing individual differences in neuroticism that influence caregiver appraisals of stress and social support. (RH)

ISSN: 10795014

From : <http://www.geron.org>

Meaning of grandparenthood: do concerns about time and mortality matter?; by Helene H Fung, Christy M Y Siu, Winnie C W Choy (et al).

Ageing International, vol 30, no 2, Spring 2005, pp 122-146.

The finitude of life not only arouses death anxiety, but it also implies that the time for an individual is limited. This study tested whether older people facing the finitude of life would be motivated by both death anxiety and limited time perspective to seek meaning in one type of close relationship, grandparenthood. The study sample included 156 Chinese grandparents residing in Hong Kong. Results revealed that grandparents who perceived a greater lack of future time derived higher levels of meaning from grandparenthood. Moreover, a weak relationship was found suggesting that grandparents who had a higher level of death anxiety were less likely to perceive not being a grandparent as a loss. (RH)

ISSN: 01635158

From : <http://www.transactionpub.com>

Predictors of high level of burden and distress in caregivers of demented patients: results of an Italian multicenter study; by R P Rinaldi, L Spazzafumo, R Mastriforti (et al).

International Journal of Geriatric Psychiatry, vol 20, no 2, February 2005, pp 168-174.

Considerable suffering is experienced by carers of patients with dementia. Most existing studies do not consider the coexistence of subjective and objective aspects that cause, interacting with each other, this suffering. The authors define the high-risk group of caregivers on the bases of the scores obtained on the four scales evaluating burden, distress, depression and anxiety (RDDA) taken into account simultaneously, and evaluate risk factors related to high levels of RDDA. 419 outpatients with dementia and their caregivers were enrolled. Patients were evaluated for their cognitive, neuropsychological and functional impairment and for comorbidity. By multiple logistic analysis, disability, specific behavioural disturbances of the patients as well as caregiver's age, type of relationship and living in the south of Italy were observed to be a major risk factor for high level of BDDA (HBDDA). The targeted use of scales specifically assessing BDDA of the caregiver and the identification of particular patients and caregiver characteristics are able to allow a precise and early distinction of caregivers at high risk of burden and distress. This might be helpful in planning the correct social, clinical or rehabilitative approach. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Residual symptoms in older patients treated for major depression; by Celia F Hybels, David C Steffens, Douglas R McQuoid (et al).

International Journal of Geriatric Psychiatry, vol 20, no 12, December 2005, pp 1196-1202.

In a sample comprising 229 patients with DSM-IV major depression who were participants in the NIMH Mental Health Clinical Research Center at Duke University, symptoms were measured using the Montgomery-Asberg

Depression Rating Scale (MADRS). At 3 months, 86 patients (37.6%) had remitted, or had a MADRS score less than or equal to 9. In the remitted group, the most frequently reported symptoms at 3 months were inner tension and lassitude, while among non-remitters were reported and apparent sadness as well as lassitude and inner tension. In the sample as a whole, the symptoms most likely to be present at baseline but not at 3 months were pessimistic and suicidal thoughts, while the most frequently reported emergent symptoms were reduced appetite and inner tension. Patients were much more likely to no longer have a particular symptom than to acquire a new symptom. Overall, the symptoms present at 3 months were not severe in either group. In older adults treated for major depression, residual symptoms at 3 months may include emergent symptoms as well as persistent symptoms, and are likely to include symptoms of anxiety as well as sadness. (RH)
ISSN: 08856230

From : <http://www.interscience.wiley.com>

2004

Anxiety and the risk of death in older men and women; by Hein P J van Hout, Aartjan T F Beekman, Edwin de Beurs (et al).

British Journal of Psychiatry, vol 185, November 2004, pp 399-404.

There are inconsistent reports as to whether people with anxiety disorders have a higher mortality risk. Data were used from the Longitudinal Ageing Study Amsterdam (LASA), a large community based sample of 3,107 older men and women (aged 55-85) followed up for 7.5 years. Anxiety disorders were assessed according to DSM-III criteria in a two-stage screening design. The study revealed an association between anxiety and mortality for men, whereas for women there was no significant association. (RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

Brief strategic therapy for older adults with anxiety; by Michael Church, Sarah Watts.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, December 2004, pp 12-17.

PSIGE Newsletter, no 88, December 2004, pp 12-17.

The need for alternative psychological therapies in the treatment of older adults with anxiety disorders is suggested by the significant proportion of non-responders to Cognitive-Behavioural Therapy (CBT), and the lack of other therapeutic options. A new formulation of Brief Strategic Therapy (BST) incorporating advances in the psychology of anxiety provides one such promising treatment option. The applicability of BST to older people and adaptations necessary are discussed and illustrated. (RH)

ISSN: 13603671

From : <http://www.psige.org.uk>

Changes in anxiety and depression levels among geriatric patients during the first six weeks of admission; by Kathryn S Rose, Harvinder S Tagger, Catherine Frankenburg.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, April 2004, pp 11-16.

PSIGE Newsletter, no 86, April 2004, pp 11-16.

The Hospital Anxiety and Depression Scale (Zigmond and Smith, 1983) was verbally administered to 48 patients on four occasions over a 6-week period. Barthel Index scores were obtained for all patients at admission and at the end of their contribution to the study. Results showed significant improvements in the level of physical ability from admission to the end. There were no overall great changes in anxiety and depression levels. However, there was a significant decrease in anxiety scores for 10 patients with a high anxiety level at admission. The study also compared anxiety and depression levels between patients who completed all four assessments and those who were discharged within six weeks of admission. No significant differences were found. The study concludes that 'possible' or 'probable' levels of anxiety on admission may indicate a reaction to the new environment rather than a clinical disorder. (RH)

ISSN: 13603671

From : <http://www.psige.org.uk>

Cognitive-behavioral treatment of Generalized Anxiety Disorder (GAD) for older adults; by Robert Ladouceur, Éliane Léger, Michel Dugas (et al).

International Psychogeriatrics, vol 16, no 2, June 2004, pp 195-208.

Generalized Anxiety Disorder (GAD) is one of the most prevalent anxiety disorders in older people. Estimates of prevalence vary from 3% to 12%, depending on the minimum age considered and assessment criteria. The present study assesses a GAD-specific instrument recently validated with adults by Ladouceur et al and adapted for older people. 8 older people aged 60-71 were included in a single-case experimental multiple-baseline design across subjects. Assessments were conducted at pre-test, post-test, and at 6- and 12-month follow-ups.

The treatment consisted of awareness training, worry interventions and relapse prevention. The worry interventions targeted intolerance of uncertainty, beliefs about worry, problem-solving and cognitive avoidance. According to daily self-monitoring, ADIS-IV ratings and self-reported questionnaire scores, seven out of eight participants showed clinically significant improvement at post-test. These therapeutic gains were maintained at 6- and 12-month follow-ups. The study shows that this cognitive-behaviour treatment that targets intolerance of uncertainty, erroneous beliefs about worry, poor problem orientation and cognitive avoidance is effective for treating GAD in older people. (RH)

ISSN: 10416102

From : <http://journals.cambridge.org>

Coping with post-traumatic stress: young, middle-aged and elderly comparisons; by Man Cheung Chung, Julie Werrett, Yvonne Easthope (et al).

International Journal of Geriatric Psychiatry, vol 19, no 4, April 2004, pp 333-343.

Debate persists about whether people of different ages react similarly to traumatic events, and whether older people are more vulnerable to such events or better able to cope with them. 148 community residents who were exposed to two technological disasters - an aircraft crash near Coventry, and a train collision in Staffordshire - participated. They were assessed using the Impact of Event Scale (IES), the General Health Questionnaire (GHQ-28) and the Ways of Coping Checklist (WOC). In terms of IES, GHQ and WOC, no significant differences were found across the three age groups. However, main effects were found according to type of disaster and intensity of exposure to disaster. One significant interaction effect was that residents exposed to the aircraft crash used significantly more confrontational coping than those exposed to the train collision, in all three age groups. On the whole, the more they experienced intrusive thoughts and avoidance behaviour, the more they experienced general health problems. These results appear to contradict the vulnerability hypothesis. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Crime and fear of crime: Help the Aged policy statement 2004; by Help the Aged. London: Help the Aged, September 2004, 5 pp.

Older people are less likely than younger age groups to suffer serious personal crime, mainly because of their "restricted" lifestyle. However, many thousands of older people are victims of crime every year. This policy statement outlines the nature of criminal activity as it affects older people, particularly bogus callers and distraction burglaries. More local schemes that tackle crime and disorder are needed. Help the Aged also calls for abolition of the upper age limit for those working in the criminal justice system, e.g. magistrates. (RH)

Price: FOC

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk Email: info@helptheaged.org.uk

Detection of depression and anxiety disorders by home care nurses; by M Prévile, G Coté, R Boyer (et al). Aging & Mental Health, vol 8, no 5, September 2004, pp 400-409.

In a study conducted in two community health service centres in Quebec, Canada, the authors assessed the utility of three measures for detecting mental health disorders in 315 frail older people receiving home care services: the PRIME-MD, a standard psychological distress measure (PDF-29), and the health care case manager's a priori judgment on the subject's mental health status. Overall results indicated that the PDF-29 items showed better performance characteristics than the PRIME-MD in identifying current cases. The study also showed that the health care case manager's a priori judgment on the care receiver's mental health status is not sufficient in identifying frail older people's mental health needs. A two-stage screening procedure is proposed to help home care nurses. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Fear-related avoidance of activities, falls and physical frailty: a prospective community-based cohort study; by Kim Delbaere, Geert Crombez, Guy Vanderstraeten (et al).

Age and Ageing, vol 33, no 4, July 2004, pp 368-373.

Mobility tasks such as walking and reaching are more often avoided by those older people with fear of falling. Fear-related avoidance of activities is correlated with physical performance, including general physical frailty, postural control and maximal muscle strength. Fear-related evidence of activities is predictive of future falls. This article reports findings of a Belgian study of 225 community-living older people (94 men and 131 women) aged 61-92. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Physical health, subjective health, and psychological distress in older adults: reciprocal relationships concurrently and over time; by Philippe Cappeliez, Sabine Sève-Rousseau, Philippe Landreville (et al).

Ageing International, vol 29, no 3, Summer 2004, pp 247-266.

Reciprocal associations between physical health (objectively assessed and self-rated) and psychological distress in older people are discussed. Participants in this study were 216 people aged 65+ living in the community in Quebec, Canada. Psychological distress (both depressive symptoms and anxiety level) made a significant independent contribution to the prediction of concurrent and future negative perception of one's health, over and above objective health. As anxious and depressive components of psychological distress intensify, a negative outlook on life includes an increased negative view of one's health among older people. Conversely, negative subjective health independently predicted both depressive symptoms and anxiety level, concurrently and over time, over and above objective health. It thus appears that negative health appraisal heralds psychological distress, manifested as depressive symptoms, and also anxiety among older people. Taken together, these findings draw the picture of a vicious circle of negative health appraisal leading to depression and anxiety, these in turn leading to further negative perception of health. (RH)

ISSN: 01635158

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Stability and change in social negativity in later life: reducing received while maintaining initiated negativity; by Kathrin Boerner, Joann P Reinhardt, Tenko Raykov (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 59B, no 4, July 2004, pp S230-S237.

Participants, 570 older Americans with chronic visual impairment, were interviewed three times over an 18-month period. Analyses focused on family relationships, because social negativity needs to be more persistent in family compared with non-kin relationships. Social negativity received and initiated are addressed separately to determine whether or not they show similar patterns and links to instrumental support over time. Social negativity received showed a decrease over time, whereas levels of social negativity initiated remained more stable. Links with instrumental support were positive but stronger for received compared with initiated social negativity. The differential pattern of stability and change over time in received versus initiated social negativity and their links to instrumental support suggest different origins for the initiation versus receipt of social negativity. (RH)

ISSN: 10795014

From : <http://www.geron.org>

Worry about medical care, family support and depression of the elders in urban China; by Rongjun Sun.

Research on Aging, vol 26, no 5, September 2004, pp 559-585.

The role of family support in reducing older people's depression in the face of the perceived inadequate public medical care in urban China is examined. Using data from the Survey on Ageing and Intergenerational Relationship in Baoding City, this article investigates the overall depression level, somatic symptoms, and affective symptoms, respectively. The findings suggest that perceived inadequate public medical care, which results from dramatic changes in China's socioeconomic transformation, has a stressful impact on all measures of depression. Family support, by its structure and function, shows both direct and moderating effects in counteracting such stress from the public domain. In the light of China's demographic transition, the state is called upon to adopt a comprehensive strategy in designing its socioeconomic development policy to meet the needs of an ageing population. (RH)

ISSN: 01640275

From : <http://www.sagepub.com>

2003

Anxiety disorder, accompanying subjective memory loss in the elderly as a predictor of future cognitive decline; by Gary Sinoff, Perla Werner.

International Journal of Geriatric Psychiatry, vol 18, no 10, October 2003, pp 951-959.

The hypothesis is investigated that anxiety in older people, secondary to loss of memory, predicts future cognitive decline. Participants in this Israeli study were 137 people aged 60+ with no depression or cognitive impairment from a community geriatric assessment unit; 45% had anxiety. As well as demographic characteristics, cognitive status was assessed using the Mini-Mental State Examination (MMSE); depression was assessed by Tucker's short Interview-Assisted Depression Rating Scale, anxiety by Sinoff's Short Anxiety

Screening Test, and activities of daily living (ADL) function by Shah's modified Barthel's Index. Mean re-examination time was 3.2 years, with no group differences. Anxiety was found to be inter-related and inseparable with loss of memory; and its presence is a strong predictor for future cognitive decline, directly or indirectly via depression. It appears that memory loss is the initial problem with consequent development of anxiety. Therefore, anxiety, like depression, is probably an early predictor of future cognitive decline and even possible future cognitive impairment. (RH)
ISSN: 08856230

Caring-related inequalities in psychological distress in Britain during the 1990s; by Michael Hirst.
Journal of Public Health Medicine, vol 25, no 4, December 2003, pp 336-343.

Heavy involvement in caregiving is often associated with symptoms of anxiety and distress, and the intensification of care may increase rates of distress in carers relative to that in non-carers. The patterns of caregiving given in the General Household Survey (GHS) for 1985, 1990 and 1995 confirm increasing amounts of time devoted to more demanding types of care. The present study uses secondary analysis of data from the first ten waves of the British Household Panel Survey (BHPS) covering 1991-2000, based on some 9,000 adults interviewed personally in successive waves. Symptoms of psychological distress were assessed using the 12-item General Health Questionnaire (GHQ). Carers were found to present higher rates of distress than non-carers, and the health gap widens as the definition of caregiving focuses on those living with the person they care for, and those devoting 20 hours or more per week to their caring activities. Differences in distress rates between carers and non-carers are greater for women than for men. However, there is no support for the hypothesis that inequalities in distress associated with caregiving have increased over time. (RH)

From : www.pubmed.oupjournals.org

A case study of the psychological treatment of a woman in the early stages of a dementia with anxiety; by Lucie Robinson.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, February 2003, pp 29-37.

PSIGE Newsletter, no 82, February 2003, pp 29-37.

The current prominence of early detection and diagnosis of individuals with dementia highlights a need for effective psychological interventions for those in the early stages. It is estimated that half of all out-patients with dementia have one or more co-existing "illnesses", such as anxiety. In this report, the author presents the case of a 74 year old woman with probable Alzheimer's disease (AD) and symptoms of anxiety, to illustrate issues surrounding the focus of treatment for such clients. (RH)

ISSN: 13603671

Characterization of worry according to severity of anxiety in elderly living in the community; by I Montorio, R Nuevo, M Marquez (et al).

Aging & Mental Health, vol 7, no 5, September 2003, pp 334-341.

85 Spanish people representing three levels of severity of anxiety - 74 non-clinical, 4 with sub-threshold anxiety, 7 with generalised anxiety disorder (GAD) - were assessed with different variables typically considered to be relevant for the analysis and characterisation of worry. Results indicate that the most remarkable differences in content of worry as a function of severity of anxiety occurred in the domains of worries about health and personal worries. Moreover, older people with high levels of anxiety worry more frequently and about more issues, and perceive less control over their worrying. Significant differences between groups in past and present orientation of worry were found. Worries were more frequent in GAD, and were concerned mainly towards the present and minor everyday problems in both those with GAD and non-clinical anxiety. Worry about minor things together with the extent to which worry interferes in daily life were the best discriminant variables for GAD, being better than core DSM-IV GAD criteria. This pattern of results suggests that the potential of a specific worry to affect daily well-being and quality of life is strongly related to the presence of a disorder. (H)

ISSN: 13607863

From : <http://www.tandfonline.com>

Comorbidity and risk-patterns of depression, generalised anxiety disorder and mixed anxiety-depression in later life: results from the AMSTEL study; by R A Schoevers, A F Beekman, D J H Deeg (et al).

International Journal of Geriatric Psychiatry, vol 18, no 11, November 2003, pp 994-1001.

Depression and generalised anxiety disorder frequently overlap. The question remains unresolved whether these are specific disorders, or whether they represent different dimensions of a single disorder. GMS-AGECAT diagnoses were obtained for 4051 community-living older people from the Amsterdam Study of the Elderly (AMSTEL). Comorbidity was studied along a severity gradient for men and women separately. The prevalence of pure depression was 12.2%, pure generalised anxiety 2.9%, and mixed anxiety-depression 1.8%.

Comorbidity increased with higher severity levels of both depression and generalised anxiety. Comorbidity was twice as likely in women than in men. Different risk profiles for diagnostic categories were not demonstrated for concurrent risk factors. Longstanding vulnerability was significantly stronger with mixed anxiety-depression than with pure anxiety and pure depression. Mixed anxiety-depression was over-represented in women. Both lines of investigation suggest that, in older people, a dimensional classification is more appropriate than a categorical classification of depression and generalised anxiety. (RH)
ISSN: 08856230

Crime and older people: fear, experience and solutions; by Help the Aged.
AGEToday, issue 3, Spring 2003, whole issue.

This issue of AGEToday looks at the experience and fear of crime and its impact among older people. Authors of the various articles offer some thoughts on policies and initiatives which can help in tackling crime. Although older people are the least likely group to experience crime, their fear of crime can be high, especially if they already feel physically vulnerable. Fear of crime can be heightened by the media through 'sensationalist' reporting; and this can lead to a reduced sense of confidence in the older person to lead an independent life. Help the Aged argues for older people to have a more central role in community safety strategies, working in local partnerships to identify and realise local solutions. Help the Aged conclude this issue with ten facts to support campaigns to reduce older people's fear and experience of crime. (KJ/RH)

ISSN: 14774429

From : www.helptheaged.org.uk

An exploratory study of the impact of the year of 9/11 on older Hispanic immigrants in New York city; by David L Strug, Susan E Mason, Frances E Heller.

Journal of Gerontological Social Work, vol 42, no 2, 2003, pp 77-100.

Hispanics are the largest minority in the US and may be at increased risk for the mental health consequences of disasters. Older Hispanics are vulnerable in terms of both age and ethnicity, and are the fastest growing sub-population. A qualitative exploratory investigation of the impact of the year of 9/11 on older Hispanic immigrants in New York City was made. Six focus groups were conducted with a total of 31 Hispanics attending a community senior day centre programme. Participants reported on their psychological reactions to the traumatic events of 11 September 2001. Most subjects had recovered from their acute distress reactions, but many still experienced a wide range of psychological reactions related to these events, including anxiety, avoidance and hypervigilance. To develop relevant interventions for this population group, social workers need to learn more about the psychological impact that the events of the year of 9/11 had on older Hispanics. (KJ/RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

Fear of falling: links between imbalance and anxiety; by Lucy Yardley.

Reviews in Clinical Gerontology, vol 13, no 3, August 2003, pp 195-202.

This review examines the relationship between unsteadiness, falling and anxiety, and their combined impact on the lives of older people. It draws on the literature regarding the link between anxiety and balance disorders to suggest possible explanations for observed patterns of association between older people's physical and psychological balance-related problems. The paper thus considers various ways in which unsteadiness, falling and anxiety may be connected. It then reviews what is known about fear of falling, including the causes, consequences and assessment of falling-related fears. Lastly, the implications of therapy are considered. (RH)

ISSN: 09592598

From : <http://journals.cambridge.org>

Intergenerational differences in the reporting of elders' anxiety; by Becca R Levy, Kevin Conway, Jessica Brommelhoff (et al).

Journal of Mental Health and Aging, vol 9 no 4, Winter 2003, pp 233-242.

This study examined whether the lower rate of anxiety in old age, as presented in a number of studies, may be due to older individuals having a greater reluctance than younger individuals to report anxiety symptoms. The authors examined 167 family-member pairs, in which the self-reported anxiety symptoms did not match family-reported anxiety symptoms in the same individual. As expected, the authors found that older people were less likely than younger adults to report anxiety symptoms in themselves when a family member reported their having anxiety symptoms. Also as expected, older people were less likely to identify anxiety symptoms to another family member, who self-reported anxiety symptoms. This study suggests that older individuals minimise the reporting of anxiety symptoms, and therefore, the risk of experiencing anxiety in old age may be higher than previously thought. (RH)

ISSN: 10784470

Older adults' fear and acceptance of death: a transition model; by Victor G Cicirelli.

Ageing International, vol 28, no 1, Winter 2003, pp 66-81.

A transition model of fear of death in older people is proposed, in which increased fear of death is predicted for elders in their late seventies and early eighties, evoked by the conflict or tension between the urge to survive and the awareness of limited survival time. This fear prompts coping effects, with cognitive and emotional reorganisation leading to decreased fear and increased acceptance of death. Study participants were 109 older Americans (93 women, 16 men; 68 whites, 41 African Americans), ranging in age from 70 to 97 (mean age 80.7). In addition to earlier analysis showing increased fear of death for the transition period, qualitative analysis of open-ended interview protocols identified use of denial and suppression by younger participants, various coping strategies by those in their late 70s and early 80s, and increased acceptance of death by older participants. Evidence provides modest support for the model. (RH)

ISSN: 01635158

Personal stress, mental health, and sense of control among older adults: [effects of the events of 11 September 2001]; by Fredric D Wolinsky, Kathleen W Wyrwich, Kurt Kroenke (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 58B, no 3, May 2003, pp S146-S150.

As part of a longitudinal study of clinically relevant change in the health-related quality of life of patients in Indianapolis and St Louis after the events of 11 September 2001, personal stress, mental health, and sense of control were measured at baseline and at six bi-monthly follow-up interviews with 1662 patients. Of these, 437 had the opportunity to complete three interviews before and after 9-11, with 291 (67%) completing all six. The authors performed graphic comparisons, paired t-tests, classification based on standard errors of measurements (SEMs), and multiple linear regressions for patients who completed all six interviews. No noticeable changes in aggregate trends for personal stress or mental health were associated with 9-11. However, 9-11 was associated with an aggregate decline in sense of control. This decline was greater among those who were working for pay, had more comfortable incomes and reported greater religiosity. Older people more closely resembling those who died during 9-11 and those with greater levels of religiosity were most likely to have their sense of control affected by this catastrophic event. (RH)

ISSN: 10795014

From : <http://www.geron.org>

Psychopathology and autobiographical memory in stroke and non-stroke hospitalized patients; by Mark John Sampson, Peter Kinderman, Sue Watts (et al).

International Journal of Geriatric Psychiatry, vol 18, no 1, January 2003, pp 23-32.

Participants - 56 stroke and 49 non-stroke inpatients - were assessed using the Autobiographical Memory Test (for overgenerality), and for intrusiveness of memories using the Impact of Events Scale. While significant levels of psychopathology were identified in this UK cohort, no significant differences were found between stroke and non-stroke patients on severity of depression, anxiety, severity of PTSD-like (post-traumatic syndrome) symptoms, or autobiographical memories. Autobiographical memories (intrusive images of their illness, intrusive memories of other events, and overgeneral memory recall variables) were significant predictors of depression. This suggests that psychological intervention of memory processes may be a worthwhile target in psychological intervention for depression. (RH)

ISSN: 08856230

Terrorism and older persons: websites for geriatric mental health professionals; by Donna Cohen, Lisa M Brown.

Journal of Mental Health and Aging, vol 9 no 3, Fall 2003, pp 139-144.

Americans have been exposed to increasing levels of mass violence over the last 10 years. Many websites provide helpful information and resources for geriatric health professionals who want to be prepared to help victims and survivors in the aftermath of mass violence. Although most have indicated the special needs of children and adults, very few describe how to respond the needs of the older population. This article reviews some of the most informative websites. (RH)

ISSN: 10784470

Worrying about a frightening old age; by S M Neikrug.

Aging & Mental Health, vol 7, no 5, September 2003, pp 326-333.

Worry is looked at in relation to respondents' sense of coherence (SOC), in order to evaluate the relationship between people's ability to cope and to find meaning in life and their image of future old age. The impact of

worry (as measured by the Wisocki Worry Scale) over being the victim of elder abuse is compared to other reasons for worry in a sample of middle-aged and older Israelis. Results indicate that, for the most part, older people are not overwhelmed with worries and manage their lives, coping adequately with the problems of day-to-day living. Findings show that middle-aged people have the highest worry scores, while the post-retirement group has the highest scores of sense of coherence. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

2002

Anxiety, cognitive performance and cognitive decline in normal aging; by Julie Loebach Wetherell, Chandra A Reynolds, Margaret Gatz (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 57B, no 3, May 2002, pp P246-P255.

A sample of 704 cognitively intact individuals (mean age 63.7) from the Swedish Adoption/ Twin Study of Ageing (SATSA) performed a battery of cognitive tests, as many as three times, at 3-year intervals. The authors used random effect models to analyse cross-sectional relationships between cognitive performance and state anxiety, and longitudinal relationships between cognitive change and neuroticism, after controlling for gender, age and education. Cross-sectionally, higher state anxiety was associated with poorer performance on Wechsler Adult Intelligence Scale Synonyms, WIT III Analogies, Koh's Block Design, two measures of visual learning (Names and Faces, and Thurstone's Picture Memory), and for men, CVB-Scales Digit Span Test and Card Rotations. In longitudinal models, the main effects for neuroticism were significant for Block Design, Symbol Digit, and Names and Faces, but there were no significant interactions among neuroticism, gender and time. These results provide some support for Eysenck's processing efficiency theory, but none for neuroticism as a risk factor for collective decline in normal ageing. (RH)

ISSN: 10795014

Attributions of physical symptoms in patients of an old age psychiatry service; by Bart Sheehan, Michael Philpot, Sube Banerjee.

International Journal of Geriatric Psychiatry, vol 17, no 1, January 2002, pp pp 61-64.

Somatization is the tendency to report physical symptoms which lack an organic basis and which are presumed to have a psychosocial basis, and is a phenomenon found across all medical specialisms and in all types of care. The objective was to establish whether treatment for psychiatric illnesses would be accompanied by a fall in somatic attributions. Interviews with 41 patients referred to three old age psychiatry teams covering the south London areas of Peckham, Camberwell and Nunhead found anxiety to be the chief association of abnormal attributional style. In a follow-up with 29 of the patients, mean depression and anxiety scale scores and somatic attributions of symptoms had fallen significantly. Abnormal focus on physical symptoms in depressed older patients may resolve with treatment. (RH)

ISSN: 08856230

Death anxiety among Chinese elderly people in Hong Kong; by Anise M S Wu, Catherine S K Tang, Timothy C Y Kwok.

Journal of Aging and Health, vol 14, no 1, February 2002, pp 42-56.

The cognitive and emotional reactions of Hong Kong Chinese older people toward death are examined. The study also extends use of the Western 15-item Death Anxiety Scale (DAS) to a Chinese sample, to explore the correlates of death anxiety. A community sample of 237 Chinese aged between 60 and 91 years were individually interviewed. Among this ageing cohort, a high level of death anxiety was associated with younger age, a high level of psychological distress and the presence of recent stressors. Death anxiety was unrelated to number of physical disorders, gender, personal income, marital and employment status and religious affiliations. Reactions towards specific death-related issues are discussed with regard to Chinese cultural beliefs. (KJ/RH)

ISSN: 08982643

Depression and anxiety in memory clinic attenders and their carers: implications for evaluating the effectiveness of cognitive rehabilitation interventions; by Linda Clare, Barbara A Wilson, Gina Carter (et al).

International Journal of Geriatric Psychiatry, vol 17, no 10, October 2002, pp 962-967.

The potential of cognitive rehabilitation (CR) for people who have a diagnosis of Alzheimer's disease (AD) is increasingly being recognised. It has been suggested, however, that interventions targeting memory functioning in AD have negative effects on the well-being of participants and carers in terms of mood and perceived strain. In this study, participant and carer depression and anxiety, and carer strain, were assessed at initial memory clinic attendance and again by postal survey 6 months later for 94 consecutive referrals who received standard

treatment but no specialised CR interventions. The study provided useful comparison data for use in evaluating the effects of CR interventions on mood and carer strain, showing that in the absence of intervention, scores remain generally stable over time. Significant changes observed in intervention studies should be viewed in this context. (RH)
ISSN: 08856230

Depression, anxiety and psychoses in later life: more challenges for primary care; by S Iliffe, J Manthorpe.
Reviews in Clinical Gerontology, vol 12, no 4, November 2002, pp 327-342.
While the National Service Framework for Older People (NSF) has highlighted depression as an important disorder that merits special consideration, anxiety and psychoses in older people remain difficult problems for general practitioners (GPs) to manage. This paper reviews the prevalence and impact, recognition, complexity, and prognosis and treatment for these three clinical problems, and proposes a framework for 'good enough practice'. (RH)
ISSN: 09592598

Determinants of perceived safety among the elderly: an exploratory study; by Glenn Shields, William King, Steven Fulks (et al).
Journal of Gerontological Social Work, vol 38, no 3, 2002, pp 73-84.
Since the early 1970s, two camps of researchers have suggested different conclusions regarding older people's fear of crime: either overly fearful of crime, or that findings of a positive association between fear of crime and age were greatly exaggerated. The present study sought to explore the fear of crime victimisation in 301 randomly selected residents aged 65+ of a largely rural county of northwest Ohio. Participants were asked a series of questions about their community, actual experiences of crime victimisation, perception of fear related to victimisation, and social support. Logistic regression analyses were computed to explore perceptions of neighbourhood safety. Most participants reported limited experiences of victimisation. As expected in this rural environment, there was more reliance on informal supports and limited use of existing formal services. (RH)
ISSN: 01634372
From : <http://www.tandfonline.com>

Factor structure of the Hospital Anxiety and Depression Scale in older patients with major depression; by Alastair J Flint, Sandra L Rifat.
International Journal of Geriatric Psychiatry, vol 17, no 2, February 2002, pp pp 117-123.
In theory, the Hospital Anxiety and Depression Scale (HADS) should be a useful instrument for measuring the severity of symptomatic anxiety in late-life depression. However, HADS' dimensional structure has not been evaluated in older depressed patients. It is not known whether the scale actually functions as a bidimensional structure of anxiety and depression in this population. In this exploratory Canadian study, 213 patients aged 60+ with DSM-III-R unipolar major depression completed the HADS. The Scale was found to function as a bidimensional measure of depression and anxiety in older patients with depression, and the subscales had high internal reliability. The results suggest that HADS is a valid instrument for measuring severity of anxiety, independent of other depressive symptoms, in this population. (RH)
ISSN: 08856230

Fear of crime and protective behaviours in older and younger adults: results of a community survey; by Rob Ranzijn, Kevin Howells, Vicki Wagstaff.
Australasian Journal on Ageing, vol 21.2, June 2002, pp 92-97.
287 people aged between 16 and over 90 in the local government area of Tea Tree Gully, South Australia were surveyed by a short questionnaire, to ascertain the extent of their fear of crime and use of protective behaviours. The level of self-reported fear of crime was moderately high, but there were no differences between younger and older age groups. Women felt significantly less safe than men, at all ages. There was no apparent relationship between protective behaviours and fear of crime. Although crime prevention programmes may have reduced the incidence of crime, they do not appear to have reduced the level of fear. Theoretical issues are also discussed. (RH)
ISSN: 14406381

Fear of death in older adults: predictions from terror management theory; by Victor G Cicirelli.
Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 57B, no 4, July 2002, pp P358-P366.
Terror management theory asserts that death fear (fear of annihilation) is buffered by self-esteem and beliefs in literal and symbolic immortality achieved through participation in the cultural system. This study aimed to determine how variables suggested by the theory were related to fear of death measures. Participants were 123

Black and 263 White older Americans aged 60 to 100; they were assessed on the Multidimensional Fear of Death Scale (MFODS), self-esteem, religiosity, locus of control, socio-economic status, social support, and health. Regression analysis findings offered partial support to the theory, with greater fear of the unknown related to weaker religiosity, less social support, and greater externality; the effect of self-esteem was mediated by externality. Other predictors were related to an overall fear score based on the remaining 7 MFODS subscales. Findings are interpreted in terms of changing sources of self-esteem in old age. (RH)
ISSN: 10795014

Older people and fear of crime - the next steps: a report by the Help the Aged Policy Team; by Alan Burnett, SeniorSafety Campaign, Help the Aged. London: Help the Aged, 2002, 2 vols (SeniorSafety campaign).

Fear of crime can prevent older people leading fulfilled and independent lives, forcing many into isolation, prisoners in their own homes. "Older people and fear of crime", the first part of this 2-volume work, defines the types of crime (including antisocial behaviour), and reviews the research to assess the impact of fear of crime on older people's lives. The second part, "Tackling older people's fear of crime", reviews a range of existing crime reduction strategies, including some of Help the Aged's SeniorSafety Campaign initiatives, demonstrating how success depends on widespread consultation and effective co-operation. (RH)

ISBN: 0905852869

Price: £20.00

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@helptheaged.org.uk

Website: www.helptheaged.org.uk

A prospective study of the relationship between feared consequences of falling and avoidance of activity in community-living older people; by Lucy Yardley, Helen Smith.

The Gerontologist, vol 42, no 1, February 2002, pp 17-23.

The most common beliefs concerning negative and feared consequences of falling are identified using a questionnaire, completed by 224 participants aged 75+ from the Wessex Fracture Prevention Trial. Beliefs about the consequences of falling were related to demographic characteristics, falling history, and avoidance of activity. The questionnaires were completed again by 166 participants 6 months later. Commonly feared consequences of falling were loss of functional independence and damage to identity. These fears were correlated with avoidance of activity (after adjusting for age, sex and recent falling history) and predicted avoidance in activity 6 months later (after adjusting for baseline levels of avoidance). Concerns about damage to social identity, as well as functional incapacity, are common and motivate avoidance of activity. (RH)

ISSN: 00169013

Psychological outcomes of preparation for future care needs; by Martin Pinquart, Silvia Sörensen.

Journal of Applied Gerontology, vol 21, no 4, December 2002, pp 452-470.

Influences of aspects of preparedness for future care needs were investigated in 573 German older people. Whereas becoming aware was associated with higher levels of worrying and depression, gathering information and concrete planning predicted lower levels of worrying and depression and higher levels of preparedness and satisfaction. Three styles of coping with future care risks were identified: avoidance, thinking about future risks without planning, and concrete planning. Avoiders had lowest levels of worries and depression, whereas planners were most satisfied with their preparation activities. Thinking about future risks without making concrete plans was associated with the lowest level of psychological well-being. Results indicate thinkers or non-planners should be the main targets of interventions to promote preparedness for future care needs. (RH)

ISSN: 07334648

The Revised Scale for Caregiving Self-Efficacy: reliability and validity studies; by Ann M Steffen, Christine McKibbin, Antonette M Zeiss (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 57B, no 1, January 2002, pp P74-P86.

The Revised Scale for Caregiving Self-Efficacy measures three domains of caregiving self-efficacy: obtaining respite, responding to disruptive patient behaviours, and controlling upsetting thoughts. The Scale was tested with two samples of family caregivers of cognitively impaired older people, to revise extend and evaluate it. The three subscales showed strong internal consistency and adequate test-retest reliability. Construct validity is supported by relationships between these three facets of perceived caregiving efficacy and depression, anxiety, anger, perceived social support, and criticism expressed in speech samples. The Scale has potential uses for both research and clinical purposes. (RH)

ISSN: 10795014

Tackling older people's fear of crime: a report by the Help the Aged Policy Team; by Alan Burnett, SeniorSafety Campaign, Help the Aged. London: Help the Aged, 2002, 36 pp.

The Help the Aged SeniorSafety Campaign strives to find new ways to increase older people's sense of security at home, thus supporting their independence. This resource book offers some perspectives on preventing and reducing fear of crime, including a 10-point plan for practitioners. It also evaluates some schemes run by Help the Aged and other organisations. (RH)

ISBN: 0905852850

Price: £9.00

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk Email: info@helptheaged.org.uk

Timed-event sequential analysis of agitation in nursing home residents during personal care interactions with nursing assistants; by David L Roth, Alan B Stevens, Louis D Burgio (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 57B, no 5, September 2002, pp P461-P468.

Computer-assisted behavioural observation data collected from 66 US nursing home residents while they received assistance during personal care routines from certified nursing assistants (CNAs) were used to examine the effects of a comprehensive behaviour management and communication skills training programme developed for nursing staff. 30 residents showed 6 or more episodes of disruptive vocalisation or other forms of agitation at baseline. Whereas simple verbal prompts used by CNAs during personal care routines before staff training were found to elicit agitation onset, positive statements to residents were found to reduce that likelihood. A previous analysis of the effects of staff training found that rates of resident agitation were significantly lower after training compared to baseline. In the present study, timed-event sequential analysis provided an important method for studying interpersonal interactions, and indicated that verbal prompts used by CNAs during personal care routines were no longer associated with an increase in resident agitation after the training. (RH)

ISSN: 10795014

Urinary incontinence and psychological distress in community-dwelling older adults; by Hillary R Bogner, Joseph J Gallo, Mary D Sammel (et al).

Journal of the American Geriatrics Society, vol 50, no 3, March 2002, pp 489-495.

In this large community sample of adults living initially in East Baltimore in 1981 and followed up between 1993 and 1996, those with urinary incontinence (UI) associated with condition-specific functional loss were found to have higher rates of psychological distress than those with UI who did not report condition-specific functional impairment. The authors' findings support a general conceptual model that condition-specific functional impairment mediates the relationship between a chronic medical condition and psychological distress (as measured by the General Health Questionnaire - GHQ). (RH)

ISSN: 00028614

Using simulated presence therapy with people with dementia; by J S Peak, R I L Cheston.

Aging & Mental Health, vol 6, no 1, February 2002, pp 77-81.

Simulated Presence Therapy (SPT) is a relatively new intervention, which has been reported to reduce levels of anxiety and challenging behaviour amongst people with dementia. The intervention consists of playing a tape of the carer's voice to a person with dementia over a personal stereo. This UK study provides details of the effectiveness of SPT with four in-patients on an assessment ward. The four showed differing levels of response to the SPT tapes, which may be related to their differing attachment styles. (KJ/RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

The utility of the Revised Cognitive Therapy Scale (CTS-R) for assessing therapeutic competence when working with older people with depression and anxiety; by Ian James, F Katharina Reichelt.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, January 2002, pp 10-16.

PSIGE Newsletter, no 79, January 2002, pp 10-16.

The Revised Cognitive Therapy Scale (CTS-R) is a new scale for measuring therapist competence in Cognitive Therapy, and is based on the original Cognitive Therapy Scales (CTS) devised by Young and Beck (1980 and 1988). The CTS-R was developed jointly by clinicians and researchers at the Newcastle Cognitive and Behaviour Therapies Centre and the University of Newcastle-upon-Tyne. Early versions of the scale have been used in empirical studies to examine the development of therapeutic skills in therapists treating clients in adult outpatient settings. This paper discusses aspects of therapy that require either emphasising or adapting when working with older people. Having reviewed these requirements and then provided an overview of the scale, the

paper concludes that the CTS-R needs little adaptation when used to assess the competence of therapy delivered to older people with affective disorders. (RH)
ISSN: 13603671

2001

Anxiety in older persons waiting for cataract surgery: investigating the contributing factors; by Heather D Hadjistavropoulos, Bonnie S Snider, Thomas Hadjistavropoulos.

Canadian Journal on Aging, vol 20, no 1, Spring 2001, pp 97-112.

Cataract surgery is one of the most frequent surgical procedures experienced by older people, but in Canada, long waiting lists are common. The Beck Anxiety Inventory was used in a systematic study of anxiety in 50 older people waiting for the operation. More than a third reported anxiety within the range reported for panic disorder patients. Increased anxiety was found among those with a general tendency to worry about their health, poorer visual functioning and a greater use of palliative coping strategies. These results highlight the importance of assessing anxiety while patients wait for surgery, and for designing interventions and providing assistance to those with elevated levels of anxiety. (RH)

ISSN: 07149808

Anxiety sensitivity, anxiety, and depression in older patients and their relation to hypochondriacal concerns and medical illnesses; by I M Bravo, W K Silverman.

Aging & Mental Health, vol 5, no 4, November 2001, pp 349-357.

Anxiety sensitivity is the fear of anxiety symptoms, because such symptoms are believed to have harmful effects. This study was of a sample of 53 clinic-referred (mean age 78.8) and 53 non-clinic referred (mean age 70.9) older people. It examined whether: anxiety sensitivity was elevated in the clinic-referred group relative to the non-referred group; symptoms of anxiety, anxiety sensitivity and depression were related to numbers of illnesses and/or hypochondriacal concerns; and anxiety sensitivity was a better predictor of hypochondriacal concerns relative to depression or trait anxiety. Results indicate that anxiety sensitivity was significantly elevated in the clinic-referred group relative to the non-referred group, was negatively associated with history of medical illnesses, was strongly associated with hypochondriacal concerns, and was a better predictor of hypochondriacal concerns than depression and trait anxiety. Findings are discussed in terms of problems facing older people as they relate to the constructs of anxiety sensitivity and hypochondriacal concerns. (RH)

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From : <http://www.tandfonline.com>

Depression and anxiety disorders among Jews from the former Soviet Union five years after their immigration to Israel; by Nelly Zilber, Yaakov Lerner, Raphael Eidelman (et al).

International Journal of Geriatric Psychiatry, vol 16, no 10, October 2001, pp 993-999.

Epidemiological studies have shown that the prevalence rates of major depression and anxiety are lower in older people than in younger adults. The authors found in another survey that, for immigrants, the association of age with psychological distress was the reverse. The present study's objective was to examine, in immigrants, whether the relationship of age with clinically diagnosed depression and anxiety disorders is also reversed. A stratified subsample of immigrants from the former Soviet Union who arrived in Israel in 1990 was chosen to include an over-representation of those with a high level of distress, to increase the probability of finding people suffering from psychopathology. Subjects were interviewed with an abbreviated version of the Composite International Diagnostic Instrument (CIDI-S). Before immigration, incidence rates of depression and anxiety were lower in older (age 65+) than in younger adults, a finding consistent with the literature. However, after immigration, the reverse was found, with higher prevalence and incidence rates among older immigrants. The data suggest that immigration contributes to an increase in psychopathology which is particularly pronounced in older people. (RH)

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Dispelling fears about aging with a disability: lessons from the disability rights community; by Richard L Beaulaurier, Samuel H Taylor.

Journal of Gerontological Social Work, vol 35, no 2, 2001, pp 81-98.

There have been revolutionary changes in the way that many people perceive and deal with the issue of disability. These changes affect both the nature of services and the expectations that people may have about disabilities acquired late in life. This raises issues about the fears and anxieties that non-disabled older people have about acquiring a disability as they age. This article considers the most important aspects of the reconceptualisation of disability as it relates to the field of ageing. It proposes a model for addressing fears about acquiring a disability and preparing for life with disabilities typically acquired as people age. (KJ/RH)

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Effects of forced displacement on the mental health of older people in North India; by Satish Kedia, John van Willigen.

Hallym International Journal of Aging, vol 3, no 1, 2001, pp 81-94.

Forced displacement, such as that caused by large hydro-electric dam projects, has significant socioeconomic and health implications for the affected indigenous people. Older resettlers (age 55+) are especially vulnerable to this type of displacement. Not only do they experience changes to their physical living spaces but they also suffer dramatic changes to their cultural environment, lifestyle, dietary habits, and health resources. The authors discuss some of the negative mental health outcomes of forced displacement on older resettlers in the Gathwal Himalayas in North India. This research presents compelling evidence of the declining mental health of older resettlers, focusing primarily on aspects of their depression and anxiety. (RH)

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High prevalence of anxiety symptoms in hospitalized geriatric patients; by Kari Kvaal, Jurate Macijauskienė, Knut Engedal (et al).

International Journal of Geriatric Psychiatry, vol 16, no 7, July 2001, pp 690-693.

In this Norwegian study, 98 geriatric in-patients and 68 healthy home-dwelling controls of similar age were examined for anxiety as a current emotional state using Spielberger's State-Trait Anxiety Inventory (STAI). The scoring of STAI in geriatric in-patients is found to be high, and thus feasible for use in older geriatric patients and controls. Further studies are needed to clarify to what extent this relates to a high prevalence of anxiety disorders. (RH)

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Hospital Anxiety and Depression (HAD) scale: factor structure, item analyses and internal consistency in a large population; by Arnstein Mykletun, Eystein Stordal, Alv A Dahl.

British Journal of Psychiatry, vol 179, December 2001, pp 540-544.

The Hospital Anxiety and Depression (HAD) rating scale is a commonly used questionnaire, for which previous studies have given inconsistent results regarding its psychometric properties. All inhabitants aged 20 to 89 were invited to take part in the Nord-Trøndelag Health Study, Norway; only the 51,530 completing the HAD scale questionnaires formed the basis for the psychometric examinations. Principal component analysis extracted two factors in the HAD scale that accounted for 57% of variance: the anxiety and depression subscales shared 30% of the variance. Both subscales were found to be internally consistent with Cronbach's coefficient, being 0.8 and 0.76 respectively. The HAD Scale's basic psychometric properties as a self-rating instrument should be considered as quite good in terms of factor structure, intercorrelation, homogeneity and internal consistency. (RH)

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A longitudinal analysis of anxiety and depressive symptoms; by Julie Loebach Wetherell, Margaret Gatz, Nancy L Pedersen.

Psychology and Aging, vol 16, no 2, June 2001, pp 187-195.

The authors modelled anxiety and depressive symptoms for 1,391 participants (mean age 60.9) from the Swedish Adoption/Twin Study of Ageing (SATSA). Although anxiety and depression were highly correlated, a model with distinct anxiety and depression factors fit the data better than do models with positive and negative affect factors or a single mental health factor. Lack of well-being was associated with anxiety rather than depression. Over two 3-year intervals, anxiety symptoms led to depressive symptoms, but the relationship was not reciprocal. Anxiety symptoms were more stable than those for depression. These findings provide additional support for the idea that anxiety symptoms may reflect a personality trait such as neuroticism more than do depressive symptoms, and suggest that low positive affect may not be as specific to depression in older people as in younger people. (RH)

ISSN: 08827974

A molecular view of coping behavior in older adults; by Peter Martin, Christoph Rott, Leonard W Poon (et al).

Journal of Aging and Health, vol 13, no 1, February 2001, pp 72-91.

The major focus of this study is on the assessment of individual differences (relating to age, gender, ethnicity and education) in specific ("molecular") coping behaviours. Data from the Georgia Centenarian Study in the US was used to explore 35 specific coping reactions for 74 sexagenarians, 70 octogenarians and 116 centenarians. Significant age group, gender, and education differences were found for 14 coping reactions. 4 items were

exclusively affected by age, 5 were affected only by gender, and 3 were affected only by education. No ethnicity differences were found. The largest effect for an age group was found for accepting health problems. (RH)
ISSN: 08982643

On becoming depressed or anxious in late life: similar vulnerability factors but different effects of stressful life events; by Edwin de Beurs, Aartjan Beekman, Sandra Geerlings (et al).

British Journal of Psychiatry, vol 179, November 2001, pp 426-431.

To investigate risk profiles for developing depression and anxiety, the authors used self-report data from 1810 emotionally healthy community-dwelling over 55s from the Longitudinal Aging Study Amsterdam (LASA) collected on two occasions, 3 years apart. After 3 years, 9% of subjects had scored beyond the thresholds for symptoms. Vulnerability for anxiety and depression were quite similar, but life events differed: whereas onset of depression was predicted by the death of a partner or other relatives, onset of anxiety was best predicted by having a partner who developed a major illness. No support for moderator effects between vulnerability factors and stress were found: the effects were purely additive. (RH)

ISSN: 00071250

Pain management in older adults: role of fear and avoidance; by Kelly L Bishop, F Richard Ferraro, Dana M Borowiak.

Clinical Gerontologist, vol 23, nos 1/2, 2001, pp 33-42.

The present study examined the relationship between fear/anxiety associated with pain, coping self-statements, depression, health status and medication intake in a sample of 38 older adults. Correlational analyses revealed that pain anxiety was significantly related to catastrophic coping, depression and self-rated health status but not with medication usage. These results indicate that certain models associating fear and avoidance with chronic pain may be relevant to the development and maintenance of pain problems in older people, as well as in younger adults. It is suggested that targeting such variables in treatment may prove beneficial for managing pain in older people. (KJ/RH)

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Psychometric properties of the state part of the Spielberger State-Trait Anxiety Inventory (STAI) in geriatric patients; by Karl Kvaal, Knut Laake, Knut Engedal.

International Journal of Geriatric Psychiatry, vol 16, no 10, October 2001, pp 980-986.

A conspicuously high score in the state part of the State-Trait Anxiety Inventory (STAI) has been observed in geriatric inpatients who are neither demented nor critically ill. Reasons for this discrepancy were examined in a Norwegian cross-sectional study of 101 geriatric inpatients and 68 healthy controls of similar age, living at home, and recruited through a day centre. The STAI "absence of anxiety" items were scored significantly higher than that for the ten "presence of anxiety" items. Factor analysis produced two correlated factors: "well-being" and "nervousness", and showed that a lack of well-being contributes significantly to the high score on the STAI for geriatric patients. Female controls scored higher than males on both factors, whereas no gender effect was observed for geriatric patients. The STAI sum score is a biased indicator of anxiety in geriatric patients. (RH)

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Recruiting older adults with generalized anxiety disorder; by Rhonda L Akkerman, Melinda A Stanley, Patricia M Averill (et al).

Journal of Mental Health and Aging, vol 7, no 4, Winter 2001, pp 385-394.

Obtaining samples of older people with mental health difficulties - especially anxiety - is a challenging task for investigators. This article's aim was to replicate and extend earlier findings concerning the recruitment of older people living in the community who experience generalised anxiety disorder (GAD). Data gathered over a 45-month period of a clinical trial for GAD suggested that media sources produced both the greatest number of enquiries (66%) and study participants (79%). Surprisingly, referrals from healthcare practitioners accounted for only 6% of participants, highlighting the need to improve collaboration between medical and mental health practitioners. Data also addressed the representativeness of participants relative to callers in terms of inclusion/exclusion criteria and demographic characteristics. Overall, the report emphasises the importance of careful planning and monitoring of recruitment strategies for clinical trials with older people with GAD. (RH)

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Reminiscence, personality and psychological functioning in older adults; by Jeffrey A Cully, Donna LaVoie, Jeffrey D Gfeller.

The Gerontologist, vol 41, no 1, February 2001, pp 89-95.

There is little research on the psychological factors that correlate with reminiscence, especially in relationship to clinical constructs such as depression and anxiety. Research in the area of reminiscence functions may facilitate a better understanding of the factors affecting change in reminiscence therapies. 77 healthy older adults completed the following self-report scales: Reminiscence Functions Scale (RFS); NEO Five Factor Personality Inventory (NEO-FFI); Beck Depression Inventory, 2nd edition BDI-II); State-Trait Anxiety Inventory (STAI); and the Templer-McMordie Death Anxiety Scale (TDAS). Using canonical correlation techniques, results indicated that individuals with negative psychological functioning frequently reminisce as a way to refresh bitter memories, reduce boredom and prepare for death. Contrary to previous studies, results indicate that depressed and anxious older people commonly use reminiscence, and therefore may be appropriate candidates for reminiscence treatments. (KJ/RH)

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Worry content reported by older adults with and without generalized anxiety disorder; by G J Diefenbach, M A Stanley, J G Beck.

Aging & Mental Health, vol 5, no 3, August 2001, pp 269-274.

Generalized anxiety disorder (GAD) is defined in part by excessive and uncontrollable worry, and remains one of the most frequently diagnosed anxiety disorders in older people. In this study, worry content was compared for 44 older people diagnosed with GAD and 44 normal control (NC) volunteers, matched for age, gender and ethnicity. Results indicated that older people with GAD reported a wider range of worry topics than did NC participants. However, there was no difference in worry content patterns between the two groups. These results suggest that pathological worry in later life is not uniquely defined by content. Worry content reported by older people was also compared with previously published younger adult worry content data: age differences were consistent with common age-related developmental changes. Directions are proposed for research on worry across the lifespan. (RH)

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