

Centre for Policy on Ageing
Information Service

Selected Readings

**Depression and Older
People**

July 2018

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2018

The association of a heart attack or stroke with depressive symptoms stratified by the presence of a close social contact: findings from the National Health and Aging Trends Study Cohort; by Adam Simning, Christopher L Seplaki, Yeates Conwell.: Wiley, January 2018, pp 96-103.

International Journal of Geriatric Psychiatry, vol 33, no 1, January 2018, pp 96-103.

The objective of this study was to examine whether the risk of having clinically significant depression following a heart attack or stroke varied by the presence of a close social contact. The National Health and Aging Trends Study was a nationally representative longitudinal survey of US Medicare beneficiaries aged 65 and older initiated in 2011. 5,643 older adults had information on social contacts at baseline and depression at the one-year follow-up interview. The two-item Patient Health Questionnaire identified clinically significant depression. Interview questions examined social contacts and the presence of self-reported heart attack or stroke during the year of follow-up. 297 older adults reported experiencing a heart attack and/or stroke between their baseline and follow-up interviews. In regression analyses accounting for sociodemographics, baseline depression, medical comorbidity and activities of daily living impairment, older adults with no close social contacts had increased odds of depression at follow-up after experiencing a heart attack or stroke, while those with close social contacts had increased odds of depression at follow-up after experiencing a stroke, but not a heart attack. Older adults had increased odds of having depression following a self-reported stroke, but only those with no close social contacts had increased odds of depression following a heart attack. Social networks may play a role in the mechanisms underlying depression among older adults experiencing certain acute health events. Future work exploring the potential causal relationships suggested here, if confirmed, could inform interventions to alleviate or prevent depression among at risk older adults. (JL)

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

Childhood abuse and late-life depression: mediating effects of psychosocial factors for early- and late-onset depression; by Ilse Wielaard, Mathijs Hoyer, Didi Rhebergen (et al.): Wiley, March 2018, pp 537-545.

International Journal of Geriatric Psychiatry, vol 33, no 3, March 2018, pp 537-545.

Childhood abuse makes people vulnerable to developing depression, even in later life. Psychosocial factors that are common in later life, such as loneliness or lack of a partner, may explain this association. The aim of this study was to investigate whether the association between childhood abuse and depression in older adults could be explained by psychosocial factors. Cross-sectional data were derived from the Netherlands Study of Depression in Older Persons (age 60-93), including 132 persons without lifetime depression, 242 with early onset depression (age under 60), and 125 with late onset depression (age 60 or above). Childhood abuse (yes/no) and a frequency-based childhood abuse index were included. Multinomial regression and multivariable mediation analyses were used to examine the association between childhood abuse and the onset of depression, and the influence of loneliness, social network and partner status. Multinomial regression analyses showed a significant association between childhood abuse and the childhood abuse index with early and late onset depression. Multivariable mediation analyses showed that the association between childhood abuse and early onset depression was partly mediated by social network size and loneliness. This was particularly present for emotional neglect and psychological abuse, but not for physical and sexual abuse. No psychosocial mediators were found for the association between childhood abuse and late onset depression. Overall findings showed that a smaller social network and feelings of loneliness mediate the association between childhood abuse and early onset depression in older adults. The findings show the importance of detecting childhood abuse as well as the age at depression onset and mapping of relevant psychosocial factors in the treatment of late life depression. (JL)

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

The effect of childcare activities on cognitive status and depression in older adults: gender differences in a 4.4-year longitudinal study; by Caterina Trevisan, Maria Valentina Pamio, Chiara Curreri (et al.): Wiley, February 2018, pp 348-357.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 348-357.

Although involvement in childcare activities seems to promote better physical and mental health in older adults, its impact on cognitive status and depression has not yet been fully examined. The aim of this Italian study was to analyse the association between engagement in childcare activities and cognitive and psychological status over a 4.4-year period in community-dwelling older adults. 2,104 individuals aged 65 years and above without severe cognitive impairment at baseline were categorised according to the frequency of their involvement in childcare activities (everyday, occasionally, never). The participants' cognitive status and depressive symptoms were evaluated at baseline and after 4.4 years. During the follow-up, 269 (12.8%) new cases of cognitive

impairment and 229 (10.9%) new cases of depression were registered. Men engaged in childcare showed an almost 20% lower risk of cognitive impairment and cognitive decline. Women demonstrated similar results, except for those occasionally involved in childcare, who had a higher risk of cognitive decline compared with women who never engaged in it. The risk of developing depression was reduced in men involved daily and occasionally in childcare, who also demonstrated a lower risk of exacerbating depressive symptoms compared with subjects who were never involved in it. The onset of depression was reduced in women occasionally engaged in childcare, but not significantly in those daily involved in it. These findings demonstrate that involvement of older adults in childcare activities seems to lower the risk of cognitive impairment in both genders and to prevent onset or worsening of depression, particularly in older men. (JL)

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

Job displacement and social safety net on depressive symptoms in individuals aged 45 years or above: findings from the Korean Longitudinal Study of Aging; by Woorim Kim, Young Choi, Tae-Hoon Lee (et al.): Cambridge University Press, June 2018, pp 1199-1222.

Ageing and Society, vol 38, no 6, June 2018, pp 1199-1222.

This study aimed to investigate the relationship between the unemployment experience and depressive symptoms among middle-aged (ages 45-59) and older (age 60+) people. The study further examines the effects of unemployment insurance, industrial accident compensation insurance (IACI) and national pension on the stated relationship. Data were used from the Korean Longitudinal Study of Aging (KLoSA) between 2006 and 2012. A total of 1,536 individuals employed at the 2006 baseline were followed. The association between employment status change during 2006 to 2008, 2008 to 2010 or 2010 to 2012 and depressive symptoms in years 2008, 2010 or 2012 were analysed using a generalised estimating equation model. Depressive symptoms were measured with the Center for Epidemiological Studies Depression Scale (CES-D 10) scale. The results showed that the 'employed to unemployed' group had statistically significant increases in depression scores in the middle-aged (beta = 0.4884, p = 0.0038) and older people (beta = 0.8275, p ? 0.0001) categories, compared to the 'employed to employed' group. Findings were maintained in groups without a social safety net. Contrastingly, the 'employed to unemployed' groups with unemployment insurance and IACI did not show statistically significant increases in depression scores. The 'employed to unemployed' category of individuals enrolled in the national pension system exhibited a lower increase of depression. Therefore, an enhanced focus on the mental health of unemployed individuals is required, in addition to the provision of a reliable social safety net. (RH)

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

The occurrence and persistence of thoughts of suicide, self-harm and death in family caregivers of people with dementia: a longitudinal data analysis over 2 years; by Karlijn J Joling, Siobhan T O'Dwyer, Cees M P M Hertogh, Hein P J van Hout.: Wiley, February 2018, pp 263-270.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 263-270.

Family caregivers of people with dementia often report high levels of stress and depression, but little is known about those who contemplate suicide or self-harm. This study explored thoughts of suicide, self-harm and death in dementia caregivers and investigated the characteristics that distinguish them from those without such thoughts. Data were collected every 3 months, for 24 months, from 192 family caregivers of people with dementia living in the Netherlands. Caregivers did not have clinical depression or an anxiety disorder at baseline. Suicide-related thoughts were measured with an item from the Mini International Neuropsychiatric Interview, a diagnostic instrument for DSM-IV mental disorders. Fisher exact, analysis of variance or Kruskal-Wallis tests compared the characteristics of caregivers who had contemplated suicide with two comparison groups. Within 24 months, 76 caregivers reported symptoms of potential depression and were further assessed for suicidal thoughts. Nine carers reported suicidal thoughts with three of those at multiple points. Caregivers with suicidal thoughts had more severe depressive and anxious symptoms, had a lower sense of competence and mastery, felt less happy and experienced more health problems, less family support and more feelings of loneliness than caregivers who had not. Suicidal thoughts are present in dementia caregivers and can persist across the care trajectory. Various psychological and social characteristics significantly distinguish caregivers with suicidal thoughts from those without. More research is needed to enable the identification of high-risk caregivers and provide an evidence base for the development of preventive strategies and interventions. (JL)

ISSN: 08856230

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

Positive psychology constructs as predictors of depression in retirees; by Nicole Allenden, Peter Boman, Amanda Mergler, Michael J Furlong.: Cambridge University Press, May 2018, pp 995-1017.
Ageing and Society, vol 38, no 5, May 2018, pp 995-1017.

The authors investigated whether five positive psychological constructs (self-efficacy, gratitude, grit, hope and optimism) had a combined effect on levels of depression. The co-occurrence of these psychological factors, defined as an example of co-vitality, was examined in relation to predicting lower levels of depression. Participants were 278 retirees living in Brisbane, Australia. Each participant completed either an online or hard-copy self-report related to positive psychological functioning. A standard multiple regression found that self-efficacy, grit, optimism and hope were individually all significant predictors of depression (small effect sizes). However, the combinatorial relation of all these four factors with depression was substantial ($R^2 = 0.34$; large effect size). Gratitude was not a significant predictor. While no causality can be inferred from this cross-sectional study, having a combination of positive psychological factors might have an effect on levels of depression in retirement. (RH)

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

The relationship between moderate alcohol consumption, depressive symptomatology, and C-reactive protein: the Health and Retirement Study; by Daniel Paulson, Mona Shah, Danielle Herring ... (et al.): Wiley, February 2018, pp 316-324.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 316-324.

Moderate alcohol use has been broadly associated with health benefits among older adults, including improved mood. Aims of this study were to evaluate the relationship of moderate alcohol use and depression over a period of eight years, and to examine inflammation, indicated by C-reactive protein (CRP), as one mechanism by which this relationship functions. The study included 3,177 community-dwelling participants over the age of 65 in 2008 drawn from the Health and Retirement Study. Data from the 2006, 2008, 2012 and 2014 waves were used. Alcohol use was measured via self-report and was dichotomised as abstinent (0 drinks per week) and moderate (1-14 drinks per week). Inflammation was measured using CRP, which was collected using an enzyme-linked immunosorbent assay and provided in units of $\mu\text{g/mL}$. Control variables included gender, age, body mass index (BMI) and medical burden. A latent growth curve model with full information maximum likelihood was used, with results revealing that moderate drinkers endorsed fewer depressive symptoms at baseline and a steeper rate of change over time. Abstinent respondents' depression was characterised by a more linear change rate. Further, moderate drinkers had lower CRP levels suggesting that inflammation partially mediates the relationship between moderate alcohol use and depression. Moderate alcohol use predicts fewer depressive symptoms among older adults. This relationship is partially moderated by CRP and is eroded by the passage of time. Future research should identify additional mechanisms relating alcohol to positive health outcomes and less depression. (JL)

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

The relationship between vision impairment and well-being among centenarians: findings from the Georgia Centenarian Study; by Aya Toyoshima, Peter Martin, Shinichi Sato, Leonard W Poon.: Wiley, February 2018, pp 414-422.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 414-422.

This study used the data set of the Georgia Centenarian Study including 106 centenarians (18 men and 88 women). It used scores of the Snellen chart for objective vision and self-reports for subjective vision. Social support, depression and loneliness were also assessed. Approximately 75% of the centenarians showed some level of objective visual impairment, and 56% of them reported that they had visual impairment. Objective vision impairment was significantly related to depression. Multiple regression analysis revealed that both variables of visual function were significantly associated with depression, but not loneliness. In the model including depression, a significant interaction was obtained for social support and objective vision. Centenarians reported lower level of depression when they had social support. However centenarians who had low level of visual function tended to report higher depression even if they had social support. These results indicate that vision function was related to centenarians' well-being, especially depression. (JL)

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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)

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

2017

Care tasks in the stress process for family caregivers in urban China; by Jinyu Liu, Nan Lu, Vivian W Q Lou.: Taylor and Francis, October-December 2017, pp 426-432.

Clinical Gerontologist, vol 40, no 5, October-December 2017, pp 426-432.

In this study, the role of care tasks in the caregiving stress process was explored by testing the relationships between distinct care tasks, primary stressors, caregiver burden and depressive symptoms among caregivers. Data were collected from a sample of 754 caregivers who provided care for frail, ageing family members in Shanghai, China. Path analysis was conducted to identify the relationships between the three types of care tasks (monetary support, physical care and emotional care), the caregivers' background, primary stressors, caregiver burden and depressive symptoms. The results show distinct paths through the three types of care tasks in the stress process. Caregivers with higher incomes were more likely to provide monetary support to their care recipients. Being a female caregiver and having greater primary stressors were associated with more involvement in physical care, which predicted higher levels of caregiver burden and further exacerbated depression. The cognitive impairment of care recipients was associated with greater emotional care: caregivers who provided more emotional care reported higher levels of caregiver burden but lower levels of depression. This study underscores the importance of considering different types of care tasks to properly understand caregiving stress across cultures and societies. The study highlights the need for interventions to alleviate caregiving stress by helping family caregivers understand the importance of emotional care, training them to appropriately meet their care recipients' psychological and social needs, and providing financial support for caregivers with lower income to purchase respite care services. (RH)

ISSN: 07317115

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

Death wishes among older people assessed for home support and long-term aged residential care; by Gary Cheung, Siobhan Edwards, Frederick Sundram.: Wiley, December 2017, pp 1371-1380.

International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1371-1380.

Death wishes in older people are common and may progress to suicidal ideation and attempts. This study used routinely collected data from the interRAI Home Care assessment to examine the prevalence and clinical predictors of death wishes in older New Zealanders assessed for home support and long-term aged residential care. Data were collected from 35,734 people aged over 65 during 2012-2014. Chi-squared analyses were used to determine significant relationships between the presence of death wishes and demographic factors, health and functional status, and emotional and psychosocial well-being. A three-step hierarchical logistic regression model was used to determine the predictive variables of death wishes and odds ratios were calculated. Death wishes were present in 9.5% of the sample. The following factors were significantly associated with death wishes: physical health (poor self-reported health, recurrent falls, severe fatigue and inadequate pain control), psychological factors (depression, major stressors and anxiety), social factors (loneliness and decline in social activities) and impaired cognition. Depression, loneliness and poor self-reported health had the greatest odds

ratios in the full model. Clinically significant depression alone cannot fully account for the development of death wishes in older adults and several factors are independently associated with death wishes. This knowledge can help clinicians caring for older people to identify people who are most at risk of developing death wishes. (JL)

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

Depression and cognitive impairment among newly admitted nursing home residents in the USA; by Christine M Ulbricht, Anthony J Rothschild, Jacob N Hunnicutt, Kate L Lapane.: Wiley, November 2017, pp 1172-1181. *International Journal of Geriatric Psychiatry*, vol 32, no 11, November 2017, pp 1172-1181.

The objective of this study was to describe the prevalence of depression and cognitive impairment among newly admitted nursing home residents in the USA and to describe the treatment of depression by level of cognitive impairment. The study identified 1,088,619 newly admitted older residents between 2011 and 2013 with an active diagnosis of depression documented on the Minimum Data Set 3.0. The prevalence of receiving psychiatric treatment was estimated by cognitive impairment status and depression symptoms. Binary logistic regression using generalised estimating equations provided adjusted odds ratios and 95% confidence intervals for the association between level of cognitive impairment and receipt of psychiatric treatment, adjusted for clustering of residents within nursing homes and resident characteristics. 26% of newly admitted residents were found to have depression, and of these 47% also had cognitive impairment. Of those who had staff assessments of depression, anhedonia, impaired concentration, psychomotor disturbances and irritability were more commonly experienced by residents with cognitive impairment than residents without cognitive impairment. 48% of all residents with depression did not receive any psychiatric treatment. Approximately one-fifth of residents received a combination of treatment. Residents with severe cognitive impairment were less likely than those with intact cognition to receive psychiatric treatment. Many newly admitted residents with an active diagnosis of depression are untreated, potentially missing an important window to improve symptoms. The extent of comorbid cognitive impairment and depression and lack of treatment suggest opportunities for improved quality of care in this increasingly important healthcare setting. (JL)

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

Disability in prison activities of daily living and likelihood of depression and suicidal ideation in older prisoners; by Lisa C Barry, Dorothy B Wakefield, Robert L Trestman, Yeates Conwell.: Wiley, October 2017, pp 1141-1149.

International Journal of Geriatric Psychiatry, vol 32, no 10, October 2017, pp 1141-1149.

The objective of this study was to determine whether disability in activities of daily living specific to prison, or prison activities of daily living (PADLs), is associated with depression and severity of suicidal ideation (SI) in older prisoners, a rapidly growing population at high risk of suicide. This was a cross-sectional design using data from a study of 167 prisoners aged 50 years or more. Depression was operationalised as a score of 15 or above on the 9-item Physician Health Questionnaire (PHQ-9). SI severity was assessed using the Geriatric Suicide Ideation Scale (GSIS). Participants were considered to have PADL disability if they reported any of the following as 'very difficult' or 'cannot do': dropping to the floor for alarms, climbing on/off the top bunk, hearing orders, walking while wearing handcuffs, standing in line for medications and walking to chow. Associations were examined with bivariate tests and with multivariable logistic and linear regression models, and the interaction term gender * PADL disability was tested. PADL disability was associated with depression and SI severity. There was no main effect of gender on either depression or SI, yet the association between PADL disability and depression was considerably stronger in male than in female older prisoners. Identifying older prisoners who have difficulty performing PADLs may help distinguish prisoners who may also be likely to be depressed or experience more severe SI. Furthermore the association between PADL disability and depression may be particularly salient in older male prisoners. Longitudinal studies are needed as causal inferences are limited by the cross-sectional design. (JL)

ISSN: 08856230

From : <http://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)

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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)

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From : www.orangejournal.org

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)

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From : <http://tandf.com>

Happiness, rather than depression, is associated with sexual behaviour in partnered older adults; by Rosanne Freak-Poli, Gustavo di Castro Lima, Nese Direk (et al.): Oxford University Press, January 2017, pp 101-107.

Age and Ageing, vol 46, no 1, January 2017, pp 101-107.

The relation between positive psychological well-being (PPWB) and sexual behaviour is understudied in older adult groups. The objective of this study was to examine the relation between PPWB and sexual behaviour (sexual activity and physical tenderness) in older adults, and whether it is independent from depressive symptoms and uniform across older age groups. Study participants were a cross-section of community-dwelling adults aged 65 years or older living in Rotterdam, The Netherlands. Sexual behaviour, the Cantril Self-Anchoring Striving Scale, the Center for Epidemiological Studies Depression (CES-D) scale and partner status were assessed in 2,373 dementia-free older adults from the Rotterdam Study. For partnered participants, greater

positive affect and life satisfaction was associated with more sexual activity and physical tenderness. Although CES-D was negatively associated with sexual behaviour within partnered older adults, there was no association between the negative affect sub-scale and sexual behaviour. The relations were independent of depressive symptoms, physical health and chronic disease status and were observed for both sexes at all older ages. For unpartnered participants, greater life satisfaction was associated with more physical tenderness. There was low prevalence of sexual behaviour in unpartnered participants, limiting further stratification. Overall findings showed that greater PPWB was associated with more sexual behaviour in partnered, community-dwelling older adults. This was the first study to demonstrate that sexual behaviour is associated with PPWB, rather than lack of depressive symptoms. This association is present at all ages for partnered older adults. Limited conclusions can be drawn for unpartnered older adults as their sexual behaviour is infrequent. (JL)

ISSN: 00020729

From : <https://academic.oup.com/ageing>

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)

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

The impact of intensive grandchild care on depressive symptoms among older Koreans; by Juyeong Kim, Eun-Cheol Park, Young Choi (et al).: Wiley, December 2017, pp 1381-1391.

International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1381-1391.

The aim of this study was to investigate the impact of intensive grandchild care on depressive symptoms among grandparents. The study used data from 2008 to 2012 of the Korea Longitudinal Study of Aging. Using the data from 2008 at baseline, data included 5,129 individuals aged 50 years and more without depression with at least one grandchild. A generalised estimating equation was used to investigate the impact of intensive grandchild care on depression. Investigated factors included the intensity of grandchild care, measured by hours spent caring for a grandchild per week: (i) none (0 h); (ii) non-intensive grandchild care (1-39 hours per week); and intensive grandchild care (40 hours or more per week). Depressive symptoms were measured using the 10-item Center for Epidemiological Studies Depression scale. Among the participants 3.0% were providing non-intensive grandchild care, and 1.9% were providing intensive grandchild care. Compared with grandparents providing no grandchild care, those who provided intensive grandchild care experienced reduced depression. Men providing intensive grandchild care experienced a greater reduction in depression compared with women providing grandchild care. Grandparents who were receiving financial support from adult children were more likely to experience reduced depression than those receiving no such support. The results of this study reveal that intensive grandchild care is associated with lower levels of depression among older adults, particularly men. The findings emphasise the importance of encouraging older adults to participate in grandchild care, regardless of gender. (JL)

ISSN: 08856230

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

Implications of changes in family structure and composition for the psychological well-being of Filipino women in middle and later years; by Feinian Chen, Luoman Bao, Rachel M Shattuck (et al).: Sage, February 2017, pp 275-299.

Research on Aging, vol 39, no 2, February 2017, pp 275-299.

The health implications of multigenerational co-residence for older adults is a well-researched topic in the ageing literature. Much less is known of its impact for women in midlife. The authors used data from the Cebu Longitudinal Health and Nutrition Study (CLHNS, 2002, 2005, 2007, and 2012) to study the influence of transitions in multigenerational household composition on depressive symptoms for Filipino women in midlife

transitioning into old age. The initial analysis showed little effect when the authors used the conventional classification of nuclear versus extended family and transition in and out of the extended family. When they described shifts in the family environment by compositional changes - that is, change in the presence and absence of particular family members - they found significant associations between depressive symptoms and two types of role transitions: the loss of a spouse in the household; and grandchildren's entry to and exit from the household. (RH)

ISSN: 01640275

From : journals.sagepub.com/home/roa

Intergenerational support and depression among Chinese older adults: do gender and widowhood make a difference?; by Man Guo, Iris Chi, Merril Silverstein.: Cambridge University Press, April 2017, pp 695-724.

Ageing and Society, vol 37, no 4, April 2017, pp 695-724.

Using four-wave panel data of 1,327 older adults in rural China, this study examined potential gender and marital status differences in the relationships between three forms of intergenerational support (monetary, instrumental and emotional support) and the level of depression of the older adults. Results from a pooled time-series fixed-effects model showed that receiving and providing monetary support had a comparable beneficial effect on mothers and fathers, but mothers benefited more psychologically than fathers from closer relationships with their children. Exchanges in instrumental support was not related to either mothers' or fathers' level of depression. Widowhood further affected the gendered relationships between support and depression in that recently widowed fathers had a significantly higher level of depression when they received more monetary support from their children. In contrast, providing monetary support to children was associated with a significantly higher level of depression among recently widowed mothers. The authors explain these findings in the context of familial and gender norms in the Chinese culture and temporal needs for family support that link with bereavement coping stages among older adults. They argue that the gender and marital status patterns observed in this study are attributive to more fundamental differences in men's and women's social positions in Chinese society. (JL)

ISSN: 0144686X

From : cambridge.org/aso

Is social engagement linked to body image and depression among aging women?; by Natalie J Sabik.: Taylor and Francis, 2017, pp 405-416.

Journal of Women and Aging, vol 29, no 5, 2017, pp 405-416.

Maintaining an active and engaged social life is a critical component of ageing well, and women are generally more socially active than men. However, as women age, their self-perceptions of their bodies may reduce social behaviours and consequently, increase depressive symptoms. Because little is known about how body image is associated with social engagement and depressive symptoms among ageing women, four aspects of body image were assessed among 123 American women aged 65+ and older (n = 123): satisfaction with cosmetic features, body function, physical appearance, and weight. Regression analyses indicated that cosmetic appearance, body function, and physical appearance were associated with depressive symptoms, whereas satisfaction with weight was unrelated. Further, both greater satisfaction with cosmetic features and body function were associated with higher levels of social engagement, and social engagement mediated the association between these aspects of body satisfaction and depressive symptoms. The findings indicate that specific age-relevant aspects of body satisfaction are linked to social behaviour and depression among ageing women, while reduced body satisfaction may lead to lower social engagement, and consequently ageing women's health and well-being may be diminished. (RH)

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From : <http://www.tandfonline.com/doi/abs/10.1080/08952841.2016.1213106>

Managing depression among diverse older adults in primary care: the BRIGHTEN Program; by Erin E Emery-Tiburcio, Laurin Mack, Emily G Lattie (et al).: Taylor and Francis, March-April 2017, pp 88-96.

Clinical Gerontologist, vol 40, no 2, March-April 2017, pp 88-96.

A variety of specific cultural adaptations have been proposed for older adult and minority ethnic mental health interventions. The BRIGHTEN Program (Bridging Resources of a Geriatric Health Team via Electronic Networking) is based on research demonstrating the importance of individually tailored, multi-component treatment. This pilot study aimed to determine whether the BRIGHTEN Program would equally meet the needs of a highly diverse sample of older adults with depression. Older adults who screened positive for depression were recruited from primary and specialty care settings to participate in the BRIGHTEN program. A secondary data analysis of 131 older adults (37.4% African-American, 29.0% Hispanic, 29.8% Non-Hispanic White) was conducted to explore the effects of demographic variables (race or ethnicity, income and education) on treatment outcome. Compared to baseline, participants demonstrated significant improvements on the SF-12

Mental Health Composite and depression (GDS-15) scores at 6-month follow-up. There were no differences on outcome measures based on race/ethnicity, income or education with one exception: a difference between 12th grade and graduate degree education on SF-12 Mental Health Composite scores. The study concludes that, while not explicitly tailored for specific ethnic groups, the BRIGHTEN program may be equally effective in reducing depression symptoms and improving mental health functioning in a highly socioeconomically and ethnically diverse, community-dwelling older adult population. Implications for behavioural health integration in primary care are discussed. (RH)

ISSN: 07317115

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

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)

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

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)

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From : <http://tandf.com>

Predictors of suicidal ideation in Korean American older adults: analysis of the Memory and Aging Study of Koreans (MASK); by Peter J Na, Kim B Kim, Su Leon Lee-Tauler (et al): Wiley, December 2017, pp 1272-1279.

International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1272-1279.

The aim of this study was to investigate the prevalence and predictors of suicidal ideation among Korean American older adults and assess the self-rated mental health of Korean American older adults with suicidal ideation with or without depression. The Memory and Aging Study of Koreans was a cross-sectional, epidemiologic study of community-dwelling Korean American older adults living in the Baltimore-Washington area. Participants were interviewed using the Korean version of the Patient Health Questionnaire (PHQ-9K). In

addition demographic information, self-rated mental health and self-rated physical health status were obtained. 14.7% of Korean American older adults reported suicidal ideation. Predictors of suicidal ideation included living alone, major or minor depression (diagnosed by the PHQ-9K), shorter duration of residency in the US and poorer self-rated mental health. Of those who reported suicidal ideation 64% did not have depression. However their self-rated mental health was as poor as that of those with major or minor depression but without suicidal ideation. Suicidal ideation without depression was common among Korean American older adults. For this group of elders with poor self-rated mental health future studies should look to improving early detection of suicide risks and developing feasible suicide prevention interventions. (JL)

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

The relationships between coping strategies, social support and depression: an investigation among Turkish care-givers of patients with dementia; by Kahraman Kiral, Unsal Yetim, Aynur Ozge, Arzu Aydin.: Cambridge University Press, January 2017, pp 167-187.

Ageing and Society, vol 37, no 1, January 2017, pp 167-187.

Caring for a patient with dementia is a stressful life event, and care-givers carry a heavy psychological burden. However, the extent to which care-givers are affected by the stressful aspects of care-giving may depend on a variety of factors. This study examined the relationships between cognitive emotion regulation strategies, social support and depression among Turkish dementia care-givers. Research questions explored whether different coping strategies and social support were related to levels of depression, as well as whether social support moderated this relationship. The authors used a hierarchical multiple regression analysis consisting of three blocks as the primary statistical technique to examine their expectations. In total, 141 dementia care-givers (108 women, 33 men) were recruited to the study. The mean age of the sample was 59.74 years old (standard deviation = 12.70). Hierarchical regression analysis indicated a significant negative main effect for positive refocusing strategies and significant positive main effects for catastrophising and blaming others. Social support moderated the relationships between catastrophising, rumination and symptoms of depression. The results show that cognitive emotion regulation strategies and social support can play significant roles in alleviating care-giver depression. In the light of these results, it may be suggested that interventions focusing on the effects of positive refocusing, catastrophising and blaming others, as well as providing social support, may be helpful in alleviating depression in care-givers. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

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)

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

2016

Challenges experienced at age 100: findings from the Fordham Centenarian Study; by Daniela S Jopp, Kathrin Boerner, Verena Cimarolli (et al).: Routledge, July-September 2016, pp 187-207.

Journal of Aging and Social Policy, vol 28, no 3, July-September 2016, pp 187-207.

The challenges experienced by very old individuals and their consequences for well-being and mental health are examined. In order to capture unique issues experienced in very old age, 75 participants of the population-based Fordham Centenarian Study answered open-ended questions on everyday challenges. Theme-based coding was

then used to categorise and quantify responses. The challenges mentioned most often were challenges faced in the functional (e.g. physical health or activities of daily living restrictions, mobility, sensory impairment), psychological (e.g. loss of well-liked activity, dependency, negative emotions, death), and social (e.g. family loss) life domains. Functional challenges were negatively associated with ageing satisfaction and positively associated with loneliness. Psychological challenges were positively linked to ageing satisfaction. Social challenges were marginally related to loneliness. Notably, challenges were not related to depression. In conclusion, the challenges experienced in very old age are multidimensional and multifaceted, unique in nature, and have differential relations to mental health. Functional, psychological and social challenges affect very old individuals' lives, and therefore need to be better understood and addressed. Given their consequences, it is imperative for policy makers to develop an awareness for the different types of challenges faced by centenarians, as there may be unique policy implications related to each. (RH)

ISSN: 08959420

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

Childhood adversities, urbanisation and depressive symptoms among middle-aged and older adults: evidence from a national survey in China; by Fan Yang, Vivian W Q Lou.: Cambridge University Press, May 2016, pp 1031-1051.

Ageing and Society, vol 36, no 5, May 2016, pp 1031-1051.

Modern China's trajectory, from Communism and poverty to economic boom and marketisation under an authoritarian regime, makes the country a unique social laboratory for examining how social environment affects human development of individuals. This study investigated the correlation between childhood adversity and depressive symptoms of Chinese middle-aged and older adults, and how urbanisation moderates the correlation. A sub-sample (N = 14,681) of the baseline of the China Health and Retirement Longitudinal Study was analysed. Seven variables were used in the latent class analysis to establish a childhood adversity typology. Three urbanisation statuses were identified according to the Hukou (household registration system) status and neighbourhood type: non-urbanised, semi-urbanised and fully urbanised. The correlation between childhood adversity and depressive symptoms and the moderation of urbanisation on the correlation were assessed with factorial analysis of covariance. Three latent classes for childhood adversities were identified: 'normal childhood class', 'low childhood socio-economic status and health class' and 'traumatic childhood class'. The class membership was significantly correlated with depressive symptoms ($p = 0.015$), and the urbanisation status, also significantly affecting depressive symptoms ($p = 0.05$), had significant moderating effect on the correlation ($p = 0.002$). It is suggested that more social inclusive policies need to be adopted, in order to guarantee the equal distribution of well-being led by urbanisation. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Co-producing approaches to the management of dementia through social prescribing; by Keith Baker, Adele Irving.: Wiley, May 2016, pp 379-397.

Social Policy and Administration, vol 50, no 3, May 2016, pp 379-397.

A promising approach to the management of dementia is 'social prescribing'. Social prescribing is a form of 'co-production' that involves linking patients with non-clinical activities, typically delivered by voluntary and community groups, in an effort to improve their sense of well-being. The success of social prescribing depends on the ability of boundary-spanning individuals within service delivery organisations to develop referral pathways and collaborative relationships through 'networks'. This article examines the operation of a pilot social prescribing programme in the North East of England, targeted at older people with early onset dementia and depression, at risk of social isolation. It is argued that the scheme was not sustained, in part, because the institutional logics that governed the actions of key boundary-spanning individuals militated against the collaboration necessary to support co-production. (RH)

ISSN: 01445596

From : wileyonlinelibrary.com/journal/spol

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

Depressive symptoms, transitions to widowhood, and informal support from adult children among older women and men in Japan; by Andrew D Tiedt, Yasuhiko Saito, Eileen M Crimmins.: Sage, August 2016, pp 619-642.

Research on Aging, vol 38, no 6, August 2016, pp 619-642.

The relationships between depressive symptoms, transitions to widowhood, worsening health, and family support in Japan over a 10-year period were examined. The analyses focus on availability and receipt as the two primary dimensions of intergenerational support relationships. Data from the Nihon University Japanese Longitudinal Study of Aging (NUJLSOA) were analysed using growth curve models; there were four main findings. First, becoming widowed correlated with increased depressive symptoms; this relationship was weaker among women than men. Second, continuous widowhood was associated with fewer depressive symptoms over time. Third, transitions to co-residence with sons and daughters among the widowed was correlated with reduced depressive symptoms. Lastly, self-reported health and difficulty with activities of daily living (ADLs) were predictors of depressive symptoms over time. The findings suggest the importance of new research on household transitions, availability and proximity of family caregivers, and social embeddedness as protections against depressive symptoms. (RH)

ISSN: 01640275

From : roa.sagepub.com

Drinking behavior among older adults in a planned retirement community: results from The Villages survey; by Sarah Fishleder, Lawrence Schonfeld, Jaime Corvin ... (et al.): Wiley Blackwell, May 2016, pp 536-543.

International Journal of Geriatric Psychiatry, vol 31, no 5, May 2016, pp 536-543.

This study described patterns of alcohol consumption among continuing care retirement community (CCRC) residents and explored the role of drinking motives and affective states on drinking context and consumption. Using a phone-based daily diary approach older adults were surveyed about their daily alcohol consumption, context of drinking (e.g. drinking alone), positive and negative affect, and their motives for drinking. The CCRC had over 2,500 residents with most (88%) in independent living, 8% in assisted living, and 4% in a nursing home; there were multiple venues where alcohol was served. Participants were recruited for this study via flyers, pamphlets, and informational videos. CCRC residents drank most frequently at home and were alone almost half of drinking days on average, although the context of drinking varied considerably by participant. Problem alcohol use was rare, but hazardous use due to specific comorbidities was common. Respondents endorsed higher social motives for drinking and lower coping motives. Social motives were associated with decreased likelihood of drinking alone, but negative affect was associated with decreased likelihood of drinking outside one's home. Coping and social motives were associated with greater consumption, and higher positive affect was associated with lower consumption. Among CCRC residents, alcohol use may be socially motivated rather

than motivated by coping with negative affect. Future research should examine other motives for drinking in older adulthood. Evaluation of older adults living in CCRCs should include attention to health factors beyond problem use as other forms of hazardous use may be common in CCRCs. (JL)

ISSN: 08856230

From : www.orangejournal.org

Effect of animal-assisted interventions on depression, agitation and quality of life in nursing home residents suffering from cognitive impairment or dementia: a cluster randomized controlled trial; by Christine Olsen, Ingeborg Pedersen, Astrid Bergland (et al.): Wiley Blackwell, December 2016, pp 1312-1321.

International Journal of Geriatric Psychiatry, vol 31, no 12, December 2016, pp 1312-1321.

The prevalence of neuropsychiatric symptoms in cognitively impaired nursing home residents is known to be very high, with depression and agitation being the most common symptoms. In this study the possible effects of a 12-week intervention with animal-assisted activities (AAA) in nursing homes were examined. The primary outcomes related to depression, agitation and quality of life (QoL). A prospective, cluster randomised multicentre trial with a follow-up measurement three months after end of intervention was used. Inclusion criteria were men and women aged 65 years or older, with a diagnosis of dementia or having a cognitive deficit. Ten nursing homes were randomised to either AAA with a dog or a control group with treatment as usual. In total 58 participants were recruited: 28 in the intervention group and 30 in the control group. The intervention consisted of a 30-minute session with AAA twice weekly for 12 weeks in groups of three to six participants, led by a qualified dog handler. Norwegian versions of the Cornell Scale for Depression, the Brief Agitation Rating Scale and the Quality of Life in Late-stage Dementia scale were used. A significant effect on depression and QoL was found for participants with severe dementia at follow-up. For QoL, a significant effect of AAA was also found immediately after the intervention. No effects on agitation were found. Animal-assisted activities may have a positive effect on symptoms of depression and QoL in older people with dementia, especially those in a late stage. (JL)

ISSN: 08856230

From : www.orangejournal.org

Elder abuse, depression, relationships and attachments: determinants of mental health in later life; by Ritu Sharma, Rupinder Kaur.: International Institute on Ageing (United Nations - Malta), 2016, pp 68-81.

International Journal on Ageing in Developing Countries, vol 1, no 1, 2016, pp 68-81.

The issue of elder abuse and depression among older people in India is explored. In addition, relationship and attachment with relevant others, and their effect on positive mental health of older persons were also examined. Data were collected from 200 older people living either with their families or in care homes. Schedules of social support, socialisation, depression and elder abuse were used. Immediate support system, relationship with relevant others, mental health and abuse were assessed, using both quantitative and qualitative methods. The study revealed that depression was prevalent among both groups, with incidents of elder abuse least admitted by people living with their families. People living in care homes affirmed experiencing abuses of several types. Lack of social support and socialisation were found to be the key factors behind abuse and depression. (RH)

ISSN: 25191594

From : <https://www.inia.org.mt>

Late-life deficits in cognitive, physical and emotional functions, childhood intelligence and occupational profile: a life-course examination of the Aberdeen 1936 Birth Cohort (ABC1936); by Dorota Chapko, Roger T Staff, Christopher J McNeil ... (et al.): Oxford University Press, July 2016, pp 486-493.

Age and Ageing, vol 45, no 4, July 2016, pp 486-493.

The 'triad of impairment' phenomenon describes the co-occurrence of age-related cognitive, emotional and physical functioning deficits. The present study investigated how occupational profile and childhood intelligence contribute to the triad of impairment in later life. The study analysed data of a subsample of the Aberdeen Birth Cohort of 1936, comprising of 346 participants. Data were collected on the participants' childhood intelligence, later life cognitive ability, physical functioning, depressive symptoms and main lifetime occupation. The various occupational and impairment measures were summarised into two latent variables, 'occupational profile' and the 'triad of impairment'. The study used a series of data reduction approaches and structural equation models (SEMs) of increasing complexity to test both the validity of the models and to understand causal relationships between the life course risks for the triad of impairment. Occupational profile had a significant effect on the triad of impairment independent of childhood intelligence. Childhood intelligence was the predominant influence on the triad of impairment and exerted its effect directly and indirectly via its influence on occupation. The direct effect of childhood intelligence exceeded the independent influence of the occupational profile on impairment by a factor of 1.7-1.8 and was greater by a factor of 4 from the indirect pathway (via occupation). Childhood intelligence was the predominant influence on the triad of impairment in

later life, independently of the occupational profile. Efforts to reduce impairment in older adults should be informed by a life course approach with special attention to the early life environment. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Links between depressive symptoms and unmet health and social care needs among older prisoners; by Kate O'Hara, Katrina Forsyth, Roger Webb ... (et al.): Oxford University Press, January 2016, pp 158-163.

Age and Ageing, vol 45, no 1, January 2016, pp 158-163.

Absolute numbers of older prisoners and their proportion of the total prison population are increasing. They have multiple health and social care needs that are prominent on entry into prison. No previous studies have identified older prisoners' health and social care needs at this crucial point. The objective of this study was to examine unmet health and social care needs among older men entering prison and their links with depressive symptoms. A cross-sectional survey across nine prisons in the North of England was completed. 100 male prisoners aged between 60 and 81 were interviewed using the Camberwell Assessment of Need - Forensic short version (CANFOR-S) and Geriatric Depression Scale - Short Form (GDS-15). Descriptive statistics were generated and tests performed. Participants reported high levels of unmet needs as measured with the CANFOR-S, notably in the domains of knowledge about their condition and treatment (38%), psychological distress (34%), daytime activities (29%), benefits (28%), food (22%) and physical health (21%). The mean total number of unmet needs was 2.74, with a median of 2.0. More than half the sample exhibited clinical signs of depression. A significant association between depressive symptomatology and an unmet physical health need, as measured by the CANFOR-S, was detected. High levels of depressive symptoms were experienced by older prisoners on entry into prison. Personalised health and social care needs assessment and discrete depression screening are required on prison entry to facilitate effective management of unmet needs. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

The long-arm of adolescent weight status on later life depressive symptoms; by Melissa L Martinson, Sarinnapha M Vasunilashorn.: Oxford University Press, May 2016, pp 389-395.

Age and Ageing, vol 45, no 3, May 2016, pp 389-395.

Given the increase in worldwide obesity among children and adolescents, the long-term consequences of childhood obesity on the risk of adverse health outcomes in later life has garnered increased attention. Much of the work on earlier life weight status and later life health has focused on cardiovascular-related outcomes in mid- to late-adulthood; however, little is known about the later life mental health consequences of adolescent body weight. Data study came from the Wisconsin Longitudinal Study. The authors estimated gender-stratified logistic regression models to characterise the relationship between adolescent weight status using standardised relative body mass ascertained from high school photograph portraits in 1957 and depressive symptoms at age 65 using the Center for Epidemiologic Studies Depression Scale measured in 2004. Women who were overweight in adolescence were significantly more likely to experience depressive symptoms in later adulthood than their normal weight counterparts when the full set of controls was included. This relationship was not observed among men. The relationship between women's adolescent weight status and later life depressive symptoms was moderated by childhood socioeconomic status, and adolescent overweight was more predictive of later life depressive symptoms for women who were raised in low- and middle-income families than in high-income families. These findings provide further evidence for the wide range of long-term consequences of adolescent overweight on later life well-being and are notable for the gender differences in the connection between early life circumstances and later life mental health. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Mechanisms of the effect of involuntary retirement on older adults' self-related health and mental health; by Min-Kyoung Rhee, Michalle E Mor Barak, William T Gallo.: Taylor and Francis, January 2016, pp 35-55.

Journal of Gerontological Social Work, vol 59, no 1, January 2016, pp 35-55.

The authors examined mechanisms of the effect of involuntary retirement on self-rated health and mental health among adults aged 50 or older. Using two waves of the US Health and Retirement Study (HRS, 2006 and 2010), they selected a sample of 1,195 individuals working for pay at baseline who responded to a lifestyle questionnaire in both waves. Regression-based path analyses were conducted to test the mediating effects of financial control, positive and negative family relationships, and social integration on the relationship between involuntary retirement and self-rated health and mental health. Results of mediation analyses indicated that transition to involuntary retirement was directly negatively associated with subsequent self-rated health and indirectly negatively associated with mental health via perception of less financial control. Voluntary retirement was indirectly positively associated with both self-rated and mental health via perception of more financial

control. No significant direct or indirect effects of retirement were found when retirement was measured with an aggregate measure without specifying its voluntariness. Findings emphasise the importance of specifying the voluntariness of retirement, and of recognising the heterogeneity in the mechanisms of involuntary and voluntary retirement. (RH)

ISSN: 01634372

From : www.tandfonline.com

The mental health and mortality impact of death of a partner with dementia; by Sunil M Shah, Iain M Carey, Tess Harris ... (et al.): Wiley Blackwell, August 2016, pp 929-937.

International Journal of Geriatric Psychiatry, vol 31, no 8, August 2016, pp 929-937.

Caring for a partner with dementia and partner bereavement are independently associated with poor health. An understanding of the health effects of living with a partner dying with dementia can help optimise support. The present study looked at health in the year before and after loss of a partner with dementia compared with other bereavements. In a UK primary care database, 2,624 older individuals whose partner died with dementia during 2005-2012 were matched with 7,512 individuals experiencing bereavement where the deceased partner had no dementia recorded. Prior to bereavement, partners of the deceased with dementia were more likely to be diagnosed with depression and receive psychotropic medication than partners from bereavements without dementia. In contrast, psychotropic medication initiation two months after dementia bereavement was lower. Compared with other bereaved individuals, mortality after bereavement was lower in men experiencing a dementia bereavement but similar in women. Prior to bereavement, those who died with dementia were less likely to receive palliative care. These findings show that in the year before bereavement, partners of individuals dying with dementia experience poorer mental health than those facing bereavement from other causes, and their partner is less likely to receive palliative care. In the year after, individuals whose partner died with dementia experience some attenuation of the adverse health effects of bereavement. Services need to address the needs of carers for individuals dying with dementia and improve access to palliative care. (JL)

ISSN: 08856230

From : www.orangejournal.org

Perceptions of self-defined memory problems vary in south Asian minority older people who consult a GP and those who do not: a mixed-method pilot study; by Clarissa Giebel, David Challis, Angela Worden ... (et al.): Wiley Blackwell, April 2016, pp 379-387.

International Journal of Geriatric Psychiatry, vol 31, no 4, April 2016, pp 379-387.

South Asian older adults access services for mental health problems and dementia less than other older people in the UK, unlike for physical health problems. This pilot study investigated how South Asians with self-defined memory problems, with and without GP consultation, construe the symptoms, causes, consequences and treatment of the condition. Participants were recruited through community centres, their networks and memory clinics in Greater Manchester. The newly developed Barts Explanatory Model Inventory for Dementia (BEMI-D) was administered to 33 older South Asians aged 65 or above with memory problems in English, Gujarati or Urdu. Furthermore cognition, executive function and depression were assessed. Perceptions of dementia varied by GP consultation for memory problems. A greater proportion of older adults without a consultation considered memory problems to be given by God, saw acceptance of fate as an alternative treatment and did not identify medical support as appropriate. Forgetfulness and loss of social meaning were identified as symptoms of dementia more by those with a consultation. Higher levels of diabetes, heart disease and depression were found in those without a consultation. Differences in perceptions may influence the decision about consulting a GP. Similarly, consultation for memory problems appears linked to extent physical health problems and mental health consultation (depression). These variations reported on a small scale in this pilot study suggest the need to explore the impact of perceptions on rates of GP consultation, so as to improve timely diagnosis and access to appropriate services. (JL)

ISSN: 08856230

From : www.orangejournal.org

Positive affect and depressive symptoms: what dimensions of grandfather involvement matter?; by James S Bates, Alan C Taylor.: Routledge, April-June 2016, pp 93-103.

Journal of Intergenerational Relationships, vol 14, no 2, April-June 2016, pp 93-103.

The mental health of middle-aged and older men is an understudied dimension of human development that has implications for grandfathers' involvement in the lives of their grandchildren. Grandfather involvement is defined as the degree of engagement in the process of building and maintaining relationships with grandchildren and comprises the concepts of participation in activities, commitment, and contact frequency. The authors used the Grandfather Involvement and Health Survey (data collected mainly in New York) and structural equation

modelling techniques, to test two models exploring how grandfather involvement is associated with two aspects of mental health, positive affect and depressive symptoms. (RH)

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

Reducing suicidal ideation in home health care: results from the CAREPATH depression care management trial; by Matthew C Lohman, Patrick J Raue, Rebecca L Greenberg, Martha L Bruce.: Wiley Blackwell, July 2016, pp 708-715.

International Journal of Geriatric Psychiatry, vol 31, no 7, July 2016, pp 708-715.

The study evaluated the effectiveness of a depression care management intervention in reducing suicidal ideation (SI) among home health patients. Data come from the cluster-randomised effectiveness trial of the Depression Care for Patients at Home (Depression CAREPATH), an intervention that integrates depression care management into the routine nursing visits of Medicare home health patients screening positive for depression. Patients were interviewed at baseline, three, six and 12-month follow-up. SI was measured using the Hamilton Rating Scale for Depression item. The study compared likelihood of any level of SI between intervention and usual care patients using longitudinal logistic mixed-effects models. A total of 306 eligible patients enrolled in the trial. Among them, 70 patients (22.9%) reported SI at baseline. Among patients with SI, patients under the care of nurses randomised to CAREPATH were less likely to report SI over the study period, with 63.6% of usual care versus 31.3% of CAREPATH participants continuing to report SI after one year. Baseline major depression, greater perceived burdensomeness and greater functional disability were associated with greater likelihood of SI. Overall SI was reported in more than 10% of Medicare home health patients. The Depression CAREPATH intervention was associated with a reduction in patients reporting SI at one year, compared to enhanced usual care. Given relative low burden on nursing staff, depression care management may be an important component of routine home health practices producing long-term reduction in SI among high-risk patients. (JL)

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From : www.orangejournal.org

Risk and protective factors for depressive symptoms among indigenous older adults: intimate partner violence (IPV) and social support; by Soonhee Roh, Catherine E Burnette, Kyoung Hag Lee (et al.): Taylor and Francis, May-June 2016, pp 316-331.

Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 316-331.

Research on depression and intimate partner violence (IPV) experienced by Indigenous older adults is virtually non-existent. Given the associations between IPV and depression and their disproportionately high rates among Indigenous peoples in a context of historical oppression, this inquiry examines how IPV and social support are associated with depressive symptoms for Indigenous older adults. The authors expand the knowledge base on IPV in later life, which primarily focuses on female samples, by including older men. It was predicted that: IPV will be positively associated with depressive symptoms; and levels of social support will be negatively associated with depressive symptoms. Hierarchical regression analyses of data from a sample of Indigenous older adults (N = 233) in the Upper Midwest of the US indicated that physical aggression (but not psychological aggression, sexual coercion, injury or negotiation) was positively associated with depressive symptoms, whereas social support was negatively associated with depressive symptoms. This is one of four articles in this issue of Journal of Gerontological Social Work which focus on indigenous Elders. (RH)

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

Suicide attempts and completions in Veterans Affairs nursing home care units and long-term care facilities: a review of root-cause analysis reports; by Peter D Mills, Bradley I Gallimore, B Vince Watts, Robin R Hemphill.: Wiley Blackwell, May 2016, pp 518-525.

International Journal of Geriatric Psychiatry, vol 31, no 5, May 2016, pp 518-525.

Suicide was the 10th leading cause of death for Americans in 2010. The suicide rate is highest among men who are aged 75 and older. The prevalence of suicidal behaviour in nursing homes and long-term care (LTC) facilities was estimated to be 1%. This study described the systemic vulnerabilities found after suicidal behaviour in LTC facilities in the United States as well as steps to decrease or mitigate the risk. This was a retrospective review of root-cause analysis (RCA) reports of suicide attempts and completions between 1 January 2000 and 31 December 2013 in the Veterans Health Administration LTC and nursing home care units. The RCA reports of suicide attempts and completions were coded for patient demographics, method of attempt or completion, root causes and actions developed to address the root cause. 35 RCA reports were identified. The average age was 65 years, 11 had a previous suicide attempt, and the primary mental health diagnoses were depression, posttraumatic stress disorder and schizophrenia. The primary methods of self-harm were cutting

with a sharp object, overdose and strangulation. It is recommended that all staff members are aware of the signs and risk factors for depression and suicide in this population and should systematically assess and treat mental disorders. In addition, LTC facilities should have a standard protocol for evaluating the environment for suicide hazards and use interdisciplinary teams to promote good communication about risk factors identified among patients. Finally, staff should go beyond staff education and policy to make clinical changes at the bedside. (JL)
ISSN: 08856230

From : www.orangejournal.org

Suicide in the oldest old: an observational study and cluster analysis; by Mark Sinyor, Lynnette Pei Lin Tan, Ayal Schaffer ... (et al.): Wiley Blackwell, January 2016, pp 33-40.

International Journal of Geriatric Psychiatry, vol 31, no 1, January 2016, pp 33-40.

The older population are a high risk group for suicide. This study sought to learn more about the characteristics of suicide in the oldest old and to use a cluster analysis to determine whether oldest old suicide victims assort into clinically meaningful subgroups. Data were collected from a coroner's chart review of suicide victims in Toronto from 1998 to 2011. The study compared two age groups (335 65-79 year olds and 191 80+ year olds) and then conducted a hierarchical agglomerative cluster analysis using Ward's method to identify distinct clusters in the 80+ group. The younger and older age groups differed according to marital status, living circumstances and pattern of stressors. The cluster analysis identified three distinct clusters in the 80+ group. Cluster 1 was the largest at 124 and included people who were either married or widowed who had significantly more depression and somewhat more medical health stressors. In contrast, cluster 2 (50 individuals) comprised people who were almost all single and living alone with significantly less identified depression and slightly fewer medical health stressors. All 17 members of cluster 3 lived in a retirement residence or nursing home, and this group had the highest rates of depression, dementia, other mental illness and past suicide attempts. This is the first study to use the cluster analysis technique to identify meaningful subgroups among suicide victims in the oldest old. The results reveal different patterns of suicide in the older population that may be relevant for clinical care. (JL)

ISSN: 08856230

From : www.orangejournal.org

A systematic review and meta-analysis of music therapy for the older adults with depression; by K Zhao, Z G Bai, A Bo, I Chi.: Wiley Blackwell, November 2016, pp 1188-1198.

International Journal of Geriatric Psychiatry, vol 31, no 11, November 2016, pp 1188-1198.

The objective of this study was to determine the efficacy of music therapy in the management of depression in older adults. The authors conducted a systematic review and meta-analysis of randomised controlled trials. Change in depressive symptoms was measured with various scales. Standardised mean differences were calculated for each therapy-control contrast. A comprehensive search yielded 2,692 citations. Of these, 19 articles met inclusion criteria. Meta-analysis suggests that music therapy plus standard treatment has statistical significance in reducing depressive symptoms among older adults. This systematic review and meta-analysis suggests that music therapy has an effect on reducing depressive symptoms to some extent. However high quality trials evaluating the effects of music therapy on depression are still needed. (JL)

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From : www.orangejournal.org

2015

Activities of daily living and quality of life across different stages of dementia: a UK study; by Clarissa M Giebel, Caroline Sutcliffe, David Challis.: Taylor and Francis, 2015, pp 63-71.

Aging and Mental Health, vol 19, no 1, 2015, pp 63-71.

People with dementia (PwD) require an increasing degree of assistance with activities of daily living (ADLs), and dependency may have a negative impact on their well-being. However, it remains unclear which activities are impaired at each stage of dementia and to what extent this is associated with variations in quality of life (QoL) across the different stages, which were the two objectives of this study. The sample comprised 122 PwD and their carers, either living at home or recently admitted to long-term care. Measures of cognition and QoL were completed by the PwD and proxy measures of psychopathology, depression, ADLs and QoL were recorded. Using frequency, correlation and multiple regression analysis, data were analysed for the number of ADL impairments across mild, moderate and severe dementia, and for the factors impacting on QoL. ADL performance deteriorates differently for individual activities, with some ADLs showing impairment in mild dementia, including dressing, whereas others only deteriorate later on, including feeding. This decline may be seen in the degree to which carers perceive ADLs to explain the QoL of the PwD, with more ADLs associated with QoL in severe dementia. Results of the regression analysis showed that total ADL performance however

was only impacting on QoL in moderate dementia. Knowledge about performance deterioration in different ADLs has implications for designing interventions to address specific activities at different stages of the disease. Furthermore, findings suggest that different factors are important to consider when trying to improve or maintain QoL at different stages. (RH)

ISSN: 13646915

From : <http://tandfonline.com>

Aging, depression, and wisdom: a pilot study of life-review intervention and PTSD treatment with two groups of Vietnam veterans; by Lori R Daniels, James Boehnlein, Phillip McCallion.: Taylor and Francis, May-June 2015, pp 420-426.

Journal of Gerontological Social Work, vol 58, no 4, May-June 2015, pp 420-426.

Vietnam War veterans are a sometimes overlooked subgroup of the ageing baby boomer generation. 40 years after the war ended, war veterans still seek out counsellors from the United States Department of Veterans Affairs (VA or Vet Center) in order to assist with traumatic stress symptoms. However there are currently no specific age-related protocols for treating older war veterans suffering from posttraumatic stress disorder (PTSD), nor have established PTSD interventions incorporated gerontology content for these older trauma survivors. This pilot study juxtaposed life review within regular PTSD group counselling for 12 Vietnam veterans at a community-based Vet Center using a partial crossover design. The Life Review and Experiencing Form (LREF) structured the delivery of the life review component. T-tests and repeated measures ANOVA were used to examine depression and self-assessed wisdom outcomes using measures previously tested with older adults. Findings suggest that life review prior to PTSD group therapy has clinical benefits for reducing symptoms of depression and increasing self-assessed wisdom. The study illuminates the possible relationship of traumatic stress symptom effects on the natural reminiscing process for older veterans and provides insights into methods for more age-appropriate treatment for trauma survivors participating in Vet Center and/or VA programmes nationwide. (JL)

ISSN: 01634372

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

The association between discrimination and depressive symptoms among older African Americans: the role of psychological and social factors; by Sarah B Nadimpalli, Bryan D James, Lei Yu (et al).: Taylor and Francis, January-February 2015, pp 1-24.

Experimental Aging Research, vol 41, no 1, January-February 2015, pp 1-24.

Several studies have demonstrated a link between perceived discrimination and depression in ethnic minority groups, yet most have focused on younger or middle-aged African Americans, and little is known about factors that may moderate the relationship. Participants were 487 older African Americans (60-98 years old) enrolled in the US Minority Aging Research Study (MARS). Discrimination, depressive symptoms, and psychological and social resources were assessed via interview using validated measures. Ordinal logistic regression models were used to assess (1) the main relationship between discrimination and depression, and (2) resilience, purpose in life, social isolation, and social networks as potential moderators of this relationship. In models adjusted for age, sex, education, and income, perceived discrimination was positively associated with depressive symptoms (odds ratio [OR]: 1.20, 95% confidence interval [CI]: 1.10-1.31; $p < .001$). However, there was no evidence of effect modification by resilience, purpose in life, social isolation, or social networks (all $ps = .05$). Findings provide support for the accumulating evidence on the adverse mental health effects of discrimination among older African Americans. Because the association was not modified by psychological or social factors, these findings do not support a role for a buffering effect of resources on discrimination and depressive symptoms. Further studies are needed to examine a wider range of coping resources among older adults. (RH)

ISSN: 0361073X

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

The association between higher social support and lower depressive symptoms among aging services clients is attenuated at higher levels of functional impairment; by Kimberly A Van Orden, Yan Li, Carol A Podgorski, Yeates Conwell.: Wiley Blackwell, October 2015, pp 1085-1092.

International Journal of Geriatric Psychiatry, vol 30, no 10, October 2015, pp 1085-1092.

Adults seeking services from the Aging Services Provider Network (ASPN) are at risk for depression. ASPN clients also have high prevalence of both functional impairments and social morbidities. Study of the relationships between these factors may inform the development of interventions for depression in this service setting. The present study interviewed 373 older adults accessing ASPN services and assessed depression symptom severity, functional impairment (instrumental activities of daily living and activities of daily living) and social support. Lower social support and greater functional impairment were associated with greater depressive symptoms. At a high level of functional impairment, the inverse associations between indices of

social support and depressive symptoms were attenuated. These results suggest that older adults with more severe functional impairment may benefit somewhat less from increased social support with respect to depression symptom severity. (JL)

ISSN: 08856230

From : www.orangejournal.org

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

Data harmonization in aging research: not so fast; by Margaret Gatz, Chandra A Reynolds, Deborah Finkel (et al.): Taylor and Francis, October-December 2015, pp 475-495.

Experimental Aging Research, vol 41, no 5, October-December 2015, pp 475-495.

Harmonising measures in order to conduct pooled data analyses has become a scientific priority in ageing research. Retrospective harmonisation where different studies lack common measures of comparable constructs presents a major challenge. This study compared different approaches to harmonisation with a crosswalk sample (a within subject design) who completed multiple versions of the measures to be harmonised. Through online recruitment, 1061 participants aged 30 to 98 answered two different depression scales, and 1065 participants answered multiple measures of subjective health. Rational and configural methods of harmonisation were applied, using the crosswalk sample, to determine their success. Empirical item response theory (IRT) methods were applied in order to empirically compare items from different measures as answered by the same person. For depression, IRT worked well to provide a conversion table between different measures. The rational method of extracting semantically matched items from each of the two scales proved an acceptable alternative to IRT. For subjective health, only configural harmonisation was supported. The subjective health items used in most studies form a single robust factor. The authors conclude that caution is required in ageing research when pooling data across studies using different measures of the same construct. Of special concern are response scales that vary widely in the number of response options, especially if the anchors are asymmetrical. A crosswalk sample that has completed items from each of the measures being harmonised allows the investigator to use empirical approaches to identify flawed assumptions in rational or configural approaches to harmonising. (RH)

ISSN: 0361073X

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

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

Mental health and well-being in older people; by Briony Dow, Ellen Gaffy.: Wiley, December 2015, pp 220-223.

Australasian Journal on Ageing, vol 34, no 4, December 2015, pp 220-223.

This editorial, first released on the Internet, provides a commentary on a collection of papers published in the Australasian Journal on Ageing (AJA) from 2005 to 2014 on the topic of mental health, and reviewed under the following headings: well-being, quality of life, depression, anxiety, loneliness and elder abuse. There was found to be little published research on anxiety, and there was also a notable gap in literature related to the mental health of family carers. However mental health has been a topic of interest for AJA throughout the past 10 years, particularly the more positive aspects, such as quality of life (QOL) and well-being. (JL)

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From : wileyonlinelibrary.com/journal/ajag

Physical exercise for late-life depression; by M Belvederi Murri, M Amore, M Menchetti (et al): Royal College of Psychiatrists, September 2015, pp 235-242.

British Journal of Psychiatry, vol 207, no 3, September 2015, pp 235-242.

Augmenting sertraline therapy with physical exercise for primary care patients with major depression was found to help improve outcomes.

From : www.bjp.rcpsych.org

The relations among relatedness needs, subjective well-being, and depression of Korean elderly; by Sugyun Seo, Jeehye Jeon, Youngsook Chong, Jeongshin An.: Taylor and Francis, January-March 2015, pp 17-34.

Journal of Women and Aging, vol 27, no 1, January-March 2015, pp 17-34.

The first part of the study examined what the relatedness needs Korean older people have in close relationships (spouse, children, friends) are. The most salient needs were "love and care" for spouse, and "contact and often meeting" for children and friends. Next, the relations were assessed regarding the difference between expectation and satisfaction of relatedness needs, subjective well-being, and depression of Korean older people. Regression analyses showed that the difference between expectation and satisfaction of relatedness needs for spouse and children significantly predicted subjective well-being and depression. Finally, gender differences are discussed in terms of the patriarchal culture of Korean society. (RH)

ISSN: 08952841

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

Risk and protective factors associated with intentional self-harm among older community-residing home care clients in Ontario, Canada; by Eva Neufeld, John P Hirdes, Christopher M Perlman, Terry Rabinowitz.: Wiley Blackwell, October 2015, pp 1032-1040.

International Journal of Geriatric Psychiatry, vol 30, no 10, October 2015, pp 1032-1040.

This study aimed to examine risk and protective factors associated with intentional self-harm among community-dwelling older adults receiving home care services in Ontario, Canada. Administrative health data from the home care sector were linked to hospital administrative data to carry out the analyses. Home care data were collected in Ontario using the Resident Assessment Instrument _ Home Care (RAI-HC), an assessment tool that identified strengths, preferences and needs of long-stay home care clients. The sample included Ontario home care clients aged 60 years or older assessed with the RAI-HC between 2007 and 2010. Multivariable analyses were performed using SAS. Hospital records of intentional self-harm (ISH) were present in 9.3 cases per 1000 home care clients. Risks of ISH included younger age (60-74 years), psychiatric diagnosis, alcohol use and dependence, psychotropic medication and depressive symptoms. Protective effects were found for marital status and positive social relationships, yet these effects were more pronounced for men. Cognitive performance measures showed the odds of ISH 1.86 times higher for older adults with moderate to severe cognitive impairment. This study based on provincial data points to tangible areas for preventative assessment by frontline home care professionals. Of interest were the risk and protective factors that differed by sex. As demand for home care in Canada is expected to increase, these findings may inform home care professionals' appraisal and approach to suicide prevention among community-dwelling older adults. (JL)

ISSN: 08856230

From : www.orangejournal.org

2014

African Americans, mental health, and aging; by Latrice D Vinson, Martha R Crowther, Audrey D Austin ... (et al): Taylor and Francis, January-February 2014, pp 4-17.

Clinical Gerontologist, vol 37, no 1, January-February 2014, pp 4-17.

A critical examination of the literature suggests that older African Americans are more likely to be diagnosed with depression, anxiety and/or dementia. Assessment is complicated by potential differences in symptom presentation or reporting and a lack of assessment instruments validated for use with ethnically diverse older populations. Disparities in treatment are exacerbated for several reasons, including failure to access formal treatment, differences in symptomatology response to treatment, lack of available mental health resources and stigma. Results indicate an enhanced awareness and training of the cultural context of mental health should be considered in clinical practice and research. (JL)

ISSN: 07317115

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

Age, social support and health among older Kuwaitis; by Yagoub Y Al-Kandari, Douglas E Crews.: Emerald, 2014, pp 171-184.

Quality in Ageing and Older Adults, vol 15 no 3, 2014, pp 171-184.

Data are reported on social support elements and health status differences across three age groups of Kuwaiti older people. 1,427 adults were included in this study, which examined elements of social support, including total social support scale, frequency of contact (FOC) with relatives and friends, strength of these contacts, religiosity, number of children, and number of children living with older people. The study evaluates health status in terms of systolic and diastolic blood pressure, glucose levels and self-reported somatic symptoms, satisfaction with current health, and health over the last year. The data show that there are important social support elements in all of the age groups. Social support, FOC, strength of relationships, number of children living with older people, and religiosity are shown to influence older Kuwaitis' health and well-being. Social support elements are shown to be higher in the oldest age group. This is one of first studies done in Kuwait which show that there are differences in social support, FOC and strength of relation among all of the age groups. (RH)

ISSN: 14717794

From : www.emeraldinsight.com/qaoa.htm

Alcohol consumption and tobacco smoking among community-dwelling older Australian men: the Concord Health and Ageing in Men Project; by Jenni Ilomaki, 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

'Beating the Lows in Later Life': evaluation of a mental health awareness raising campaign aimed at OAs; by Mary Hughes, Fionnuala Edgar.: British Psychological Society, January 2014, pp 58-65.

Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 58-65.

Prevalence rates for mental health difficulties among older adults (OAs) are high, with over a third experiencing symptoms of mental illness (Age Concern, 2007). Within Dumfries and Galloway, OAs are under-represented, relative to working age adults, in referrals to the psychology service. Under-referred has been suggested to arise as a consequence of direct and indirect stigma and ageist attitudes towards mental health problems in OAs. This study aimed to explore perceptions of OAs in relation to mental health stigma and barriers to treatment. The

authors also aimed to evaluate the impact of a pilot local mental health awareness-raising campaign, 'Beating the Lows in Later Life' on referral rates to psychology and guided self-help services. Surveys were made available in both an electronic and print format to community-dwelling OAs, via general practitioner (GP) surgery waiting rooms, public libraries and electronic distribution to members of two local branches of the University of the Third Age (U3A). Referral rates in the period following the awareness training campaign (May-June 2013) were compared with those in the same period of the previous year. 32 respondents completed the survey. Despite no significant differences in referral rates following the campaign, respondents reported increased confidence in help-seeking and decreased perceptions of mental health stigma. Lack of awareness about service available, acceptance of anxiety of depression are normal, mobility issues and stigma were reported as being key barriers to treatment-seeking by OAs. (RH)

ISSN: 13603671

From : www.bps.org.uk

"Being all alone makes me sad": loneliness in older adults with depressive symptoms; by Ilse M J van Beljouw, Eric van Exel, Jenny de Jong Gierveld ... (et al.): Cambridge University Press, September 2014, pp 1541-1551. *International Psychogeriatrics*, vol 26, no 9, September 2014, pp 1541-1551.

The consequences of co-occurring persistent loneliness and late life depression are as yet unknown. The aim of this study was to get a deeper insight into the mental health consequences of loneliness in older persons with depressive symptoms and their perspectives of emotional distress by using a mixed-methods study design. 249 community-dwelling older persons with depressive symptoms according to the Patient Health Questionnaire-9 were included. A validated cut-off score on the Loneliness Scale was used to distinguish lonely older people from those who were not lonely. Quantitative and qualitative data were used to examine differences in mental health and perspectives on emotional distress between lonely and not lonely older persons with depressive symptoms. Loneliness was highly prevalent among older persons with depressive symptoms (87.8%). Lonely people suffered from worse mental ill-health (e.g., more severe depressive symptoms, more often a depressive disorder and a lower quality of life) compared to not lonely individuals. Depressive symptoms were regarded as a logical consequence of loneliness. Lonely people perceived little command over their situation: causes of loneliness were attributed externally to perceived deficits in their social networks and they mainly expressed the need to be listened to. Overall these findings underline the importance of paying considerable attention to (severe) loneliness in older adults with depressive symptoms given its high prevalence and serious mental health consequences. Future studies should look into whether addressing loneliness when discussing depressive symptoms in clinical practice may provide an opportunity to better adjust to older persons' depression perceptions and might therefore improve care utilisation. (JL)

ISSN: 10416102

From : www.journals.cambridge.org

Broadening horizons: mindfulness-based cognitive therapy for older people experiencing depression; by Peter Keohane.: British Psychological Society, January 2014, pp 49-57.

Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 49-57.

Mindfulness-based cognitive therapy (MBCT) is an integrative psychological approach linking mindful mediation with cognitive therapy. It has a strong evidence base for treating recurrent depression. However, limited research has been completed with older people. The present study evaluates one adapted, community based MBCT group (n=8) in a partial replication of Smith, Graham and Senthinathan (2007). Levels of depression, psychological distress and mindfulness were assessed on a single case basis using standardised measures. Responses from an anonymous client satisfaction questionnaire provided qualitative data for thematic analysis. Significant and reliable reductions in depression and distress were found in two of the four analysed participants. Little change in mindfulness was observed. Thematic analysis illustrated aspects of adapted MBCT that participants found helpful and less helpful, and recommendation for further adaptation were generated. This study builds on previous research advocating MBCT for older people, and discusses the theoretical and clinical implications for future service provision. (RH)

ISSN: 13603671

From : www.bps.org.uk

Clinical geropsychology: approaches to older adults with disability; by Joann P Reinhardt.: Taylor and Francis, January-February 2014, pp 76-89.

Clinical Gerontologist, vol 37, no 1, January-February 2014, pp 76-89.

With advancing old age comes increased risk of chronic physical or mental impairment and resulting disability, with many potential paths to adaptation. An understanding of the types of resources older adults may utilise to adapt to disability, and how they move through disablement and adjustment processes, can assist professionals as they work with disabled older adults to achieve optimal outcomes. This article reviews characteristics and

disability trends in older adults, research and treatment issues in disability, and both clinical and public policy implications regarding disability. The example of dealing with vision loss due to age-related eye disease is used to exemplify chronic impairment, which can be accompanied by comorbid depression with resulting functional disability, and the types of resources available. Disability is considered in the context of older adults' health, personal factors and external factors representing their life circumstances. (JL)

ISSN: 07317115

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

Deterioration of basic activities of daily living and their impact on quality of life across different cognitive stages of dementia: a European study; by Clarissa M Giebel, Caroline Sutcliffe, Minna Stolt ... (et al.): Cambridge University Press, August 2014, pp 1283-1293.

International Psychogeriatrics, vol 26, no 8, August 2014, pp 1283-1293.

Performing basic activities of daily living (ADLs) is one of the major difficulties encountered in dementia, which can have considerable negative impacts on the quality of life (QoL) of people with dementia (PwD). However the extent to which basic ADL performance deteriorates across mild, moderate and severe dementia is little examined and its impact, together with depression and neuropsychiatric behaviour upon QoL is of considerable relevance across European countries. In the present study data were drawn from people living in the community who were participants in a large-scale European study on transition from community living to care homes of PwD. PwD completed measures on cognitive functioning and QoL, and informal carers reported upon QoL, depressive symptomatology, psychopathology and functional ability of the PwD. ADL performance deteriorated differently for each activity. In particular toileting, transfer and feeding remained relatively intact throughout, whereas performance on bathing and dressing deteriorated to a greater extent from mild to severe dementia. It appears that continence was not affected by the stage of dementia with similar levels of impairment. Basic ADL performance impacted to different degrees on QoL across dementia stages and countries. Interventions aimed at maintaining independence or QoL need to target different ADLs across different dementia stages and perhaps also tailor interventions to the context of different countries. The findings contribute to the development of non-pharmaceutical interventions and governmental pledges to promote independence in dementia. (JL)

ISSN: 10416102

From : www.journals.cambridge.org

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)

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From : www.journals.cambridge.org

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)

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From : www.orangejournal.org

How much does it hurt to be lonely?: Mental and physical differences between older men and women in the KORA-Age study; by A Zebhauser, L Hofmann-Xu, J Baumert ... (et al.): Wiley Blackwell, March 2014, pp 245-252.

International Journal of Geriatric Psychiatry, vol 29, no 3, March 2014, pp 245-252.

Loneliness has a deep impact on quality of life in older people although findings on sex-specific differences on the experience of loneliness remain sparse. This study compared the intensity of and factors associated with loneliness between men and women. Analyses were based on the 2008/2009 data of the KORA-Age Study, comprising 4127 participants in the age range of 64-94 years. An age-stratified random subsample of 1079 subjects participated in a face-to-face interview. Loneliness was measured by using a short German version of the UCLA-Loneliness-Scale (12 items, Likert scaled, ranging from 0 to 36 points). Multiple logistic regression analysis was conducted to analyse the associations of socio-demographic, physical and psychological factors with loneliness. The mean level of loneliness did not significantly differ between men and women. However among the oldest old (85 years or over), loneliness was higher in women. Depression, low life satisfaction and low resilience were associated significantly with loneliness, which was more pronounced in men. Living alone was not associated with loneliness, whereas lower social network was associated with a three time higher risk for feeling lonely in both men and women. The extent of loneliness was equally distributed between men and women, although women were more disadvantaged regarding living arrangements as well as physical and mental health. However loneliness was more strongly associated with adverse mental health conditions in men. These findings should be considered when developing intervention strategies to reduce loneliness. (JL)

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From : www.orangejournal.org

Hundred forty eight more days with depression: the association between marital conflict and depression-free days; by Mijung Park, Jurgen Unutzer.: Wiley Blackwell, December 2014, pp 1271-1277.

International Journal of Geriatric Psychiatry, vol 29, no 12, December 2014, pp 1271-1277.

Although collaborative care programmes are effective in improving late-life depression, only about half of treated patients achieve clinically meaningful improvement. Thus there is a need to examine what characteristics may predict poor late-life depression course. Despite the robust evidence for the negative association between the quality of couple relationships and depression outcomes, few studies have examined these associations in the context of long-term late-life depression course. The objective of this study was to examine the relationship between the severity of couple conflict, receiving collaborative depression care programme, and 24-month depression outcomes. The study sample comprised 840 depressed older adults subsample from the Improving Mood, Promoting Access to Collaborative Treatment for late-life depression trial (IMPACT). Depression and couple conflict were assessed at baseline, 12-month and 24-month follow-up. Descriptive statistics and multivariate regression analyses were performed to examine mean 24-month depression-free days (DFDs) and the marginal effects of receiving IMPACT programme over usual care among participants with varying degrees of 24-month couple conflict. Compared with those who never endorsed frequent couple conflict over the three observation points, those who did twice had 63 fewer DFDs, and those who did three times experienced 148 fewer DFDs. Although the marginal effects of receiving IMPACT programme over usual care was greater in the overall sample, it was not statistically significant among those who endorsed frequent conflict at two or three times. The study concludes that frequent couple conflict is associated with worse long-term late-life depression outcomes among the patients in primary care clinics. (JL)

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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)

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From : www.emeraldinsight.com/jap.htm

Latino older adults and mental health: a review and commentary; by Paula Alvarez, Johanna Rengifo, Tara Emrani ... (et al).: Taylor and Francis, January-February 2014, pp 33-48.

Clinical Gerontologist, vol 37, no 1, January-February 2014, pp 33-48.

Latinos are the largest and fastest growing minority population in the United States, and within that, the proportion of older Latinos is also increasing at a very rapid rate. This is due to an increase in longevity and improved health care. Depression and other mental health disorders are common in this group, yet few services exist at present that are culturally appropriate and that have been found, in randomised trials, to be effective with them. Part of the reason for this lag in research and development of clinical services is due to the multiple barriers to seeking and receiving mental health services that exist in Latino communities. This article reviews these barriers as well as existing programmes that address them and therefore hold promise as mental health interventions. Although there is an increasing amount of research on older adults in the U.S., Latino older adults still remain underrepresented in research and underserved clinically. This article also highlights the need to increase appropriate normative data for valid testing, and emphasises a call for more culturally competent and bilingual clinicians. (JL)

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

Meditation-based interventions for family caregivers of people with dementia: a review of the empirical literature; by Robyn V C Hurley, Tom G Patterson, Sam J Colley.: Taylor and Francis, 2014, pp 281-288.

Aging and Mental Health, vol 18, no 3, 2014, pp 281-288.

Providing care for a family member with dementia is associated with increased risk of adverse mental health sequelae. Recently, interventions utilising meditation-based techniques have been developed, with the aim of reducing psychological distress in dementia caregivers. This review critically evaluates the extant empirical literature in order to determine: (1) whether meditation-based interventions can reduce depression among dementia caregivers; and (2) whether meditation-based interventions can reduce dementia caregivers' subjective burden. After adhering to inclusion and exclusion criteria, eight studies were included in the present review. Methodological quality was assessed using one of two scales dependent on study design. The results provide tentative evidence that meditation-based interventions do indeed improve levels of depression and burden in family dementia caregivers. The review highlights the strengths and weakness of the studies' methodological designs. Whilst this review offers evidence in support of meditation-based interventions to improve the psychological distress of family dementia caregivers, future research should direct efforts to conduct larger scale, more rigorous studies. Clinical implications of the findings are also discussed. (RH)

ISSN: 13646915

From : <http://tandfonline.com>

Need fulfillment, need importance, and depressive symptoms of residents over the first eight months of living in a nursing home; by Annette F J Custers, Antonius H J Cillessen, Gerben J Westerhof ... (et al): Cambridge University Press, July 2014, pp 1161-1170.

International Psychogeriatrics, vol 26, no 7, July 2014, pp 1161-1170.

Based on self-determination theory and adaptation theories, the study aim was to investigate the relationship between need fulfilment (of autonomy, relatedness, and competence), need importance and depressive symptoms during the first months of living in a nursing home. This was an eight-month longitudinal questionnaire study in which 75 persons newly admitted to units for physically frail residents participated at baseline. 23 longitudinal participants were remaining at the third and final measurement wave. The results show a main effect of need fulfilment and an interaction effect of need fulfilment and need importance on depressive symptoms over time. A prototypical plot shows that residents with low need fulfilment had higher initial levels of depressive symptoms that decreased modestly over time, regardless of their need importance. Residents with high need fulfilment had lower initial levels of depressive symptoms, but their trajectories differed for participants with low and high need importance. Residents with low need importance started with lower levels of depressive symptoms but remained stable over time, whereas residents with high need importance had more depressive symptoms at time 1 that decreased slightly over time. Generally these findings show that depressive symptoms do not change over time. However individual trajectories of depressive symptoms seem to depend on individual need fulfilment and need importance. The residents that consider need fulfilment to be highly important but experience low need fulfilment had higher initial levels of depressive symptoms that decreased modestly over time, although the level of depressive symptoms remained higher as compared to the other residents. (JL)

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From : journals.cambridge.org/ipg

Path analysis of suicide ideation in older people; by Seolmin Kim, Jee Hyun Ha, Jaehak Yu ... (et al): Cambridge University Press, March 2014, pp 509-515.

International Psychogeriatrics, vol 26, no 3, March 2014, pp 509-515.

Suicide among older people is one of the most rapidly emerging healthcare issues. The objective of this study was to identify factors associated with suicide ideation in the aged population in South Korea. The study recruited 684 subjects aged over 65 (147 men and 537 women, mean age 78.20 years), and trained interviewers performed the interviews. The study was performed as part of a community mental health suicide prevention programme. The subjects' socio-demographic data, physical health, alcohol problems, social relationships, psychological well-being and depression severity were all considered. The Korean version of the Beck Scale for Suicide Ideation (K-BSI) was used to evaluate the intensity of suicide ideation. Correlation and hierarchical multiple regression analyses were performed to identify the factors associated with the K-BSI. The study results were tested using a path analysis. Depression severity was found to be positively correlated with suicide ideation, and economic status, psychological well-being, and social relationships were negatively correlated with suicide ideation. Depression severity had the largest direct impact, and economic status and social relationships had indirect impacts on suicide ideation. Psychological well-being exerted both direct and indirect influences. Overall depression severity was the most important predictor of suicide ideation. Other direct and indirect factors played secondary roles. Effective suicide prevention strategies should focus on early detection and active intervention for depression. Socio-economic programmes may also indirectly reduce suicide ideation among the aged population. (JL)

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From : journals.cambridge.org/ipg

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)

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From : journals.cambridge.org/ipg

Primary care providers' bereavement care practices: recommendations for research directions; by Angela R Ghesquiere, Sapana R Patel, Daniel B Kaplan ... (et al.): Wiley Blackwell, December 2014, pp 1221-1229.

International Journal of Geriatric Psychiatry, vol 29, no 12, December 2014, pp 1221-1229.

Bereaved patients are often seen in primary care settings. Although most do not require formal support, physicians may be called upon to provide support to some bereaved, particularly those with bereavement-related mental health disorders like complicated grief and bereavement-related depression. Research evidence on physician bereavement care is scant. The present study makes recommendations for future research in this area. A literature review was conducted focusing on studies conducted between 1996 and 2013 in the United States. The limited existing research indicated substantial gaps in the research literature, especially in the areas of primary care physician skill and capacity, patient-level outcomes and the quality of research methodology. No US studies focused specifically on care for bereavement-related mental health disorders. The authors provide recommendations about how to improve research about primary bereavement care. The study concludes that the primary care sector offers ample opportunities for research on bereavement care. With greater research efforts, there may be improvements to quality of bereavement care in primary care in general, and also to the accurate detection and appropriate referral for bereavement-related mental health conditions. (JL)

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From : www.orangejournal.org

Psychotic major depression in older people: a systematic review; by Rossetos Gournellis, Panagiotis Oulis, Robert Howard.: Wiley Blackwell, August 2014, pp 784-796.

International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 784-796.

This study aimed to systematically review available evidence relevant to the following issues: (1) whether psychotic major depression (PMD) in older people differs in overall severity from non-PMD, besides the presence of psychotic symptoms; (2) whether it constitutes a distinct clinical entity from non-PMD; and (3) whether it differs from PMD in younger adults. Following a literature search of relevant databases, 35 relevant studies were identified. PMD in older people compared with non-PMD was shown to present with overall more severe depressive symptomatology, more psychomotor disturbance, more guilt feelings, more depressive episodes with psychosis, worse prognosis, more severe executive dysfunction associated with frontal lobe atrophy, and lower serum dopamine hydroxylase activity. No differences in the efficacy of an antidepressant plus antipsychotic combination versus antidepressant monotherapy in the acute treatment as well as in the maintenance treatment were found. PMD in older patients was characterised by more somatic complaints and delusions of hypochondriacal and impending disaster content and by a lower comorbidity with anxiety disorders compared with PMD in younger adults. The study concludes that psychotic major depression in older people is associated with higher severity in most clinically important key features than in non-PMD. However available evidence is still insufficient for the conclusive elucidation of its nosological status. Finally, the differences between PMD in older and younger patients can be attributed to biological and psychosocial changes of old age. (JL)

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From : www.orangejournal.org

Social relations and depression in late life: a systematic review; by Michaela Schwarzbach, Melanie Lupp, Simon Forstmeier ... (et al.): Wiley Blackwell, January 2014, pp 1-21.

International Journal of Geriatric Psychiatry, vol 29, no 1, January 2014, pp 1-21.

Social relations have become the focus of much research attention when studying depressive symptoms in older adults. Research indicates that social support and being embedded in a network may reduce the risk for depression. The aim of this review was to analyse the association of social relations and depression in older adults. Electronic databases were searched systematically for potentially relevant articles published from 2000 to 2012, and 37 studies met the inclusion criteria. Factors of social relations were categorised into 12 domains. Factors regarding the qualitative aspects of social relations seem to be more consistent among studies and therefore provide more explicit results. Thus social support, quality of relations and presence of confidants were identified as factors of social relations significantly associated with depression. The quantitative aspects of social relations seem to be more inconsistent. Cultural differences become most obvious in terms of the quantitative aspects of social relations. Despite the inconsistent results and the methodological limitations of the studies, this review identified a number of factors of social relations that are significantly associated with depression. The review indicates that there is a need to investigate social relations in all their complexity and not

reduce them to one dimension. At the same time it is important to conduct longitudinal studies because studies with cross-sectional design do not allow us to draw conclusions on causality. Beyond that, cultural differences need to be considered. (JL)

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From : www.orangejournal.org

Successful transition to later life: strategies used by baby boomers; by Kay Wilhelm, Liesbeth Geerligs, Carmella Peisah.: Wiley, June 2014, pp 81-85.

Australasian Journal on Ageing, vol 33, no 2, June 2014, pp 81-85.

The present study sought to understand strategies employed by baby boomers to maintain well-being and facilitate transition to later life. A non-clinical cohort of 139 participants provided qualitative data about well-being strategies. Thematic data analysis provided insights for those with high and low life satisfaction (based on Satisfaction with Life Scale) and quantitative data from previous waves provided predictors of life satisfaction decades later. Longitudinal predictors were depression history (cognitive trait and repeated episodes) and quality of partner's care. 'Highly satisfied older people' reported proactive strategies, contrasted with lack of planning by 'dissatisfied older people'. 'Resilient older people', with high life satisfaction despite repeated depressive episodes, reported benefit from strategies dealing with adversity, including depression. Strategies of 'satisfied older people' support theories of proactive coping and demonstrate the importance of developing adaptational skills to support later life satisfaction. In 'resilient older people' adaptive strategies can lead to achievement of life satisfaction despite repeated depressive episodes. (JL)

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From : wileyonlinelibrary.com/journal/ajag

Trajectories of quality of life in early-stage dementia: individual variations and predictors of change; by Linda Clare, Robert T Woods, Sharon M Nelis ... (et al): Wiley Blackwell, June 2014, pp 616-623.

International Journal of Geriatric Psychiatry, vol 29, no 6, June 2014, pp 616-623.

Little evidence is available about how quality of life (QoL) changes as dementia progresses. The present study aimed to explore QoL trajectories over a 20-month period and examined what predicted change in QoL. 51 individuals with a diagnosis of Alzheimer's, vascular or mixed dementia (people with dementia (PwD)) participating in the Memory Impairment and Dementia Awareness Study rated their QoL using the QoL-Alzheimer's Disease Scale at baseline and at 20-month follow-up. PwD also rated their mood and quality of relationship with the carer. In each case, the carer rated his or her level of stress and perceived quality of relationship with the PwD. There was no change in mean QoL score. Nearly one-third of PwD rated QoL more positively at 20-month follow-up and nearly one-third rated QoL more negatively. These changes could be regarded as reliable in one-quarter of the sample. Participants taking acetylcholinesterase-inhibiting medication at baseline were more likely to show a decline in QoL score. There were no other significant differences between those whose scores increased, decreased or stayed the same on any demographic or disease-related variables, or in mood or perceived quality of relationship with the carer. Whereas baseline QoL score was the strongest predictor of QoL at 20 months, the quality of relationship with the carer as perceived by the PwD was also independently a significant predictor. There is a degree of individual variation in QoL trajectories. Use of acetylcholinesterase-inhibiting medication appears linked to decline in QoL score, whereas positive relationships with carers play an important role in maintaining QoL in early-stage dementia. (JL)

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From : www.orangejournal.org

Why is it so important to consider so-called invisible older people in UK healthcare?; by Anthea Tinker, Nesar Gilani, Isabella Luthra (et al): Emerald, 2014, pp 187-196.

Quality in Ageing and Older Adults, vol 15 no 4, 2014, pp 187-196.

Using information obtained from academic literature, government statistics and other publications from relevant organisations, this paper discusses older people who are in groups that are not readily visible to policy makers and practitioners. The authors investigated one 'invisible' group each; and comparisons and conclusions were then made collaboratively. The six underserved populations covered were older people with physical disabilities, learning disabilities, those from lesbian, gay, bisexual and transgender (LGBT) communities, older prisoners, older people with chronic long-term mental health problems (in particular depression and dementia), and those who are homeless. The issues of health needs, access to health care and provision of services are discussed. Many groups of older people seem to be absent from statistics and from policy making. The paper suggests that there needs to be more research to identify the scale of any problems and how they may be solved. There are practical implications for health and social care professionals, if they do not recognise that there are groups in society about whom little is known. Lack of knowledge and empathy may affect their approach to these groups. (RH)

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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

Age and sex differences in prevalence and clinical correlates of depression: first results from the Irish Longitudinal Study on Ageing; by Claire O Regan, Patricia M Kearney, George M Savva ... (et al).: Wiley Blackwell, December 2013, pp 1280-1287.

International Journal of Geriatric Psychiatry, vol 28, no 12, December 2013, pp 1280-1287.

The risk of depression is increased by physical illness, however the nature of this relationship is complex and unclear. The present study aimed to explore the prevalence and clinical correlates of depression, with particular emphasis on factors representing consequences or physical manifestations of disease. The study also aimed to identify age and gender differences in their effects. A population-representative sample of 8,175 community-dwelling adults aged 50 years and over participated in the first wave of the Irish Longitudinal Study on Ageing. The primary outcome measure was clinically significant depressive symptoms defined by a score of 16 or greater on the 20-item Centre for Epidemiologic Studies Depression scale. Overall, 10% of adults reported clinically significant depressive symptoms. Physical illness was found to be associated with depressive symptoms only in adults aged 65 years and older. In adults aged 50-64 years, the association was mediated by medication use, and this age difference was statistically significant. Irrespective of age, chronic pain and incontinence were stronger predictors of depression in men. These findings identify age-specific and gender-specific clinical markers for depression risk among the older population, which may identify those more likely to present with depression in community settings. (JL)

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From : www.orangejournal.org

Are there sensitive time periods for dementia caregivers?: the occurrence of behavioral and psychological symptoms in the early stages of dementia; by K A Ornstein ... (et al).: Cambridge University Press, September 2013, pp 1453-1462.

International Psychogeriatrics, vol 25, no 9, September 2013, pp 1453-1462.

The behavioural and psychological symptoms associated with dementia (BPSD) can be burdensome to informal/family caregivers, negatively affecting mental health and expediting the institutionalisation of patients. Because the dementia patient-caregiver relationship extends over long periods of time it is useful to examine how BPSD impact caregiver depressive symptoms at varied stages of illness. The goal of this study was to assess the association of BPSD that occur during early stage dementia with subsequent caregiver depressive symptoms. Patients were followed from the early stages of dementia every six months for up to 12 years or until death. Caregiver symptoms were assessed on average 4.5 years following patient's early dementia behaviours. A

generalised estimating equation (GEE) extension of the logistic regression model was used to determine the association between informal caregiver depressive symptoms and BPSD symptoms that occurred at the earliest stages of dementia, including those persistent during the first year of dementia diagnosis. Study results showed that BPSD were common in early dementia. None of the individual symptoms observed during the first year of early stage dementia significantly impacted subsequent caregiver depressive symptoms. Only patient agitation/aggression was associated with subsequent caregiver depressive symptoms after controlling for concurrent BPSD, although not in fully adjusted models. Persistent agitation/aggression early in dementia diagnosis may be associated with subsequent depressive symptoms in caregivers. Future longitudinal analyses of the dementia caregiving relationship should continue to examine the negative impact of persistent agitation/aggression in the diagnosis of early stage dementia on caregivers. (JL)

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

Beside the Geriatric Depression Scale: the WHO-Five Well-being Index as a valid screening tool for depression in nursing homes; by Antje-Kathrin Allgaier, Dietmar Kramer, Barbara Saravo ... (et al.): Wiley Blackwell, November 2013, pp 1197-1204.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1197-1204.

The aim of the present study was to compare criterion validities of the WHO-Five Well-being Index (WHO-5) and the Geriatric Depression Scale 15-item version (GDS-15) and 4-item version (GDS-4) as screening instruments for depression in nursing home residents. Data from 92 residents aged 65-97 years without severe cognitive impairment were analysed. Criterion validities of the WHO-5, the GDS-15 and the GDS-4 were assessed against diagnoses of major and minor depression provided by the Structured Clinical Interview for DSM-IV. Subanalyses were performed for major and minor depression. Areas under the receiver operating curve (AUCs) as well as sensitivities and specificities at optimal cut-off points were computed. Prevalence of depressive disorder was found to be 28.3%. The AUC value of the WHO-5 (0.90) was similar to that of the GDS-15 (0.82). Sensitivity of the WHO-5 (0.92) at its optimal cut-off of 12 or less was significantly higher than that of the GDS-15 (0.69) at its optimal cut-off of 7 or more. The WHO-5 was equally sensitive for the subgroups of major and minor depression (0.92), whereas the GDS-15 was sensitive only for major depression (0.85), but not for minor depression (0.54). For specificity, there was no significant difference between WHO-5 (0.79) and GDS-15 (0.88), but both instruments outperformed the GDS-4 (0.53). In conclusion, the WHO-5 demonstrated high sensitivity for major and minor depression. Being shorter than the GDS-15 and superior to the GDS-4, the WHO-5 is a promising screening tool that could help physicians improve low recognition rates of depression in nursing home residents. (JL)

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[From : www.orangejournal.org](http://www.orangejournal.org)

Birth cohort changes in the depressive symptoms of Chinese older adults: a cross-temporal meta-analysis; by Jingjin Shao, Dan Li, Dajun Zhang ... (et al.): Wiley Blackwell, November 2013, pp 1101-1108.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1101-1108.

With the dramatic changes in Chinese society and economy, the average depressive symptoms of Chinese older adults may have changed across their birth cohort. This study aimed to examine changes in the depressive symptoms of Chinese older adults by analysing data from 1987 to 2010. The study examined changes in the Center for Epidemiologic Studies Depression Scale scores of older adults for the past 24 years (1987 to 2010) by using cross-temporal meta-analysis. A total of 35,299 older adults were included in the data. The results showed the following: (i) Correlations between the mean scores and data collection year were significantly positive. The mean scores in the depressive symptoms of Chinese older adults showed an increase of at least 0.53 standard deviations from 1987 to 2010. (ii) The means of the scores in the depressive symptoms of both male and female older adults exhibited a significant increase in the past 24 years, with the rising tendency of women being considerably higher than that of men. (iii) Depressive symptoms showed a significant increase for different age groups in the past 24 years, whereas scores for depressive symptoms had no significant difference in terms of age group. These findings demonstrate that social changes play an important role in predicting changes in the depressive symptoms of older adults. (JL)

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[From : www.orangejournal.org](http://www.orangejournal.org)

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

Contributing factors of depressive symptoms among elderly Korean immigrants in Texas; by Suk-Young Kang, Randall Basham, Yi Jin Kim.: Taylor & Francis, January 2013, pp 67-82.

Journal of Gerontological Social Work, vol 56, no 1, January 2013, pp 67-82.

Korean Americans are one of the fastest growing ethnic groups in the United States. This study examined various life stresses associated with relocation that may contribute to depressive symptoms among older Korean immigrants. A sample of 120 older Koreans was assessed using the Geriatric Depression Scale Short Form and a 90-minute face-to-face interview. Participants were receiving about three types of assistances from their children. Almost one in 10 respondents had at least one child living within a two-hour driving distance. In addition, most (80%) watched television for leisure and their English proficiency level was low. Findings revealed that over a third of respondents had symptoms of depression. Analyses indicated that self-rated health, stressful life events, English language proficiency, satisfaction of visiting one's birth place and watching television were correlates of depressive symptoms among them. The findings of this observational study may be used as a baseline for designing a service programme for this population. (JL)

ISSN: 01634372

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

Depression and cognitive functioning as predictors of social network size; by Jamie N Shouse, Sarah V Rowe, Benjamin T Mast.: Taylor and Francis, March-April 2013, pp 147-161.

Clinical Gerontologist, vol 36, no 2, March-April 2013, pp 147-161.

Social networks change with age and may affect physical and mental health outcomes. Few studies have examined the influence of cognitive functioning and depressive symptoms on social network sizes among older adults. This study examined the impact of cognition and depression on the social networks of 79 community dwelling older people. Social network sizes were measured using Antonucci's Convoy method. Consistent with predictions, participants with lower cognitive functioning scores had fewer outer circle social contacts. Higher depressive symptomatology was associated with smaller numbers of close, inner circle relationships. These results suggest potentially greater network changes in older adults experiencing depressive symptomatology or cognitive decline, albeit in different aspects of the social network (close vs. peripheral relationships). Possessing fewer emotionally rewarding close relationships may be particularly difficult for older individuals relying on emotional and instrumental support. These findings also imply that poorer cognitive functioning may accelerate the reduction of outer circle networks. (JL)

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

Depression treatment among rural older adults: preferences and factors influencing future service use; by Katherine A Kitchen Andren ... (et al.): Taylor & Francis, May-June 2013, pp 241-259.

Clinical Gerontologist, vol 36, no 3, May-June 2013, pp 241-259.

The purpose of this study was to investigate depression treatment preferences and anticipated service use in a sample of adults aged 55 years or older and residing in rural Wyoming. 16 participants with an average age of

59 completed 30- to 60-minute semi-structured interviews. Qualitative methods were used to characterise common themes. Social/provider support and community gatekeepers were perceived by participants as important potential facilitators for seeking depression treatment. In contrast perceived stigma and the value placed on self-sufficiency emerged as key barriers to seeking treatment for depression in this rural young-old sample. Participants anticipated presenting for treatment in the primary care sector and preferred a combination of medication and psychotherapy for treatment. Participants were however more willing to see mental health professionals if they were first referred by a clergy member or primary care physician. (JL)

ISSN: 07317115

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

Depression, disability and functional status among community-dwelling older adults in South Africa: evidence from the first South African National Income Dynamics Study; by Andrew Tomita, Jonathan K Burns.: Wiley Blackwell, December 2013, pp 1270-1279.

International Journal of Geriatric Psychiatry, vol 28, no 12, December 2013, pp 1270-1279.

This study examined the relationship between depression and functional status among a community-dwelling population of 65 years and older in South Africa. Data from the first wave of the South African National Income Dynamics Study were used, this being the first longitudinal panel survey of a nationally representative sample of households. The study focused on the data for resident adults aged 65 years and older. Depression was assessed using the 10-item version of the Center for Epidemiologic Studies Depression Scale. Functional status, pertaining to both difficulty and dependence in activities of daily living (ADL), instrumental activities of daily living (IADL), and physical functioning and mobility (PFM), were assessed using 11 items. Functional challenges were generally higher in the older age group. There was a significant association between depression and functional dependence in ADL, IADL and PFM, but the relationship between depression and functional status, particularly PFM, appeared weaker in older age. These findings demonstrate that the relationship between depression symptoms and function is complex. Functional characteristics between older and younger old populations are diverse, and caution is indicated against overgeneralising the challenges related to depression and function among this target population. (JL)

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From : www.orangejournal.org

Depressive symptoms among older adults: the impact of early and later life circumstances and marital status; by Yumiko Kamiya, Yumiko Kamiyaa, Martha Doyle, John C Henretta (et al): Taylor and Francis, April/May 2013, pp 349-357.

Aging & Mental Health, vol 17, nos 3-4, April/May 2013, pp 349-357.

This article contributes to the literature on depression and the life course by examining the impact of both early and later life circumstances on depressive symptoms among men and women aged 65 and over in Ireland. Data are from the first wave of The Irish Longitudinal Study on Ageing, a nationally representative sample of 8504 community-dwelling adults aged 50 years and older. About 3507 respondents aged 65 years and over were included in the analysis. Multinomial logistic regression was used to examine the childhood and early adult life circumstances associated with marital status. A series of nested models was estimated to evaluate which childhood and adulthood circumstances are associated with depressive symptoms. Models were estimated separately for men and women. Ill health in childhood and in later life has a strong and direct effect on depression in later life for both men and women. Other early stressors are mediated by later circumstances. Marital status is a significant independent predictor of depression in later life. Later life circumstances mediate between some marital statuses and depressive symptoms. When later life circumstances are included, widowhood and, for men, divorce, are directly associated with depression, but singlehood is not. Income in later life is strongly associated with depressive symptoms for women. Both early and later life circumstances affect late-life depressive symptoms. The findings indicate that previous studies which did not consider both may have underestimated or overestimated the effect of marital status, education, current health and education on depressive symptoms.

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

Depressive symptoms among the medically hospitalized older individuals: a 1-year follow-up study; by Anne-Sofie Helvik, Knut Engedal, Geir Selbaek.: Wiley-Blackwell, February 2013, pp 199-207.

International Journal of Geriatric Psychiatry, vol 28, no 2, February 2013, pp 199-207.

The present study of older medically hospitalised patients from a rural area in Norway assessed the prevalence of depressive symptoms at one-year follow-up and also explored whether depressive symptoms were associated with change in the medical, functional or emotional situation between baseline and follow-up. Study participants were 363 older men and women with age ranges 65-98 years. Information was collected at baseline and follow-

up using the Hospital Anxiety and Depression scale (HAD), the Mini-Mental State Examination, Lawton and Brody's scales for physical self-maintenance and performance of the instrumental activities of daily living. Results showed that the prevalence of depressive symptoms, as defined by a score ≥ 8 at HAD-D, was 10% at baseline and 7% at follow-up. Of those with depressive symptoms at baseline, 78% had experienced remission. The incidence of depressive symptoms at follow-up was 5%. In logistic regression analyses adjusted for age, gender, and depressive symptoms at baseline, becoming or being in need of assistance from nursing or social services, having a cognitive decline and exhibiting poorer physical self-maintenance, becoming vision impaired and with increased anxiety during follow-up was associated with depressive symptoms at follow-up. (JL)
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[From : www.orangejournal.org](http://www.orangejournal.org)

Depressive symptoms and frailty; by Philip D St John, Suzanne L Tyas, Patrick R Montgomery.: Wiley, June 2013, pp 607-614.

International Journal of Geriatric Psychiatry, vol 28, no 6, June 2013, pp 607-614.

Frailty and depressive symptoms are common issues facing older adults and may be associated. The purpose of the present study was to determine whether: (i) depressive symptoms are associated with frailty; (ii) there is a gradient in this effect across the range of depressive symptoms; and (iii) the association between depressive symptoms and frailty is specific to particular types of depressive symptoms (positive affect, negative affect, somatic complaints and interpersonal relations). A secondary analysis of a population-based study originally carried out in 1991 was conducted in which 1,751 community-living adults aged 65+ years were interviewed. Depressive symptoms were measured using the Center for Epidemiologic Studies-Depression (CES-D) scale. Frailty was graded from 0 (no frailty) to 3 (moderate/severe frailty). Age, gender, education, marital status, self-rated health and the number of comorbid conditions were self-reported. Logistic regression models were constructed with the outcome of no frailty/urinary incontinence only versus frailty. Overall results show that depressive symptoms were strongly associated with frailty, and there was a gradient effect across the entire range of the CES-D scale. The odds ratio and 95% confidence interval was 1.08 (1.06, 1.09) per point of the CES-D in unadjusted models. After potential confounding factors were adjusted, the adjusted odds ratio (95% confidence interval) was 1.03 (1.01, 1.05). Positive affect, negative affect and somatic complaints were all associated with frailty, whereas interpersonal relations were not. (JL)

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[From : www.orangejournal.org](http://www.orangejournal.org)

Determinants of thoughts of death or suicide in depressed older persons; by Ista C H M Bogers ... (et al): Cambridge University Press, November 2013, pp 1775-1782.

International Psychogeriatrics, vol 25, no 11, November 2013, pp 1775-1782.

In depressed persons, thoughts of death and suicide are assumed to represent different degrees of a construct: suicidality. However this can be questioned in older persons facing physical and social losses. Thoughts of death in depressed older persons are hardly examined in the absence of suicidal ideation. Furthermore most depression instruments do not discriminate suicidal ideation from thoughts of death only. This study examined whether determinants of thoughts of death differ from determinants of suicidal ideation in late life depression. Past month's thoughts of death and suicidal ideation were assessed with the Composite International Diagnostic Interview in 378 depressed older persons aged 60 or above. Multinomial logistic regression analyses adjusted for age and depression severity were used to identify socio-demographic, lifestyle, clinical and somatic determinants of past month's thoughts of death and suicidal ideation. Compared with patients without thoughts of death or suicide, patients reporting thoughts of death but no suicidal ideation were older and more severely depressed, whereas patients with suicidal ideation were also more severely depressed but not older. This latter group was further characterised by more psychiatric comorbidity, panic disorder, at-risk alcohol use, lifetime suicide attempts, loneliness and recent life events. In depressed older persons thoughts of death and suicide differ in relevant demographic, social, and clinical characteristics, suggesting that the risks and consequences of the two conditions differ. (JL)

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

The diagnosis of depression and use of antidepressants in nursing home residents with and without dementia; by Iris F M van Asch, Jasper Nuyen, Marjolein Veerbeek ... (et al): Wiley Blackwell, March 2013, pp 312-318.

International Journal of Geriatric Psychiatry, vol 28, no 3, March 2013, pp 312-318.

The aim of this cross-sectional study was to compare the prevalence of diagnosed depressive disorders, depressive symptoms and use of antidepressant medication between nursing home residents with and without dementia. The study used Minimal Data Set of the Resident Assessment Instrument 2.1 data collected in seven nursing homes located in an urbanised region in the Netherlands. Trained nurse assistants recorded all medical

diagnoses made by a medical specialist, including dementia and depressive disorder, and medication use. Depressive symptoms were measured with the Depression Rating Scale. Multivariate logistic regression analysis was used to compare data between residents with and without dementia. Included in the study were 1885 nursing home residents (aged 65 years or older), of which 837 had dementia. There was no significant difference in the prevalence of diagnosed depressive disorder between residents with (9.6%) and without dementia (9.8%). Residents with dementia (46.4%) had more depressive symptoms than residents without dementia (22.6%). Among those with depressive symptoms, residents with dementia had the same likelihood of being diagnosed with a depressive disorder as residents without dementia. Among residents with a diagnosed depressive disorder, antidepressant use did not differ significantly between residents with dementia (58.8%) and without dementia (57.3%). The same holds true for residents with depressive symptoms, where antidepressant use was 25.3% in residents with dementia and 24.6% in residents without dementia. Findings of the study demonstrate that there is room for improvement not only for the detection of depression but also with regard to its treatment. (JL)

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From : www.orangejournal.org

Direct costs associated with depressive symptoms in late life: a 4.5-year prospective study; by Melanie Luppia, Hans-Helmut König, Dirk Heider ... (et al.): Cambridge University Press, February 2013, pp 292-302. *International Psychogeriatrics*, vol 25, no 2, February 2013, pp 292-302.

Depression in old age is common. Few studies have examined the association of depressive symptoms and direct costs in older people in a cross-sectional way. This study aims to investigate prospectively health service use and direct costs over a course of 4.5 years considering also different courses of depressive symptomatology. 305 primary care patients aged 75 and above were assessed face-to-face regarding depressive symptoms (Geriatric Depression Scale), and service use and costs at baseline and 4.5 years later. Resource utilisation was monetarily valued using 2004/2005 prices. The association of baseline factors and direct costs after 4.5 years was analysed by multivariate linear regression. Mean annual direct costs of depressed individuals at baseline and follow-up were almost one-third higher than of non-depressed, and highest for individuals with chronic depressive symptoms. Most relevant cost drivers were costs for inpatient care, pharmaceuticals and home care. Costs for home care increased at most in individuals with chronic depressive symptoms. Baseline variables that were associated with direct costs after 4.5 years were number of medications as a measure of comorbidity, age, gender and depressive symptoms. Presence and persistence of depressive symptoms in old age seems to be associated with future direct costs even after adjustment for comorbidity. The findings design a look to the potential economic consequences of depressive symptoms in older people for the healthcare system in the future. (JL)

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From : journals.cambridge.org/ipg

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

Does religiousness and spirituality moderate the relations between physical and mental health among aging prisoners?; by Rebecca S Allen, Grant M Harris, Martha R Crowther ... (et al).

International Journal of Geriatric Psychiatry, vol 28, no 7, July 2013, pp 710-717.

The present study aimed to examine positive and negative religious coping as moderators of the relation between physical limitations, depression and desire for hastened death among male inmates incarcerated primarily for murder. Inmates over the age of 45 years who passed a cognitive screening completed face-to-face interviews. Multiple regression analyses included age, race/ethnicity, parole belief, physical health, positive or negative religious coping, and all two-way interactions represented by the product of health and a religious coping variable. Older inmates and those who reported greater levels of positive religious coping endorsed fewer symptoms of depression, whereas those who reported greater levels of negative religious coping endorsed more symptoms of depression. Inmates who reported higher levels of depression endorsed a greater desire for hastened death. The effect of physical functioning on desire for hastened death was found to be moderated by negative religious coping such that those who endorsed higher levels of negative religious coping reported a greater desire for hastened death. These findings show that examinations of religious/spiritual practices and mindfulness-based interventions in prison research have assumed a positive stance with regard to the potential impact of religious/spiritual coping on physical and mental health. They provide cautionary information that may further assist in selection of inmates for participation in such interventions. (JL)

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From : www.orangejournal.org

The effects of psychotherapy on reducing depression in residential aged care: a meta-analytic review; by Robyn Ann Cody, Karen Drysdale.: Taylor & Francis, January-February 2013, pp 46-69.

Clinical Gerontologist, vol 36, no 1, January-February 2013, pp 46-69.

Published and unpublished randomised controlled trials of psychotherapeutic treatments for depression in residential aged care were systematically reviewed. A medium effect size was found to favour psychotherapy for reducing symptoms of depression in residents (average age, 79.8 years) based on 17 trials. The effect was maintained at follow-up, but was weaker and not statistically significant when interventions were compared with active control conditions in six trials. There was heterogeneity across studies; however, potential moderating factors were difficult to identify due to large within-study variance. A sensitivity analysis revealed that the Geriatric Depression Scale (GDS) 15-item version produced a larger effect size than did the GDS-30, and an integrated care approach was more effective than providing psychological interventions independent of aged care staff. (JL)

ISSN: 07317115

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

Evaluation of a standardized humor group in a clinical setting: a feasibility study for older patients with depression; by Brigitte Konradt, Rolf D Hirsch, Markus F Jonitz, Karin Junglas.: Wiley Blackwell, August 2013, pp 850-857.

International Journal of Geriatric Psychiatry, vol 28, no 8, August 2013, pp 850-857.

Positive effects of humour on older patients with depressive symptoms have been repeatedly reported. Empirical evidence however is rare. The present study investigated the efficacy of a standardised humour therapy group in a clinical context for older depressed patients. An experimental group with treatment (49 patients) was compared with a control group with no treatment (50 patients) in a semi-randomised design. Included were patients with major depression according to ICD-10. A set of questionnaires (Geriatric Depression Scale, Short Form Health Survey, State-Trait-Cheerfulness Inventory and Satisfaction with Life Scale) was administered pre-treatment and post-treatment. Both groups showed improvement for depression, suicidal tendency, state cheerfulness and state bad mood. Only participants of the humour group showed changes of state seriousness and satisfaction with life. Further trends could be demonstrated for higher changes in state cheerfulness and resilience for the humour group. These results indicate an additional benefit of this specific therapeutic intervention for older depressed patients. (JL)

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From : www.orangejournal.org

Exploring predictors of walking ability among community-dwelling older adults; by Nikhil Satchidanand, Chester Fox, Kimberly Brunton ... (et al). London: Future Medicine, April 2013, pp 189-197.
Aging Health, vol 9, no 2, April 2013, pp 189-197.

The objective of this analysis was to examine the association between complex multidimensional factors and walking ability among older adults. 200 patients completed literature-validated questionnaires to assess depressive symptoms, psychosocial stress and chronic pain. Previous medical diagnoses and medication usage were also recorded. Body Mass Index (BMI) was calculated and walking ability was estimated using the Six-Minute Walk Test. Multiple regression was performed to ascertain the contribution of the predictor variables on distance walked. The overall model accounted for 61.2% of the variance in walking ability. Age, number of medications used and number of comorbid conditions were predictive of distance walked along with chronic pain, depressive symptoms and BMI. These findings indicate that walking ability is influenced by complex multidimensional factors, many of which can be managed. Comprehensive intervention should focus on ameliorating depressive symptoms and chronic pain, and preventing excess weight gain in older adults. (JL)
ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

Exploring psychosocial pathways between neighbourhood characteristics and stroke in older adults: the cardiovascular health study; by Tingjian Yan, José J Escarce, Li-Jung Liang ... (et al).: Oxford University Press, May 2013, pp 391-397.

Age and Ageing, vol 42, no 3, May 2013, pp 391-397.

The authors aimed to investigate whether psychosocial pathways mediate the association between neighbourhood socioeconomic disadvantage and stroke. The research was part of the Cardiovascular Health Study, a longitudinal population-based cohort study of older adults aged 65 years or above, in which the participants were followed up over 11.5 years. The primary outcome was adjudicated incident ischaemic stroke. Neighbourhood socioeconomic status (NSES) was measured using a composite of six census-tract variables. Psychosocial factors were assessed with standard measures for depression, social support and social networks. Of the 3,834 white participants with no prior stroke, 548 had an incident ischaemic stroke over the 11.5-year follow-up. Among whites, the incident stroke hazard ratio (HR) associated with living in the lowest relative to highest NSES quartile was 1.32 (95% CI = 1.01_1.73), in models adjusted for individual SES. Additional adjustment for psychosocial factors had a minimal effect on hazard of incident stroke (HR = 1.31, CI = 1.00_1.71). Associations between NSES and stroke incidence were not found among African-Americans (n = 785) in either partially or fully adjusted models. The study concludes that psychosocial factors played a minimal role in mediating the effect of NSES on stroke incidence among white older adults. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Factors associated with depressive symptoms among elders in senior residences: the importance of feeling valued by others; by Tracy Chippendale.: Taylor and Francis, March-April 2013, pp 162-169.

Clinical Gerontologist, vol 36, no 2, March-April 2013, pp 162-169.

This study investigated (a) whether feeling valued and important is a significant predictor of depressive symptoms in older people residing in senior residences and (b) whether feeling valued and important is a more important predictor of depressive symptoms than self-rated health in this population. The sample consisted of older adults from four senior residences in New York City. The Geriatric Depression Scale was used to assess depressive symptoms and a multiple regression analysis was employed for the analysis. Self-rated health, education level and feeling valued and important were significant predictors of depressive symptoms. Furthermore the unique contribution of feeling valued and important accounted for an equal amount of the variance in depressive symptoms as compared to the well established predictor of self-rated health. Therefore given the importance of feeling valued and important, interventions that provide the opportunity for older people in senior residences to provide meaningful contributions to family and society should be considered. (JL)

ISSN: 07317115

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

Factors associated with depressive symptoms in older Taiwanese adults in a long-term care community; by Ya-Chuan Hsu, Terry Badger, Pamela Reed, Elaine Jones.: Cambridge University Press, June 2013, pp 1013-1021.

International Psychogeriatrics, vol 25, no 6, June 2013, pp 1013-1021.

The purpose of this study was to examine culturally based factors as potential predictors of depressive symptoms in older Taiwanese adults living in eight long-term care institutions in southern Taiwan. A cross-sectional, exploratory design study was used with a purposive sample of 156 participants with a mean age of 79.80 years. Measurements included filial responsibility expectation questions, two questions about degrees of acceptance of institutionalisation, Perceived Stress Scale, Self-Transcendence Scale and Geriatric Depression

Scale. An older person's willingness to be institutionalised or remain institutionalised, perceived stress and self-transcendence were significantly associated with depressive symptoms. Although no evidence for the relationship between filial responsibility and depressive symptoms was found in the study, there was evidence that filial responsibility was highly valued. Self-transcendence was the strongest predictor of depressive symptoms, accounting for 45% of the variance. These findings provide insight into the cultural factors associated with depressive symptoms and support the need of timely interventions for institutionalised Taiwanese older people. (JL)

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From : journals.cambridge.org/ipg

Flexible and tenacious goal pursuit lead to improving well-being in an aging population: a ten-year cohort study; by Rebecca E Kelly, Alex M Wood, Warren Mansell.: Cambridge University Press, January 2013, pp 16-24. International Psychogeriatrics, vol 25, no 1, January 2013, pp 16-24.

Tenacious goal pursuit (TGP) involves striving for goals with commitment and determination, modifying the environment if necessary in order to achieve those goals, whereas flexible goal adjustment (FGA) involves pursuing goals with flexibility, adjusting to constraints and modifying goals where there are obstacles. Previous research has shown that tendencies to tenaciously pursue goals and flexibly adapt goals independently relate to well-being in adults in mid-to-late life, but research has not tested whether these tendencies interact. For example, tenacity may only predict well-being in combination with flexibility. This research tests whether these tendencies interact to predict changes in health-related outcomes. A large cohort of 5,666 people, initially aged 55-56 years, completed measures of flexibility, tenacity, health-related outcomes (physical health, depression, hostility), as well as demographics. Participants provided follow-up data on all measures ten years later. Moderation analysis was used to test whether flexibility and tenacity interacted to predict changes in the health-related outcomes over the period. Results showed that the interaction between tenacity and flexibility significantly predicted changes in depression, hostility and physical ill-health symptoms over ten years, such that highly flexible and tenacious individuals experienced the largest decreases in symptoms of depression, hostility and physical ill-health. The interaction between flexibility and tenacity predicts greater well-being, such that one is most protective when an individual also scores highly on the other. The combination of flexibility and tenacity in the pursuit of personal goals may mean individuals can enjoy gains associated with goal pursuit without the detrimental effects of persevering in blocked goals. (JL)

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From : journals.cambridge.org/ipg

Functional impairment, illness burden, and depressive symptoms in older adults: does type of social relationship matter?; by Joshua P Hatfield, Jameson K Hirsch, Jeffrey M Lyness.: Wiley-Blackwell, February 2013, pp 190-198.

International Journal of Geriatric Psychiatry, vol 28, no 2, February 2013, pp 190-198.

The nature of interpersonal relationships, whether supportive or critical, may affect the association between health status and mental health outcomes. This study examined the potential moderating effects of social support as a buffer, and family criticism as an exacerbating factor, on the association between illness burden, functional impairment and depressive symptoms. A sample of 735 older adults aged 65 years and above was recruited from internal and family medicine primary care offices. Trained interviewers administered the Hamilton Rating Scale for Depression, Duke Social Support Inventory, and Family Emotional Involvement and Criticism Scale. Physician-rated assessments of health, including the Karnofsky Performance Status Scale and Cumulative Illness Rating Scale, were also completed. Linear multivariable hierarchical regression results indicated that social interaction was a significant buffer, weakening the association between illness burden and depressive symptoms, whereas perceived social support buffered the relationship between functional impairment and depressive symptoms. Family criticism and instrumental social support were not significant moderators. The study concludes that the type of medical dysfunction, whether illness or impairment, may require different therapeutic and supportive approaches. Enhancement of perceived social support, for those who are impaired, and encouragement of social interactions, for those who are ill, may be important intervention targets for treatment of depressive symptoms in older adult primary care patients. (JL)

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From : www.orangejournal.org

Gender differences in health service use for mental health reasons in community dwelling older adults with suicidal ideation; by Helen-Maria Vasiliadis, Sarah Gagné, Natalia Jozwiak, Michel Prévile.: Cambridge University Press, March 2013, pp 374-381.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 374-381.

The purpose of this study from Quebec was to ascertain gender-specific determinants of antidepressant and mental health (MH) service use associated with suicidal ideation. Data used in the study came from the ESA (Enquête sur la Santé des Aînés) survey carried out in 2005_2008 on a large sample of community-dwelling older adults. Multivariate logistic regression analyses were carried out. Results of the study showed that the two-year prevalence of suicidal ideation was 8.4% and 20.3% had persistent suicidal thoughts at one-year follow-up. In males, the prevalence of antidepressant and MH service use in respondents with suicidal ideation reached 32.2% and 48.9% respectively. In females, the corresponding rates were 42.6% and 65.6%. Males were less likely to consult MH services than females when their MH was judged poorly. Male respondents with higher income and education were less likely to use antidepressant and MH services. However males using benzodiazepines were more likely than females to be dispensed an antidepressant. Among respondents with suicidal ideation, gender was not associated with service use. Younger age however was associated with antidepressant use. Increased promotion campaigns sensitising men to the prodromal symptoms of depression and the need to foster access to MH care when the disorder is manageable may be needed. (JL)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

Gender differences in the relation between depression and social support in later life; by C M Sonnenberg, D J H Deeg, T G van Tilburg ... (et al).: Cambridge University Press, January 2013, pp 61-70.

International Psychogeriatrics, vol 25, no 1, January 2013, pp 61-70.

Prevalence of depression is twice as high in women as in men, also in older adults. Lack of social support is a risk factor for late life depression. The relation between depression and social support may be different for men and women. In the present study, data from the Longitudinal Aging Study Amsterdam were used to investigate gender differences in the relation between social support and depression in a population-based sample aged 55_85 years, with n = 2,823 at baseline and using the 13-year follow-up data on onset of depression. Results showed that respondents without a partner in the household, with a small network and with low emotional support were more often depressed, with men showing higher rates of depression than women. A high need for affiliation was associated with depression in women but not in men. Lack of a partner in the household and having a small network predicted onset of depression in men but not in women. In respondents with high affiliation need and low social support, depression rates were higher, with men being more often depressed than women. Low social support and a high need for affiliation were related to depression in later life, with men being more vulnerable for depression than women. Considering the serious consequences of depression, especially in older people, it is important to identify people with low social support and a high need for affiliation, and to help them increase their social support or adjust their needs. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

A home-based training program improves Taiwanese family caregivers' quality of life and decreases their risk for depression: a randomized controlled trial; by Li-Min Kuo, Huei-Ling Huang, Hsiu-Li Huang ... (et al).: Wiley Blackwell, May 2013, pp 504-513.

International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 504-513.

Little is known about the longitudinal effects of training programmes on family caregivers' health-related quality of life (HRQoL) and depressive symptoms over time. Therefore the purpose of this study was to examine the effects of a home-based caregiver training programme on HRQoL and depressive symptoms for family caregivers of older persons with dementia. Outcomes (caregivers' HRQoL and depressive symptoms) were assessed before the training programme (baseline), and at two weeks, three months, and six months afterwards. HRQoL was measured using the Medical Outcomes Study 36-item Short Form Survey, Taiwan version. Depressive symptoms were measured using the Chinese version Center for Epidemiologic Studies Depression Scale. Family caregivers who received the individualised home-based training programme had better health outcomes in bodily pain, role disability due to emotional problems, vitality, better mental summary score and decreased risk for depression, and confidence interval than those in the control group during the six months following the training programme. Overall the home-based caregiver training programme improved caregivers' HRQoL, especially role limitations due to emotional problems, and decreased their risk for depression. (JL)

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From : www.orangejournal.org

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 (CDR0.5, 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)

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From : journals.cambridge.org/ipg

Impact of older adults' experience with psychotherapy on treatment engagement; by Erin L Woodhead, Iulia I Ivan, Erin E Emery.: Taylor & Francis, May-June 2013, pp 260-273.

Clinical Gerontologist, vol 36, no 3, May-June 2013, pp 260-273.

The goal of this study was to characterise older adults' experiences with psychotherapy and examine its impact on engagement. The study included 50 adults over age 60 who screened positive for depression and participated in the BRIGHTEN Programme, an interdisciplinary geriatric mental health programme. Qualitative analyses revealed five themes leading to treatment initiation: health concerns, family issues, the experience of depressive symptoms, beliefs about what participants could get from psychotherapy and positive outcomes seen in others. Those without a history of mental health treatment were more likely to endorse health concerns as a treatment motivator and were more likely to terminate treatment early. Future research is warranted to determine how to effectively engage older adults seeking mental health treatment for the first time. (JL)

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

The impact of self-rated health on medical care utilization for older people with depressive symptoms; by Christy Pu, Ya-Mei Bai, Yiing-Jenq Chou.: Wiley Blackwell, May 2013, pp 479-486.

International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 479-486.

This study aimed to test the hypothesis whether self-rated health alone can explain the relationship between depression and medical care utilisation for older people and to determine whether the explanatory power of self-rated health is greater than that of the explanatory power of a major disease and activities of daily living. The study used data from 1,572 older people obtained from the 2005 National Health Interview Survey in Taiwan. The data from the National Health Interview Survey were linked to the 2005 computerised claims data from the National Health Insurance, and from that, the outpatient expenditures and number of outpatient episodes were identified. The contribution of self-rated health, activities of daily living, the presence of major diseases, and self-rated health were estimated using ordinary least squares regressions. Results showed that controlling for self-rated health alone almost eliminates the positive relationship between depressive symptoms and number of outpatient visits. After controlling for self-rated health, the utilisation ratio of outpatient visits for older people with depressive symptoms reduced significantly to only 1.01 and became insignificant. A similar pattern was observed for total outpatient costs. Overall it was found that self-rated health is an important factor in the depressive symptoms_outpatient utilisation relationship. To reduce medical costs for older people with depressive symptoms, it is essential that the self-rated health for this group is improved. Future studies should test the mechanism through which self-rated health impacts on medical utilisation for older people with depressive symptoms. (JL)

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From : www.orangejournal.org

The importance of the supervisor for the mental health and work attitudes of Australian aged care nurses; by John Rodwell, Angela Martin.: Cambridge University Press, March 2013, pp 382-389.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 382-389.

The work attitudes and psychological well-being of aged care nurses are important factors impacting on the current and future capacity of the aged care workforce. Expanding our understanding of the ways in which the psychosocial work environment influences these outcomes is important in order to enable organisations to improve the management of human resources in this sector. Using survey data from a sample of 222 Australian aged care nurses, regression analyses were employed to test the relative impact of a range of psychosocial work environment variables derived from the demand-control-support (DCS) model and organisational justice variables on satisfaction, commitment, well-being and depression. The expanded model predicted the work attitudes and well-being of aged care nurses, particularly the DCS components. Specifically, demand was related to depression, well-being, and job satisfaction, job control was related to depression, commitment and job satisfaction, and supervisor support and interpersonal fairness were related to well-being. The contributions of informational and interpersonal justice, along with the main and interaction effects of supervisor support, highlight the centrality of the supervisor in addressing the impact of job demands on aged care nurses. Psychosocial variables have utility beyond predicting stress outcomes to the work attitudes of nurses in an aged care setting and thus present further avenues of research for the retention of nurses and improved patient care. (JL)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

Incidence and predictors of depression in non-demented primary care attenders aged 75 years and older: results from a 3-year follow-up study; by Siegfried Weyerer, Sandra Eifflaender-Gorfer, Birgitt Wiese ... (et al).: Oxford University Press, March 2013, pp 173-180.

Age and Ageing, vol 42, no 2, March 2013, pp 173-180.

The present study aimed to determine incidence and predictors of late-life depression. The study was part of a three-year observational cohort study of 3,214 non-demented patients aged 75 and over completing three waves of assessment. The patients were recruited in 138 primary care practices in six urban areas in Germany. Depressive symptoms were measured at baseline, and 18 months and 36 months later using the GDS-15 Geriatric Depression Scale with a cut-off 0_5/6_15. Cox proportional hazard regression models were applied to examine predictors of incident depression, adjusting for sex, age, education, living situation, activities of daily living and instrumental activities of daily living impairment, somatic comorbidity, alcohol consumption, smoking, mild cognitive impairment and apoE4 status. Study results showed that the incidence of depression was 36.8 per 1,000 person-years in men and 46.0 in women. The incidence increased from 35.4 per 1000 person-years between the ages of 75 and 79 to 75.2 for subjects aged 85 years and older. After full adjustment for confounding variables, hazard ratios (HR) for incident depression were significantly higher for subjects 85 years and older and those with mobility impairment, vision impairment, mild cognitive impairment, subjective memory impairment and current smoking. The authors conclude that the incidence of depression increased significantly with age. In designing prevention programmes, it is important to call more attention on functional impairment, cognitive impairment and smoking. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Is depression really different in older people?; by Alan Thomas.: Cambridge University Press, November 2013, pp 1739-1742.

International Psychogeriatrics, vol 25, no 11, November 2013, pp 1739-1742.

This guest editorial focuses on characteristics of depression in older people versus younger adults with particular reference to unipolar major depressive disorder (MDD). Three key areas of evidence are examined, namely clinical features of late life depression; neurobiology of late life depression; and treatment response in late life depression. (JL)

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From : journals.cambridge.org/ipg

Is enough being done to treat depression in the elderly?; by Helen J Lewis, Deborah J Hems, Kate N Bosanquet, Karen J Overend.

Aging Health, vol 9, no 3, June 2013, pp 243-245.

This article briefly looks at the complexities involved in the identification and management of depression in older adults. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

Late-life depression and risk of vascular dementia and Alzheimer's disease: systematic review and meta-analysis of community-based cohort studies; by Breno S Diniz, Meryl A Butters, Steven M Albert ... (et al): Royal College of Psychiatrists, May 2013, pp 329-335.

British Journal of Psychiatry, vol 202, no 5, May 2013, pp 329-335.

Late life depression may increase the risk of incident dementia, in particular of Alzheimer's disease and vascular dementia. The aim of the present study was to conduct a systematic review and meta-analysis to evaluate the risk of incident all-cause dementia, Alzheimer's disease and vascular dementia in individuals with late-life depression in population-based prospective studies. A total of 23 studies were included in the meta-analysis. The research used the generic inverse variance method with a random-effects model to calculate the pooled risk of dementia, Alzheimer's disease and vascular dementia in older adults with late-life depression. Results of the study showed that late life depression was associated with a significant risk of all-cause dementia, Alzheimer's disease and vascular dementia. Subgroup analysis, based on five studies, showed that the risk of vascular dementia was significantly higher than for Alzheimer's disease. The authors conclude that late life depression is associated with an increased risk for all-cause dementia, vascular dementia and Alzheimer's disease. These results suggest that it will be valuable to design clinical trials to investigate the effect of late life depression prevention on risk of dementia, in particular vascular dementia and Alzheimer's disease. (JL)

ISSN: 00071250

From : www.rcpsych.ac.uk

Late-life depression in older African Americans: a comprehensive review of epidemiological and clinical data; by Yolonda R Pickett, Kisha N Bazelais, Martha L Bruce.: Wiley Blackwell, September 2013, pp 903-913.

International Journal of Geriatric Psychiatry, vol 28, no 9, September 2013, pp 903-913.

Little is known about how depression affects the lives of older African Americans. The purpose of this review was to present a concise report of the prevalence, correlates, course, outcomes, symptom recognition and treatment of depression for these individuals. A literature review of English-language articles published between 1990 and 2012 was carried out. Studies included older adults and contained the key words 'geriatric depression in African Americans', 'geriatric depression in Blacks?', and 'geriatric depression in minorities'. Although in most studies older African Americans had higher or equivalence prevalence of depression compared with Caucasian Americans, lower rates of recognition of depression and treatment were also found. Many studies reported worse outcomes associated for depression among older African Americans compared with older Caucasians. These findings show that serious racial and ethnic disparities persist in the management of older African Americans with depression. Understanding their unmet needs and improving depression care for these individuals is necessary to reduce these disparities. (JL)

ISSN: 08856230

From : www.orangejournal.org

Malnutrition and depression in recently hospitalised elderly in Cairo; by Muhammad Fouad Abd-al-Atty Ibrahim.: International Institute on Ageing (United Nations - Malta), February 2013, pp 24-28.

Bold, vol 23, no 2, February 2013, pp 24-28.

Malnutrition and depression are highly prevalent in institutionalised older people. and can lead to unfavourable outcomes. This cross-sectional study conducted on 210 recently hospitalised older people in Cairo aimed to test the hypothesis that their reduced mood is associated with malnutrition. The study used a culturally adapted Arabic version of the Geriatric Depression Scale (GDS-11-A), the Arabic version of Mini Nutritional Assessment screening tool - short form (MNA-SF-A), and selected anthropometric and laboratory measurements. Depressed mood was found in 33.8% of the studied population. There was a higher percentage of malnutrition among depressed patients (63.8%) compared to 32.5% among non-depressed patients; the difference is highly significant statistically ($p < 0.001$). Also, linear regression analysis showed that MNA score (nutritional status) is an independent risk factor for depressed mood with a negative correlation. Reduced mood is significantly related to poor nutritional status in recently hospitalised older people. (RH)

ISSN: 10165177

From : www.inia.org.mt

A meta-analysis of the factor structure of the Geriatric Depression Scale (GDS): the effects of language; by Giyeon Kim, Jamie DeCoster, Chao-Hui Huang ... (et al): Cambridge University Press, January 2013, pp 71-81. *International Psychogeriatrics*, vol 25, no 1, January 2013, pp 71-81.

The Geriatric Depression Scale (GDS) is a self-report scale consisting of 30 items (10 worded negatively and 20 worded positively) answered using a yes/no response format. Originally developed in English, the GDS has been translated into more than 30 different languages. Given the lack of consensus on the factor structure of the GDS, as well as the fact that the GDS factor structure appears to vary across diverse cultural and/or language groups, the present meta-analysis examined whether the factor structure of the GDS varies by language. A total of 26 published studies using exploratory factor analysis (14,669 participants; 10 languages) were included in the meta-analysis. The factor structure of the GDS was assessed in the overall sample as well as in each language that had been examined in at least two different studies. The analysis of the full sample resulted in a four-factor structure, whereas analyses of the individual languages produced structures with four to six factors. The mean variable cosines between languages ranged from 0.612 to 0.839, suggesting that the different languages produced distinct factor structures. The three factors of dysphoria, social withdrawal-apathy-cognitive impairment, and positive mood were commonly observed across different languages. Of these, the positive mood factor was the most similar across the languages. These results provide strong evidence of language differences in the factor structure of the GDS. The findings suggest a need for researchers and clinicians to be careful when administering the GDS in different languages, as well as a need to take structural differences into account when interpreting results of the GDS. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

Participation in productive activities and depression among older Europeans: Survey of Health, Ageing and Retirement in Europe (SHARE); by Kyeong-Sook Choi, Robert Stewart, Michael Dewey.: Wiley Blackwell, November 2013, pp 1157-1165.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1157-1165.

Although engagement in productive activities is associated with favourable outcomes with respect to the health and well-being of older individuals, the association between such activities and depression in older populations remains relatively unexplored. The purpose of this study was to evaluate the association among five productive activities (paid work, formal volunteering, caregiving, informal helping and caring for grandchildren) with depression in older adults in 14 European countries. This cross-sectional study used the first two waves of data collected by the Survey of Health, Ageing and Retirement in Europe and analysed a total sample of 7,238 relatively healthy community residents aged 60 years and older from 14 European countries. The Survey of Health, Ageing and Retirement in Europe excluded potential participants with a past history of depression, cognitive impairment and physical limitations. Depression was categorised using the EURO-D instrument, and associations with participating in productive activities were investigated. Depression was found to be less prevalent among those individuals who were employed or self-employed and those who participated in formal volunteering or informal helping, whereas caregiving was associated with a higher risk of depression. Caring for grandchildren was not associated positively or negatively with depression. Formal volunteering and caregiving remained associated with depression after adjustment for age, sex, marital status, education, economic status, country and presence of long-term illness. These findings demonstrate that formal volunteering may be important in reducing depression risk, whereas caregiving is associated with a higher risk of depression in older European adults. (JL)

ISSN: 98856230

From : www.orangejournal.org

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

A pilot study of yogic meditation for family dementia caregivers with depressive symptoms: effects on mental health, cognition, and telomerase activity; by H Lavretsky, E S Epel, P Saddarth ... (et al): Wiley-Blackwell, January 2013, pp 57-65.

International Journal of Geriatric Psychiatry, vol 28, no 1, January 2013, pp 57-65.

This study examined the effects of brief daily yogic meditation on mental health, cognitive functioning and immune cell telomerase activity in family dementia caregivers with mild depressive symptoms. 39 family dementia caregivers (mean age 60.3 years old) were randomised to practising Kirtan Kriya or listening to relaxation music for 12 minutes per day for eight weeks. The severity of depressive symptoms, mental and cognitive functioning were assessed at baseline and follow-up. Telomerase activity in peripheral blood mononuclear cells (PMBC) was examined in peripheral PBMC pre-intervention and post-intervention. Study results showed that the meditation group showed significantly lower levels of depressive symptoms and greater improvement in mental health and cognitive functioning compared with the relaxation group. In the meditation group, 65.2% showed 50% improvement on the Hamilton Depression Rating scale and 52% of the participants showed 50% improvement on the Mental Health Composite Summary score of the Short Form-36 scale compared with 31.2% and 19%, respectively, in the relaxation group. The meditation group showed 43% improvement in telomerase activity compared with 3.7% in the relaxation group. This pilot study found that brief daily meditation practices by family dementia caregivers can lead to improved mental and cognitive functioning and lower levels of depressive symptoms. This improvement is accompanied by an increase in telomerase activity suggesting improvement in stress-induced cellular ageing. These results need to be confirmed in a larger sample. (JL)

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From : www.orangejournal.org

Prevalence and associated behavioral symptoms of depression in mild cognitive impairment and dementia due to Alzheimer's disease; by Stefan Van der Mussele, Kim Bekelaar, Nathalie Le Bastard ... (et al): Wiley Blackwell, September 2013, pp 947-958.

International Journal of Geriatric Psychiatry, vol 28, no 9, September 2013, pp 947-958.

Mild cognitive impairment (MCI) is a clinical concept that categorises subjects who are in an intermediate cognitive state between normal ageing and dementia. The aims of this study were to determine the prevalence of significant depressive symptoms in MCI and Alzheimer's disease (AD) patients and to characterise the behaviour associated with significant depressive symptoms in MCI and AD patients. A cross-sectional analysis of baseline data from a prospective, longitudinal study on behavioural symptoms of dementia and MCI was performed. The study population consisted of 270 MCI and 402 AD patients. Behavioural assessment was performed by means of Middelheim Frontality Score, Behavioural Pathology in Alzheimer's Disease Rating Scale (Behave-AD) and Cohen-Mansfield Agitation Inventory. The presence of significant depressive symptoms was defined as a Cornell Scale for Depression in Dementia total score of 7 or greater. The prevalence of significant depressive symptoms in AD patients (25%) was higher compared with MCI patients (16%). Patients with significant depressive symptoms showed an increased severity of frontal lobe symptoms, behavioural symptoms and agitation. Also most of the individual frontal lobe and behavioural symptoms were more prevalent and severe, resulting in higher Behave-AD global scores. Mild cognitive impairment patients with depressive symptoms showed more severe behavioural symptoms and more severe verbally agitated behaviour than AD patients without depressive symptoms. The study concludes that frontal lobe and behavioural symptoms are more prevalent and severe in MCI and AD patients with significant depressive symptoms as compared with patients without depressive symptoms. (JL)

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From : www.orangejournal.org

Psychosocial care for the caregivers of primary malignant brain tumor patients; by Maria Wasner, Piret Paal, Gian Domenico Borasio.: Taylor and Francis, January-March 2013, pp 74-95.

Journal of Social Work in End-of-Life and Palliative Care, vol 9, no 1, January-March 2013, pp 74-95.

The long list of various health problems might easily lead to the conclusion that brain tumour patients suffer from a low quality of life. However studies have revealed that despite severe health problems and multiple side effects, patients were satisfied with their individual life situation. However the situation for their caregivers is quite different. Numerous inquiries have pointed out that after a diagnosis is established, spouses, adult children, parents, siblings, or others close to the patient are expected to step into the role of caregiver with little, if any, preparation. Often this means giving up their normal life setting in order to be able to concentrate on their full-time caretaker role at home. In this study, the caregivers' personal experiences, quality of life, burden of care and psychological well-being were examined. 27 patients from the neuro-oncological outpatient clinic as well as from the palliative care unit at a University Hospital in Germany were asked to participate in the study. Findings revealed that 59% did not receive any financial aid for home care, 33% had increased risk for psychosomatic problems, 45% had anxiety, and 33% increased depression levels. The caregiver's quality of life was most strongly affected by the burden of care and the patient's mental state. The authors conclude that to improve the situation, empathetic professionals and an early implementation of palliative care and social work were required. (JL)

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

Quality of life (QOL) of older adult community choral singers in Finland; by Julene K Johnson, Jukka Louhivouri, Anita L Stewart ... (et al): Cambridge University Press, July 2013, pp 1055-1064.

International Psychogeriatrics, vol 25, no 7, July 2013, pp 1055-1064.

Enhancing quality of life (QOL) of older adults has been an international area of focus for several decades. The present study aimed to examine the relationship between perceived benefits associated with choral singing and QOL among community-dwelling older adults. 117 older adults who sang in community choirs in Jyväskylä, Finland, completed self-report measures of QOL (WHOQOL-Bref), depressive symptoms and a questionnaire about the benefits of singing in a choir. Correlational analyses and linear regression models were used to examine the association between the benefits of choir singing and QOL. Both correlation and regression analyses found significant relationships between the benefits of choral singing and three QOL domains: psychological, social relationships and environment. These associations remained significant after adjusting for age and depressive symptoms. As hypothesised, older choral singers who reported greater benefits of choir singing had higher QOL in multiple domains. The older choral singers in the study also reported few symptoms of depression and high overall QOL and satisfaction with health. These results suggest that singing in a community choir as an older adult may positively influence several aspects of QOL. (JL)

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From : journals.cambridge.org/ipg

Quality of life in dementia: the role of non-cognitive factors in the ratings of people with dementia and family caregivers; by Maria Fernanda Barroso Sousa, Raquel Luiza Santos, Cynthia Arcoverde ... (et al): Cambridge University Press, July 2013, pp 1097-1105.

International Psychogeriatrics, vol 25, no 7, July 2013, pp 1097-1105.

The validity of self-reported quality of life (QoL) assessments of people with dementia (PWD) is a critical issue. This study was designed in order to determine the non-cognitive factors that are associated with self-reported QoL and PWD QoL as rated by family caregivers. The study assessed QoL of 41 people with mild Alzheimer's disease (AD). The individuals with AD and their family caregivers completed the Quality of Life in Alzheimer's Disease Scale (QoL-AD), the Assessment Scale of Psychosocial Impact of the Diagnosis of Dementia (ASPIDD), the Mini-Mental State Examination (MMSE), the Clinical Dementia Rating (CDR) scale, the Cornell Scale for Depression in Dementia (CSDD), the Pfeffer Functional Activities Questionnaire (FAQ) and the Zarit Burden Interview (ZBI). Univariate and multivariate regression analyses were conducted to examine the contribution of the various cofactors. A significant difference was observed in the QoL measures of PWD after comparing self-reported assessments with the assessments of family caregivers. Linear regression analysis demonstrated that awareness of disease was related to PWD QoL-AD scores. Both the education levels of family caregivers and the depressive symptoms in PWD were related to the family caregivers' ratings of PWD QoL. The difference between self-reported QoL and family caregivers' ratings of QoL in people with mild dementia indicated that cognitive impairment was not the primary factor that accounted for the differences in the QoL assessments. These findings suggest that non-cognitive factors, such as awareness of disease and depressive symptoms, played an important role in the differences between the self-reported AD QoL ratings and the caregivers' AD QoL ratings. A major implication is that discrete measures such as cognition or level of function are likely to miss important factors that influence QoL. (JL)

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

A randomised controlled study to explore the effect of life story review on depression in older Chinese in Singapore; by Moon F Chan, Sze E Ng, Adrian Tion (et al.): Wiley Blackwell, September 2013, pp 545-553.

Health and Social Care in the Community, vol 21, no 5, September 2013, pp 545-553.

There is little evidence to support the efficacy of the life storybook creation process, which incorporates the use of narratives, in mediating depression levels. This study aimed to examine the effects of the life storybook creation process on depressive symptoms among older community-dwelling Chinese adults in Singapore. A randomised controlled trial (RCT) was conducted from January 2011 to March 2012. Twenty-six Chinese aged over 60 years, who were able to communicate in Chinese and/or English, and with mild to severe depression were randomly allocated to either the life storybook (intervention) group (n = 14) or the non-life storybook (control) group (n = 12). Subjects in the intervention group were interviewed on a one-to-one basis in five sessions over 8 weeks. Depressive symptoms were measured using the Geriatric Depression Scale (GDS). Generalised estimating equations were used to examine the effects of the intervention on the older peoples' depression level. Significant reductions in depression scores were found in the intervention group from baseline (mean 7.9 [SD 3.0]) to week 8 (2.5 [1.7], chi squared = 15.25, P < 0.001). At week 8, the intervention group showed a lower level of depression than the control (chi squared = 4.33, P = 0.037). This study supports the life storybook creation process as an effective intervention for depressed older Chinese adults living in the community. The findings suggest that this intervention may enhance the quality of care provided by healthcare providers whilst the therapeutic relationship between provider and client is being established. (RH)

ISSN: 09660410

[From : wileyonlinelibrary.com/journals/hsc](http://wileyonlinelibrary.com/journals/hsc)

A randomized control trial to evaluate the beyondblue depression training program: does it lead to better recognition of depression?; by Marita P McCabe, Gery C Karantzas, Dejan Mrkic ... (et al.): Wiley Blackwell, March 2013, pp 221-226.

International Journal of Geriatric Psychiatry, vol 28, no 3, March 2013, pp 221-226.

The aim of this study was to determine whether a depression training programme could assist care staff to recognise depression among older people in residential care. The use of a 'paper trail' for a screening tool and a study champion in combination with this training was evaluated to determine whether this improved the level of detection of depression. The study took the form of a randomised controlled trial. 107 professional carers from residential aged care services in Melbourne, Australia, participated in the study. 34 carers were allocated to the training-only group and completed a six-session depression training programme, 35 carers were allocated to the training-plus-screening protocol group, and 38 carers were assigned to a wait-list control group. In total, 216 residents were screened for depression. Carers in all conditions were asked to identify those residents who they perceived to be depressed. Residents were independently assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) to determine their depression status. Trained staff were not found to be better at detecting depression than non-trained staff. Staff in the training-plus-screening condition correctly identified more residents as depressed, but also classified more non-depressed residents as depressed. The findings demonstrate the need for a greater focus on recognising depression among carers working in aged care facilities. Protocols should be developed to assist carers to detect, refer and monitor depression in residents. (JL)

ISSN: 08856230

[From : www.orangejournal.org](http://www.orangejournal.org)

The relationship of religious involvement indicators and social support to current and past suicidality among depressed older adults; by Nicole C Rushing, Elizabeth Corsentino, Jennifer L Hames, (et al.): Taylor and Francis, April/May 2013, pp 366-374.

Aging & Mental Health, vol 17, nos 3-4, April/May 2013, pp 366-374.

Older people, particularly those with major depression, are at the highest risk for suicide than any other age group. Religious involvement is associated with a range of health outcomes, including lower odds of death by suicide. However, not much is known about the effects of religious involvement on suicidal ideation in older people, or which aspects of religiosity are beneficial. This study examined the relative influence of various conceptualizations of religious involvement, above and beyond the protective effects of social support, on current and past suicidality among depressed older adults. Participants were 248 depressed patients, 59 years and older, enrolled in the US Neurocognitive Outcomes of Depression in the Elderly study. A psychiatrist assessed current suicidal ideation using the suicidal thoughts item from the Montgomery-Asberg Depression Rating Scale (MADRS). Past history of suicide attempts, four religious involvement indicators, social support indicators, and control variables were assessed via self-report. Church attendance, above and beyond importance of religion, private religious practices, and social support, was associated with less suicidal ideation; perceived

social support partially mediated this relationship. Current religious practices were not predictive of retrospective reports of past suicide attempts. Church attendance, rather than other religious involvement indicators, has the strongest relationship to current suicidal ideation. Clinicians should consider public religious activity patterns and perceived social support when assessing for other known risk and protective factors for suicide, and in developing treatment plans. (rh)

ISSN: 13607863

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

Reliability and validity of the Attitudes to Ageing Questionnaire (AAQ) in older people in Spain; by Ramona Lucas-Carrasco, Ken Laidlaw, Juana Gomez-Benito, Michael J Power.: Cambridge University Press, March 2013, pp 490-499.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 490-499.

As ageing is a personal experience, an attitude to ageing questionnaire is essential for capturing the most realistic appraisal of this important stage of life. The aim of this study was to look at the psychometric properties of the Attitudes to Ageing Questionnaire (AAQ) in a sample of Spanish older people. 242 participants aged 60 years and older were recruited from community centres, primary care centres and family associations for the mentally ill and dementia. In addition to the AAQ, participants provided information on demographics, self-perception of health, comorbidity, health status, depressive symptoms and quality of life. Analysis was performed using standard psychometric techniques with SPSS v15.0. No floor and ceiling effects were found, and missing data were low. The internal consistency measured by Cronbach's alpha for AAQ subscales were 0.59, 0.70 and 0.73. Exploratory Factor Analysis produced a three-factors solution accounting for 34% of the variance. A priori expected associations were found between some AAQ subscales with WHOQOL-BREF domains, with WHOQOL-OLD, SF-12, and the GDS-30 indicating good construct validity. In general, AAQ subscales differentiated between participants with lower and higher levels of education, and between a priori defined groups of older people (non-depressed vs. depressed, those with higher vs. lower physical comorbidities, and non-carers vs. carers). Overall the Spanish version of the AAQ questionnaire showed acceptable psychometric properties in a convenience sample of Spanish older people. It is a useful measure of attitude for use with older people in social and clinical services. (JL)

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From : www.journals.cambridge.org/ipg

Role of severity and gender in the association between late-life depression and all-cause mortality; by Hyun-Ghang Jeong, Jung Jae Lee, Seok Burn Lee ... (et al): Cambridge University Press, April 2013, pp 677-684.

International Psychogeriatrics, vol 25, no 4, April 2013, pp 677-684.

Mortality associated with depression may be influenced by the severity of depression and gender. This study aimed to investigate the differential impacts on all-cause mortality of late-life depression by the type of depression (major depressive disorder, MDD; minor depressive disorder, MnDD; subsyndromal depression, SSD) and gender after adjusting for comorbid conditions in a random sample. 1,000 community-dwelling older individuals were enrolled. Standardised face-to-face clinical interviews, neurological examination and physical examination were conducted to diagnose depressive disorders and comorbid cognitive disorders. Depressive disorders were diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria and SSD to study-specific operational criteria. Five-year survivals were compared between groups using Cox proportional hazards models. By the end of 2010, 174 subjects (17.4%) had died. Depressive disorder and its interaction term with gender were significant in predicting five-year survival. MDD was an independent risk factor for mortality in men whereas MnDD and SSD were not when other risk factors were adjusted. These findings show that MDD may directly confer the risk of mortality in older men whereas non-major depression may be just an indicator of increased mortality in both genders. (JL)

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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)

ISSN: 08856230

From : www.orangejournal.org

Self-esteem mediates the relationship between volunteering and depression for African American caregivers; by Huei-Wern Shen, Joseph G Pickard, Sharon D Johnson.: Taylor & Francis, July 2013, pp 438-451.

Journal of Gerontological Social Work, vol 56, no 5, July 2013, pp 438-451.

Research on the influence of volunteering on mental health outcomes has not placed enough focus on African American female caregivers who are at risk for adverse outcomes such as depression. The present study addressed this gap by examining the mechanism through which volunteering might influence depressive symptoms using data collected from 521 African American female caregivers of older adults. Regression results indicated that although volunteering is inversely associated with depressive symptoms, self-esteem mediates this relationship. These findings suggest that inclusion in volunteering for African American female caregivers may be relevant to promotion of their mental well-being. (JL)

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

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)

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From : journals.cambridge.org/ipg

Six-month outcomes following an emergency hospital admission for older adults with co-morbid mental health problems indicate complexity of care needs; by Lucy E Bradshaw, Sarah E Goldberg, Sarah A Lewis ... (et al).: Oxford University Press, September 2013, pp 582-588.

Age and Ageing, vol 42, no 5, September 2013, pp 582-588.

Two-thirds of older patients admitted as an emergency to a general hospital have co-existing mental health problems including delirium, dementia and depression. This study describes the outcomes of older adults with co-morbid mental health problems after an acute hospital admission. This was a follow-up study of 250 patients aged over 70 admitted to one of 12 wards (geriatric, medical or orthopaedic) of an English acute general hospital with a co-morbid mental health problem and followed up at 180 days. 27% of patients did not return to their original place of residence after the hospital admission. After 180 days 31% had died, 42% had been readmitted and 24% of community residents had moved to a care home. Only 31% survived without being readmitted or moving to a care home. However 16% spent more than 170 of the 180 days at home. Significant predictors for poor outcomes were co-morbidity, nutrition, cognitive function, reduction in activities of daily living ability

prior to admission, behavioural and psychiatric problems and depression. Only 42% of survivors recovered to their pre-acute illness level of function. Clinically significant behavioural and psychiatric symptoms were present at follow-up in 71% of survivors with baseline cognitive impairment and new symptoms developed frequently in this group. The variable but often adverse outcomes in this group imply a wide range of health and social care needs. Community and acute services to meet these needs should be anticipated and provided for. (JL)

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From : www.ageing.oxfordjournals.org

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)

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

Stability and change in level of probable depression and depressive symptoms in a sample of middle and older-aged adults; by Richard A Burns, Peter Butterworth, Mary Luszcz, Kaarin J Anstey.: Cambridge University Press, February 2013, pp 303-309.

International Psychogeriatrics, vol 25, no 2, February 2013, pp 303-309.

Findings from studies investigating depression in adults in later life are mixed due to a lack of large longitudinal studies with the power necessary to yield reliable estimates of stability or change. The purpose of this study was to examine the long-term stability of probable depression and depressive symptomology over a 13-year period in the Dynamic Analyses to Optimize Ageing (DYNOPTA) project. The 35,200 community-living participants were aged 45-103 at baseline, predominantly female (79%), partnered (73%), and educated to secondary school only (61%) and followed for up to 13 years. At baseline increased age was associated with lower prevalence of probable depression and depressive symptomology. Over time prevalence of probable depression was stable while levels of depressive symptomology reported a small decline. However this finding was not consistent for all age groups: there was evidence of increasing levels of depressive symptomology, but not probable depression, as individuals aged. This effect was particularly notable among males aged 70 plus years. These results answer important questions relating to the longitudinal prevalence of probable depression and depressive symptomology in a sample of older Australians. The findings have policy implications for mental health service provision for older adults. (JL)

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From : journals.cambridge.org/ipg

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)

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From : www.orangejournal.org

Suicidal ideation in family carers of people with dementia: a pilot study; by Siobhan T O'Dwyer, Wendy Moyle, Melanie Zimmer-Gembeck, Diego De Leo.: Wiley Blackwell, November 2013, pp 1182-1188.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1182-1188.

The objective of this pilot study was to gather preliminary evidence on suicidal ideation in family carers of people with dementia. An online cross-sectional survey was conducted with 120 family carers, the majority of whom were located in Australia and the USA. The survey included measures of suicidality, self-efficacy, physical health, depression, hopelessness, anxiety, optimism, caregiver burden, coping strategies and social support. 26% of carers were found to have contemplated suicide more than once in the previous year. Only half of these had ever told someone they might commit suicide and almost 30% said they were likely to attempt suicide in the future. Carers who had contemplated suicide had poorer mental health, lower self-efficacy for community support service use and greater use of dysfunctional coping strategies than those who had not. In a logistic regression, only depression predicted the presence of suicidal thoughts. These findings demonstrate that a significant number of people might contemplate suicide while caring for a family member with dementia. Although more research is required to confirm this, there are clear implications for policy and clinical practice in terms of identifying and supporting carers who are already contemplating suicide. (JL)

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From : www.orangejournal.org

Synergistic effects of physical and psychological stress upon immunesenescence; by Anna Phillips, Janet Lord, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 8 pp (NDA Findings 24).

For the majority of older people in the UK, old age is a positive experience in health terms. However, for many, good health can be lost rapidly, resulting in poor physical or mental health. Falls represent a major cause of ill health and loss of independence in older people. Furthermore, mortality associated with hip fracture, a frequent consequence of falls, is very high, with 1 in 5 patients dying within a year of their hip fracture. These findings outline research conducted with 101 hip fracture patients recruited from five hospitals in Birmingham between 2010 and 2012. The research studied the impact of the development of depression following hip fracture, in combination with ageing on immune function and physical frailty in older adults. In order to speed recovery of physical function and independence following hip fracture, patients should be assessed and treated for depressive symptoms. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk Download at: <http://newdynamics.group.shef.ac.uk/nda-findings-24.html>

A systematic review and meta-analysis of group psychotherapy for sub-clinical depression in older adults; by Murali Krishna, Abhijit Honagodu, Rajgopal Rajendra ... (et al): Wiley Blackwell, September 2013, pp 881-888.

International Journal of Geriatric Psychiatry, vol 28, no 9, September 2013, pp 881-888.

Studies investigating the effectiveness of group psychotherapy intervention in sub-threshold depression have shown varying results with differing effect sizes. A systematic review of randomised controlled trials of group psychotherapy in older adults with sub-threshold depression was conducted to present the best available evidence in relation to its effect on depressive symptomatology and the prevention of major depression. Following a trawl through the literature four clinical trials met the full inclusion criteria. Group cognitive behavioural therapy (CBT) was found to be an effective intervention for reducing depressive symptoms in older adults with sub-threshold depression in comparison to waiting list. Computerised CBT was at least as effective as group CBT in reducing depressive symptoms. The benefit of group CBT at follow-up was not maintained. Group psychotherapy did not appear to reduce the risk of depressive disorder during follow-up. There were fewer drop outs from group psychotherapy when compared with control conditions. Overall these findings demonstrate that group psychological interventions in older adults with sub-threshold depression have a significant effect on depressive symptomatology which is not maintained at follow-up. Group psychotherapy does not appear to reduce the incidence of major depressive disorders. (JL)

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From : www.orangejournal.org

Telephone-based care management for older adults initiated on psychotropic medication; by Donovan T Maust, Shahrzad Mavandadi, Joel E Streim ... (et al): Wiley Blackwell, April 2013, pp 410-416.

International Journal of Geriatric Psychiatry, vol 28, no 4, April 2013, pp 410-416.

This study aimed to explore the longitudinal, six-month symptom course of older adults newly started on an antidepressant or anxiolytic by non-psychiatrist physicians and enrolled in a care management programme. This was a naturalistic cohort study of older adults aged 65 years or over receiving pharmacotherapy and telephone-based care management. Participants were non-institutionalised adults participating in Pennsylvania's Pharmaceutical Assistance Contract for the Elderly who completed telephone-based clinical assessments including demographic data, self-report on history of psychiatric treatment and adherence, and standardised symptom scales. A total of 162 participants with an average age of 77.2 years were followed and, for analysis, split into two groups by PHQ-9 score: 75 (46.3%) scoring 0-4 (minimally symptomatic group, MSG) and 87 (53.7%) scoring 5 or more (symptomatic group, SG). Over six months, the SG improved with PHQ-9 scores beginning on average at 10.0 (SD 4.6) and falling to 5.4 (SD 4.2). The MSG had no significant change in depressive symptoms. Emotional health as measured by SF-12 Mental Composite Score mirrored the PHQ-9 change and lack thereof in the SG and MSG respectively. No clinical or demographic features were associated with symptom improvement in the SG although they were more likely to report medication adherence compared with the MSG. The study concludes that participation of symptomatic older adults initiated on psychotropic medication in a telephone-based care management programme was associated with improvement in depressive symptoms and overall emotional well-being. These were notable findings given participants' advanced age, state-wide distribution and history of limited utilisation of mental health care. (JL)

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From : www.orangejournal.org

Trajectories of social engagement and depressive symptoms among long-term care facility residents in Hong Kong; by Vivian W Q Lou, Iris Chi, Chi Wai Kwan, Angela Y M Leung.: Oxford University Press, March 2013, pp 215-222.

Age and Ageing, vol 42, no 2, March 2013, pp 215-222.

Although social engagement and depressive symptoms are important concerns for long-term care facility residents, the dynamic relationship between them has not been adequately studied. This study aimed to examine the relationship between social engagement and depressive symptoms and changes in social engagement and depressive symptoms among Hong Kong Chinese residents of long-term care facilities over six years. A latent growth model was used to analyse six waves of data collected using the Resident Assessment Instrument Minimum Data Set 2.0 in the Hong Kong Longitudinal Study on Long-Term Care Facility Residents. Ten residential facilities with a total of 1,184 eligible older adults at baseline were included in the study. After controlling for demographic variables at baseline, a higher level of social engagement was associated with fewer depressive symptoms. Trajectories of social engagement were significantly related to trajectories of depressive symptoms. Participants who recorded positive social engagement growth reported reduction in depressive symptoms. The findings of this study extend previous research by showing that increased social engagement is associated with decreased depressive symptoms over time. In long-term residential care settings it is important for services to engage residents in meaningful social activities in order to reduce depressive symptoms. (JL)

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From : www.ageing.oxfordjournals.org

The transition to living alone and psychological distress in later life; by Juliet Stone, Maria Evandrou, Jane Falkingham.: Oxford University Press, May 2013, pp 366-372.

Age and Ageing, vol 42, no 3, May 2013, pp 366-372.

Living alone in later life has been linked to psychological distress but less is known about the role of the transition to living alone and the role of social and material resources. In the present study 21,535 person-years of data from 4,587 participants of the British Household Panel Survey aged 65 or over were analysed. Participants provided a maximum six years' data, with trajectories of living arrangements classified as: consistently partnered/ with children/alone; transition from partnered to alone/with children to alone. General Health Questionnaire (GHQ) data were investigated using multi-level logistic regression, controlling for sex, age, activities of daily living, social and material resources. After a transition from partnered at baseline to alone at time 1, the odds for GHQ-12 caseness increased substantially, but by time 3 returned to baseline levels. The odds for caseness at baseline were highest for those changing from living with a child at baseline to living alone at time 1 but declined following the transition to living alone. None of the covariates explained these associations. Living consistently alone did confer increased odds for caseness. The study concludes that living

alone in later life is not in itself a strong risk factor for psychological distress. The effects of transitions to living alone are dependent on the preceding living arrangement and are independent of social and material resources. This advocates a longitudinal approach, allowing identification of respondents' location along trajectories of living arrangements. (JL)

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From : www.ageing.oxfordjournals.org

2012

Activity scheduling as a core component of effective care management for late-life depression; by Genevieve Riebe, Ming-Yu Fan, Jurgen Unutzer (et al).

International Journal of Geriatric Psychiatry, vol 27, no 12, December 2012, pp 1298-1304.

Activity scheduling is an established component of evidence-based treatment for late-life depression in primary care. We examined participant records from the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) trial to identify activity scheduling strategies used in the context of successful depression care management (CM), associations of activity scheduling with self-reported activity engagement, and depression outcomes. This study used observational mixed methods analysis of 4335 CM session notes from 597 participants in the intervention arm of the IMPACT trial. Grounded theory was used to identify 17 distinct activity categories from CM notes. Logistic regression was used to evaluate associations between activity scheduling, activity engagement, and depression outcomes at 12 months. All relevant institutional review boards approved the research protocol. Seventeen distinct activity categories were generated. Most patients worked on at least one social and one solitary activity during their course of treatment. Common activity categories included physical activity (32%), medication management (22%), active-non-physical (19%), and passive (14%) activities. The authors found significant, positive associations between activity scheduling, self-reported engagement in activities at 12 months, and depression outcomes at 12 months. Older primary care patients in CM for depression worked on a wide range of activities. Consistent with depression theory that has placed emphasis on social activities, the data indicate a benefit for intentional social engagement versus passive social and solitary activities. Care managers should encourage patients to balance instrumental activities (e.g. attending to medical problems) with social activities targeting direct interpersonal engagement. (RH)

ISSN: 08856230

From : www.orangejournal.org

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

Assessing mood in older adults: a conceptual review of methods and approaches; by Laura J E Brown, Arlene J Astell.

International Psychogeriatrics, vol 24, no 8, August 2012, pp 1197-1206.

Accurate measures of mood state are important for understanding and optimising health and well-being in later life. The authors undertook a conceptual review of the literature relating to mood and its assessment in older populations. Moods are subjective states of mind that are typically described and quantified using self-report measures. Moods can be conceptually differentiated from the related psychological concepts of emotion, well-being, quality of life, and depression. Quantitative tools for assessing mood state include single-item mood ratings, composite factor scales, and clinical depression assessments. Mood assessments may be administered retrospectively or contemporaneously to the mood state of interest. The method and temporal perspective used

to assess mood state will impact on the nature and precision of the mood data that are collected, and the types of research questions that can be addressed. No single mood assessment technique can be considered optimal for all situations. Rather, both the type of tool and the temporal perspective taken must be selected according to the nature of the study design and the research question being addressed. More thorough and frank reporting of the rationale for, and limitations of, mood assessment techniques are also essential for continued development of mood research with older adults. (RH)

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From : www.journals.cambridge.org/ipg

Association between obesity and depression: evidence from a longitudinal sample of the elderly in Taiwan; by Hung-Hao Chang, Steven T Yen.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 173-180.

Obesity has been identified as a worldwide epidemic. In Taiwan the highest prevalence of obesity is observed in adults aged 65 and above. This article investigates the effects of body weight status on the likelihood of depression among older adults in Taiwan. A longitudinal sample of older persons (1351 males and 1165 females) interviewed in both the 1999 and 2003 Surveys of Health and Living Status of the Elderly in Taiwan was used. A random effect logit model was estimated to examine the effects of body weight status, lifestyle and socio-demographic characteristics on the likelihood of depression. Findings showed that about 10.4% of older men were overweight and 13.4% were obese in 2003. A higher prevalence of obesity was found among older women, with 19.3% being overweight and 26.4% obese. Older men who were underweight were more likely to be depressed than those from other weight categories, while overweight and obese women were less likely to be depressed than their counterparts with normal weight. In contrast to most findings for Western countries, a negative association between obesity and depression among older persons is evident in Taiwan. The different findings between Western and Asian countries may be due to cultural differences. Unlike Western countries that attach a stigma to being excessively overweight, the phenomenon in Chinese society is not a symbol of poor health because only the wealthy can afford to eat more and put on more weight. (JL)

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

Benefits of chair yoga for persons with mild to severe Alzheimer's disease; by Lyn G Litchke, Jan S Hodges, Robert F Reardon.: Taylor and Francis, October-December 2012, pp 317-328.

Activities, Adaptation and Aging, vol 36, no 4, October-December 2012, pp 317-328.

This study evaluated a 10-week chair yoga intervention on cognition, balance, activities of daily living (ADLs), anxiety and depression for people with Alzheimer's disease (AD). Residents were assigned to three groups: (a) mild AD, (b) moderate AD and (c) severe AD. There was no significant change in balance, anxiety or cognition. ADLs showed a significant effect, which suggests that yoga may have more benefit early in the progression of AD. Unexpectedly, depression increased significantly. The study concludes that yoga over an extended period of time with a larger sample size may demonstrate benefits to persons with AD and serve as means to improve overall quality of life. (JL)

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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)

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

Correlates of agitation and depression in nursing home residents with dementia; by Tomislav Majic, Jan P Pluta, Thomas Mell (et al).

International Psychogeriatrics, vol 24, no 11, November 2012, pp 1779-1789.

The authors investigated the relationship between dementia severity, age, gender, and prescription of psychotropics, and syndromes of agitation and depression in a sample of nursing home residents with dementia. The study was part of the Leuchtturm Projekt Demenz, a service research programme on dementia funded by the German Federal Ministry of Health. The Cohen-Mansfield Agitation Inventory (CMAI) was administered to residents with dementia (N = 304) of 18 nursing homes in Berlin. Agitation symptoms were clustered using factorial analysis. Depression was estimated using the Dementia Mood Assessment Scale (DMAS). Dementia severity was assessed categorically using predefined cut-off scores derived from the Mini-Mental State Examination (MMSE). The relationship between agitation and its sub-syndromes, depression, and dementia severity was calculated using chi squared statistics. Linear regression analyses were used to calculate the effect of dementia severity and psychotropic prescriptions on agitation and depression, controlling for age and gender. Increasing stages of dementia severity were associated with higher risk for physically aggressive ($p < 0.001$) and non-aggressive ($p < 0.01$) behaviours, verbally agitated behaviour ($p < 0.05$) and depression ($p < 0.001$). Depressive symptoms were associated with physically aggressive ($p < 0.001$) and verbally agitated ($p < 0.05$) behaviours, beyond the effects of dementia severity. Prescription of antipsychotics was correlated with depression and all agitation sub-syndromes except hiding and hoarding. Dementia severity is a predictor for agitation and depression. Beyond that, depression increased with dementia severity, and the severity of depression was associated with both physically and verbally aggressive behaviours, indicating that in advanced stages of dementia, depression in some patients might underlie aggressive behaviour. (RH)

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

Cultural differences in depression-related stigma in late-life: a comparison between the USA, Russia, and South Korea; by Carolyn L Turvey, Gerlad Jogerst, Mee Young Kim (et al).

International Psychogeriatrics, vol 24, no 10, October 2012, pp 1642-1647.

Depression is a common and treatable illness in late-life. However, many do not seek treatment and may suffer from the stigma of the illness, which may vary across cultures. This cross-sectional study compared attitudes about depression in primary care practices in South Korea, Russia, and the USA. The study was undertaken using a self-administered questionnaire and PHQ-9 diagnostic survey with 1,094 patients aged 60-93 years (mean age 71 years; 61% female) who attended a primary care clinic in Korea, Russia, or the USA. American patients were older and had higher education levels. Russian participants were more likely to be widowed and had lower self-rated health. The majority of participants agreed that depression is a kind of disease (Korea 77%, Russia 61%, USA 79%). Only 6% of US patients believed depression means a person is weak, compared to 78% (Korea) and 61% (Russia). Fewer US patients endorsed depression as a normal part of aging (29% vs. Korea at 42% and Russia at 54%). Among participants in the USA, age correlated negatively with endorsement of a medical model of depression ($p = <0.001$). Although there was wide variation between countries in attitudes about depression, the majority for each item endorsed reflected a medical model of depression. Korean and Russian participants endorsed the view of depression as a personal weakness more than participants in the USA. Demographic correlates of negative attitudes about depression were moderate to weak. (RH)

ISSN: 10416102

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

Daily hassles, physical illness, and sleep problems in older adults with wishes to die; by Sylvie Lapierre, Richard Boyer, Sophie Desjardins (et al).

International Psychogeriatrics, vol 24, no 2, February 2012, pp 243-252.

Using a representative sample of 2777 community living older adults aged 65 years and over in Quebec, the authors compared 163 individuals with the wish to die with those without the wish to die on the basis of the presence and severity of daily hassles, physical illness, and sleep quality. Logistic regression revealed that when depression and sociodemographic variables were held constant, self-rated physical health, number of chronic illnesses, number and intensity of daily hassles, as well as sleep problems were significantly associated with the wish to die in older adults. Painful illnesses and daytime dysfunction due to sleep problems were also associated factors with the wish to die. Since desire for death is the first step into the suicidal process, health professionals should seriously consider the important and unique contribution of these variables, in order to have more opportunities for detection and intervention. (RH)

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

Depression and body composition among older adults; by Briana Mezuk, Sherita Hill Golden, William W Eaton, Hochang Ben Lee.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 167-172.

The objective of this study was to explore the relationship between depression and body composition among older adults. Data were from a case-cohort study of adults aged 60 and older nested within the Baltimore Epidemiologic Catchment Area (ECA) Study. Lifetime depression syndrome was assessed using the Diagnostic Interview Schedule (DIS). Body composition (total and central lean and fat mass) was assessed by dual-energy x-ray absorptiometry (DEXA). The association between depression and body composition was evaluated using linear regression with bootstrap standard errors. Overall, there was no association between depression and total fat or total lean body mass. Among women, depression was associated with reduced central fat and lean mass adjusting for age, race, smoking status and physical activity. Depression was unrelated to total or central fat or lean mass among men. The study concludes that depression is associated with significantly lower central fat and lean mass among older women. These findings are consistent with the hypothesis that depression and frailty are interrelated in later life, particularly among women. (JL)

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

Depression and frailty in later life: a synthetic review; by Briana Mezuk, Lauren Edwards, Matt Lohman, Moon Choi, Kate Lapane.

International Journal of Geriatric Psychiatry, vol 27, no 9, September 2012, pp 879-892.

Frailty is defined as a state or indication of being vulnerable to declining health in later life. Depression in later life is predictive of many of the same kinds of outcomes as frailty, including cognitive impairment, disability, fracture, and mortality. The aim of this review was to explore the conceptual and empirical interrelationships between depression and frailty among older adults. A literature search was conducted using PubMed for publications through to 2010. Reviewers assessed the eligibility of each report and abstracted information on study design, sample characteristics, and key findings. Of these abstracted articles, 39 met the inclusion criteria. The findings from both cross-sectional and cohort studies indicated that frailty, its components and functional impairment are risk factors for depression. Although cross-sectional studies indicated a positive association between depression and frailty, findings from cohort studies were less consistent. The majority of studies included only women and non-Hispanic Whites. None used diagnostic measures of depression or considered antidepressant use in the design or analysis of the studies. (JL)

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

Depression in older people in the general hospital: a systematic review of screening instruments; by Michael Dennis, Adil Kadri, John Coffey.

Age and Ageing, vol 41, no 2, March 2012, pp 148-154.

Depression is common among older in-patients in general hospitals, and is associated with poor outcomes, increased length of stay and compromised care. The recognition and diagnosis of depression is therefore a key first step in managing the condition, and this may be facilitated by the use of an appropriate screening instrument. The aim of this study was to review all relevant literature on rating scales used to detect depression in older people in general hospitals so as to identify the most appropriate tool and cut-off score with optimal performance. An electronic search was conducted applying key search terms. Only 14 studies satisfied the inclusion criteria and only one instrument - the Geriatric Depression Scale (GDS) - was found to have been studied to an adequate extent in older people in the acute general hospital setting. Best performance for the GDS was for a cut-off of 5/6 for the GDS-15 and 10/11 for the GDS-30. The authors conclude that further research is required before recommending the use of brief depression screening instruments in the acute hospital setting. Though a number of tools show promise, the GDS would appear the most validated instrument currently in use. (JL)

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

Determinants of disability among the elderly population in a rural south Indian community: the need to study local issues and context; by A S Duba, A P Rajkumar, M Prince (et al).

International Psychogeriatrics, vol 24, no 2, February 2012, pp 333-341.

Disability among older people is a cause of significant burden; but there is dearth of relevant research from low- and middle-income countries. The authors aimed to establish the nature and factors associated with disability

among 1000 participants aged over 65 years from a rural community in Kaniyambadi block, Vellore, in south India. Disability status, sociodemographic profile, psychiatric morbidity, cognitive functioning and anthropometrics were assessed using the following structured instruments: WHO Disability Assessment Scale II, Geriatric Mental State, Community Screening Instrument for Dementia, and Neuropsychiatric Inventory (NPI). The authors used appropriate multivariate statistics to study the factors associated with a higher level of disability, and to determine the population attributable fractions for various modifiable risk factors. Advanced age, illiteracy, hunger, poor nutrition, arthritis, hearing impairment, gastro-intestinal and respiratory diseases, dementia and travel costs to primary health facilities increased the risk of disability significantly. Hypertension, diabetes and depression were not associated with disability. Modifiable social determinants and medical diseases together contributed to disability in this population. Locally relevant social determinants combine with prevalent medical diseases to produce the disability burden among elderly. There is a need to focus on local contexts and modifiable risk factors to design locally appropriate public health policies and interventions. (RH)

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

Ecosystem focused therapy in poststroke depression: a preliminary study; by George S Alexopoulos, Victoria M Wilkins, Patricia Marino ... (et al).

International Journal of Geriatric Psychiatry, vol 27, no 10, October 2012, pp 1053-1060.

Poststroke depression (PSD) occurs in the context of abrupt, often catastrophic disability. It finds the patient and their family unprepared and can have a devastating effect. The authors developed the Ecosystem Focused Therapy (EFT), a systematic intervention that targets the ensuing 'psychosocial storm'. It consists of five integrated components: action orientated perspectives on recovery; enhanced treatment adherence; problem solving structures; reengineered family goals; and coordination of care. This paper looked at a preliminary study of the efficacy of EFT in reducing depression and disability in 24 patients with PSD. Patients were randomly assigned to receive weekly sessions of EFT or Education on Stroke and Depression alongside their treatment for 12 weeks. The results suggest that EFT may be more effective than Education on Stroke and Depression in reducing depressive symptoms and signs, in leading to a higher remission rate, and in lessening disability in PSD. Reduction of disability in the early part of the trial mediated later improvement in depressive symptoms. The authors suggest that beyond its potential direct benefits in PSD, EFT may also provide an appropriate context for the timely administration of pharmacotherapy and of physical, speech and occupational therapy. (JL)

ISSN: 08856230

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

Effect of exercise on depression severity in older people: systematic review and meta-analysis of randomised controlled trials; by Christopher Bridle, Kathleen Spanjers, Shilpa Patel ... (et al): Royal College of Psychiatrists, September 2012, pp 180-185.

British Journal of Psychiatry, vol 200, no 3, September 2012, pp 180-185.

The prevalence of depression in older people is high and treatment is inadequate. Furthermore it creates a substantial burden and is a public health priority for which exercise has been proposed as a therapeutic strategy. The aim of this study was to estimate the effect of exercise on depressive symptoms among older people and to assess whether treatment effect varies depending on the depression criteria used to determine participant eligibility. The study used a systematic review and meta-analysis of randomised controlled trials of exercise for depression in older people. Nine trials met the inclusion criteria and seven were meta-analysed. Exercise was associated with significantly lower depression severity, irrespective of whether participant eligibility was determined by clinical diagnosis. The results remained significant in sensitivity analyses. These findings suggest that for older people who present with clinically meaningful symptoms of depression, prescribing structured exercise tailored to individual ability will reduce severity. (JL)

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From : www.rcpsych.ac.uk

The effect of lifetime cumulative adversity on change and chronicity in depressive symptoms and quality of life in older adults; by Amit Shrira.

International Psychogeriatrics, vol 24, no 12, December 2012, pp 1988-1997.

Lifetime cumulative adversity (LCA) has a detrimental effect on mental health. However, it is less clear whether it also increases the risk for mental health deterioration across time, and whether it is related to a continuous impairment in mental health among older adults. This study examines whether LCA is related to deterioration and to continuous vulnerability in depressive symptoms and quality of life. 9154 older adults (mean age = 63 at Wave 1) who participated in the first three waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) reported exposure to negative life events, depressive symptoms, and quality of life. Respondents with more LCA were at greater risk of high level of depressive symptoms and low level of quality of life. Those with

more adversity were at greater risk of reporting an increase in depressive symptoms and a decrease in quality of life between waves. LCA was also related to continuous high level of depressive symptoms and low level of quality of life. The effect of LCA was stronger for depressive symptoms than for quality of life. Thus, LCA is associated with decline, as well as with continuous impairment, in major markers of mental health at the second half of life. The overall modest effects imply that resilience to LCA is widespread among older adults. Still, prevention and intervention programmes should target older people with cumulative adversity, as they are in risk for deterioration and chronic vulnerability in important components of mental health.

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From : journals.cambridge.org/ipg

The effectiveness of a minimal psychological intervention on self-management beliefs and behaviors in depressed chronically ill elderly persons: a randomized controlled trial; by Catherina C M Jonkers, Femke Lamers, Hans Bosma (et al).

International Psychogeriatrics, vol 24, no 2, February 2012, pp 288-297.

Chronically ill patients often develop symptoms of depression. A minimal psychological intervention (MPI) has been developed to break through the spiral by applying principles of self-management and cognitive behavioural therapy. This Netherlands study examines the effects of the MPI on self-efficacy, anxiety, daily functioning and social participation. A randomised controlled trial compared the MPI with usual care in 361 primary care patients. Nurses visited patients at home over a period of three months. Patients were aged 60 years and older, had minor depression or mild to moderate major depression, and either type 2 diabetes mellitus (DM) or chronic obstructive pulmonary disease (COPD). Outcomes were measured at baseline and at one week, three months, and nine months after the intervention period. At nine months after treatment, the MPI was associated with less anxiety (mean difference 2.5; 95% CI 0.7-4.2) and better self efficacy skills (mean difference 1.8; 95% CI 3.4-0.2), daily functioning (mean difference 1.7; 95% CI 0.6-2.7), and social participation (mean difference 1.3; 95% CI 0.4-2.2). Effect sizes for these outcomes were small to medium (0.29-0.40). Differences were primarily due to a stabilization of outcomes in the intervention group and deterioration in the control group. No major differences were observed between DM and COPD patients. The intervention appears to be reasonably effective in improving care for chronically ill elderly people. We recommend further evaluation of the MPI, including emphasis on detection and watchful waiting. (RH)

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

Effects of a stepped-care intervention programme among older subjects who screened positive for depressive symptoms in general practice: the PROMODE randomised controlled trial; by Gerda M van der Weele, Margot W M de Waal, Wilbert B van den Hout ... (et al).

Age and Ageing, vol 41, no 4, July 2012, pp 482-488.

This Dutch study aimed to determine the cost-effectiveness of a stepped-care intervention programme among subjects aged 75 years or over who screened positive for depressive symptoms in general practice. Programme design consisted of a cluster-randomised controlled trial with 12-month follow-up. 239 study participants screened positive for untreated depressive symptoms. Usual care was then compared with the stepped-care intervention consisting of three steps: individual counselling, Coping with Depression course and - if indicated - referral back to general practitioner to discuss further treatment. Measurements included severity of depressive symptoms using the Montgomery-Åsberg Depression Rating Scale (MADRS), quality of life, mortality and costs. Study results showed that at baseline subjects mostly were mildly or moderately depressed. At six months MADRS scores had improved more in the usual care than the intervention group but not at 12 months. No significant differences were found within two separate age groups (75-79 years and 80 years or over). In intervention practices, 83% accepted referral to the stepped-care programme, and 19% accepted course participation. The control group appeared to have received more psychological care. Among older subjects who screened positive for depressive symptoms, an offered stepped-care intervention programme was not cost-effective compared with usual care, possibly due to a low uptake of the course offer. (JL)

ISSN: 00020729

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

Exploring causal effects of combining work and intergenerational support on depressive symptoms among middle-aged women; by Suzanna J Oprea, Matthijs Kalmijn.

Ageing and Society, vol 32, part 1, January 2012, pp 130-146.

Previous studies have supported the idea that many middle-aged women struggle to combine paid employment and intergenerational support, and that the subsequent stress leads them to experience an increase in depressive symptoms. However a question remains as to whether combining work and intergenerational support actually causes an increase in depressive symptoms. This study investigated the proportion of middle-aged women aged

50 and above combining paid work and support to an adult child or parent, and the extent to which combining these roles affected their depressive symptoms over time. Analysis indicated that 14 per cent of middle-aged women combine the roles of employee and support provider to an adult child or a parent. Combining roles can take away some of the positive mental health effects of fulfilling a role. In conclusion the findings support the idea that role combination increases stress. (JL)

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

Factors associated with suicidal thoughts in a large community of older adults; by Osvaldo P Almeida, Brian Draper, John Snowdon ... (et al.): Royal College of Psychiatrists, December 2012, pp 466-472.

British Journal of Psychiatry, vol 201, no 6, December 2012, pp 466-472.

Thoughts about death and self-harm in old age have been commonly associated with the presence of depression, but other risk factors may also be important. The aim of the present study was to determine the independent association between suicidal ideation in later life and demographic, lifestyle, socioeconomic, psychiatric and medical factors. A cross-sectional study was conducted of a community-derived sample of 21,290 adults aged 60_101 years enrolled from Australian primary care practices. The authors considered that participants endorsing any of the four items of the Depressive Symptom Inventory _Suicidality Subscale were experiencing suicidal thoughts. They used standard procedures to collect demographic, lifestyle, psychosocial and clinical data. Anxiety and depressive symptoms were assessed with the Hospital Anxiety and Depression Scale. Study findings showed that over a two-week period, the prevalence of suicidal ideation was 4.8%. Male gender, higher education, current smoking, living alone, poor social support, no religious practice, financial strain, childhood physical abuse, history of suicide in the family, past depression, current anxiety, depression or comorbid anxiety and depression, past suicide attempt, pain, poor self-perceived health and current use of antidepressants were independently associated with suicidal ideation. Poor social support was associated with a population attributable fraction of 38.0%, followed by history of depression (23.6%), concurrent anxiety and depression (19.7%), prevalent anxiety (15.1%), pain (13.7%) and no religious practice (11.4%). These findings show that prevalent and past mood disorders seem to be valid targets for indicated interventions designed to reduce suicidal thoughts and behaviour. However the data also indicate that social disconnectedness and stress account for a larger proportion of cases than mood disorders. Should these associations prove to be causal, then interventions that succeed in addressing these issues would contribute the most to reducing suicidal ideation and, possibly, suicidal behaviour in later life. (JL)

ISSN: 00071250

From : www.rcpsych.ac.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)

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From : www.journals.cambridge.org/ipg

Functional disability and psychological well-being in later life: does source of support matter?; by Shiao-Fang Chao.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 236-244.

This study explored the buffering effects of instrumental and emotional support from different sources against the impact of increasing functional disability on depression and life satisfaction. Random effects modelling was utilised with data from a nationwide longitudinal study in Taiwan. A total of 6722 observations from 2856 older adults over a seven-year period served as subjects of the study. The results suggested that instrumental support from family members and formal organisations as well as emotional support from families, friends and formal organisations was significantly associated with better psychological well-being among older persons in Taiwan. In addition, receiving instrumental support from family members and formal organisations can moderate the linkage between increasing functional disability and depression. The results emphasise the importance of encouraging a partnership between natural helpers and health care professionals. A good integration between formal and informal networks could more effectively meet the needs of frail older adults and their families. This study also calls for more attention to the cultural competence of health care policy and service delivery. (JL)

ISSN: 13607863

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

Hearing-impaired adults are at increased risk of experiencing emotional distress and social engagement restrictions five years later; by Bamini Gopinath, Louise Hickson, Julie Schneider ... (et al).

Age and Ageing, vol 41, no 5, September 2012, pp 618-623.

The present study aimed to assess both cross-sectional and temporal links between measured hearing impairment and self-perceived hearing disability, and health outcomes. 811 Blue Mountains Hearing Study participants (Sydney, Australia) aged 55 years or over were examined twice, in 1997-99 and 2002-04. Hearing levels were measured with pure-tone audiometry. The shortened version of the hearing handicap inventory (HHIE-S) was administered. Scores of 8 or below defined hearing disability. Results showed that baseline hearing impairment was strongly associated with seven of the ten HHIE-S questions five years later. Individuals with and without hearing impairment at baseline reported that they felt embarrassed and/or frustrated by their hearing problem, and that it hampered their personal/social life five years later. Hearing-impaired, compared with non-hearing-impaired adults had a significantly higher risk of developing moderate or severe hearing disability. Cross-sectionally (at wave 2), hearing disability increased the odds of depressive symptoms and low self-rated health by 80 and 46%, respectively. The authors conclude that older, hearing-impaired adults were significantly more likely to experience emotional distress and social engagement restrictions (self-perceived hearing disability) directly due to their hearing impairment. (JL)

ISSN: 00020729

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

Homicide perpetrated by older people; by Ross Overshott, Cathryn Rodway, Alison Roscoe (et al).

International Journal of Geriatric Psychiatry, vol 27, no 11, November 2012, pp 1099-1105.

The circumstances in which older people commit homicide, the form of assessment they undergo, and the proportion of those who suffer from mental illness are described and examined. This study was carried out as part of the England and Wales National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, based on a five-year sample. The Inquiry was notified of the names of those aged over 60 convicted of homicide, together with details of the offence, sentencing and outcome in court by the Home Office. The Inquiry collected clinical data of those known to have had contact with mental health services from the responsible service, and also retrieved psychiatric reports of those convicted. Homicide incidents perpetrated by older people typically involve a man killing his partner in an impulsive manner. The most common method was by using a sharp instrument (34%), followed by the use of a blunt instrument (26%). The use of firearms was rare (11%). Perpetrators aged 65+ were significantly more likely to kill a current or former spouse/partner and less likely to kill an acquaintance. 44% of perpetrators aged over 65 suffered from depression at the time of the offence, whereas rates of schizophrenia and alcohol dependence were low. The characteristics and the circumstances of homicides perpetrated by older people are different to other age groups. Homicides of and by older people may be preventable if depression is identified early. (RH)

ISSN: 08856230

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

Identification and recognition of depression in community care assessments: impact of a national policy in England; by Paul Clarkson, Michele Abendstern, Caroline Sutcliffe (et al).

International Psychogeriatrics, vol 24, no 2, February 2012, pp 261-269.

Depression continues to be under-recognized in older people; and most policies addressing this issue focus on the primary health care team. However, recognition may be improved by use of assessment tools and

collaboration between secondary health and social care, particularly at the assessment stage. This PSSRU, University of Manchester study aimed to evaluate whether the Single Assessment Process (SAP), introduced in England from April 2004, promoting such processes, improved the identification and correct recognition of depression by enhancing the content of statutory community care assessments by social services care managers. An observational study compared depression identification and its accuracy ("correct recognition") in samples of older people before and after SAP introduction. Participants were interviewed using standardized measures including the Geriatric Depression Scale (GDS). Depression elicited from the GDS was compared with that recorded in community care assessments with calculation of inter-rater reliabilities (kappa statistic) pre- and post-SAP. Logistic regression examined the associations between the policy's introduction, potential confounding factors (depression, cognitive impairment, function, behaviour and characteristics) and the identification and correct recognition of depression. Whilst the identification of depression was more likely after SAP, its correct recognition did not improve after the policy, with only slight agreement between GDS and community care assessments. The existence of depression and cognitive impairment made identification, but not correct recognition, more likely. Correct recognition of depression was not improved in these statutory care assessments following the policy. Recognizing and thus responding to depression in a coordinated and appropriate way in the community requires further action. (RH)

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

Identifying target groups for the prevention of depression among caregivers of dementia patients; by Karlijn J Joling, Filip Smit, Harm W J van Marwijk (et al).

International Psychogeriatrics, vol 24, no 2, February 2012, pp 298-306.

Depression in informal caregivers of persons with dementia is a major, costly and growing problem. However, it is not yet clear which caregivers are at increased risk of developing depression. With this knowledge preventive strategies could focus on these groups to maximize health gain and minimise effort. The onset of clinically relevant depression was measured with the Center for Epidemiologic Studies - Depression Scale (CES-D) in 725 caregivers who were not depressed at baseline and who were providing care for a relative with dementia. Caregivers were followed over 18 months. The indices calculated to identify the most important risk indicators were: odds ratio, attributable fraction, exposure rate and number needing to be treated. The following significant indicators of depression onset were identified: increased initial depressive symptoms, poor self-rated health status, and white or Hispanic race/ethnicity. The incidence of depression would decrease by 72.3% (attributive fraction) if these risk indicators together are targeted by a completely effective intervention. Race/ethnicity was not a significant predictor if caregivers of patients who died or were institutionalised were left out of the analyses. Detection of only a few characteristics makes it possible to identify high-risk groups in an efficient way. Focusing on these easy-to-assess characteristics might contribute to a cost-effective prevention of depression in caregivers. (RH)

ISSN: 10416102

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

Identity, mood, and quality of life in people with early-stage dementia; by Lisa S Caddell, Linda Clare.

International Psychogeriatrics, vol 24, no 8, August 2012, pp 1306-1315.

There is little empirical research regarding the relationships between identity and well-being in people with dementia. The aim of this cross-sectional questionnaire-based study was to explore the relationship of identity with mood and quality of life (QoL) in the people in the early stages of dementia. 50 people in the early stages of dementia completed measures pertaining to different aspects of identity, mood, and QoL. Multiple regression analyses were carried out to determine whether it was possible to predict any of the variance in mood and QoL from aspects of identity. It was possible to predict 12.8% of the variance in anxiety, 23.4% of the variance in depression, and 25.1% of the variance in QoL from different aspects of identity. Predictors varied for each dependent variable. Thus, aspects of identity predict a modest proportion of the variance in anxiety, depression, and QoL. This suggests that supporting identity in people with dementia who are experiencing difficulties in this regard might have a positive impact on mood and QoL. However, the majority of the variance in mood and QoL must be accounted for by other variables. (RH)

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From : www.journals.cambridge.org/ipg

International migration and health inequalities in later life; by Donatella Lanari, Odoardo Bussini.

Ageing and Society, vol 32, part 6, August 2012, pp 935-962.

This paper examined differences in self-perceived health and depression between immigrants and native-born populations aged 50 years and older living in Western and Northern European countries. It examined the effect of country of origin, length of time in the host country and citizenship on the health of adults, using data from

the Survey on Health, Ageing and Retirement in Europe (SHARE). Findings revealed that some immigrant groups were more likely to perceive worse self-rated health and to suffer from depression than native-born groups, even when demographic and socio-economic variables were taken into account. In particular, people born in Eastern Europe living in Germany, France and Sweden had the highest chances of poor health with respect to natives. Also the perception of poor health rose as the length of stay increased. Results indicate that greater efforts by policy makers are needed in order to improve the health of specific middle-aged and older groups of immigrants. (JL)

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

Late-life bereavement and complicated grief: a proposed comprehensive framework; by Shruti N Shah, Suzanne Meeks.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 39-56.

Following a bereavement, some older adults experience grief reactions that are considered to be difficult or complicated in terms of duration and emotional intensity. The recent proposal to include the construct of complicated grief (CG) as a diagnostic category for the upcoming Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V) has resulted in a proliferation of research on CG. The aim of this review is to critically examine the construct validity in light of a proposed conceptual framework that considers pre-loss conditions in the prediction of late-life grief outcomes, and to determine the degree to which research supports the inclusion of CG as a valid standardised diagnostic entity. The review critically examines current bereavement and grief models, exploring discriminant and convergent validity between CG and uncomplicated grief and other psychopathological constructs in terms of symptom intensity, symptom trajectories, bereavement outcomes, and treatment response. The findings show mixed support for differentiating CG from other outcomes of bereavement. They also emphasise the importance of considering pre-bereavement circumstances, such as pre-existing depression, in the conceptualisation of broader bereavement outcome. A comprehensive framework that emphasises pre-bereavement circumstances is proposed in order to better predict various grief trajectories and outcomes of late-life loss. (JL)

ISSN: 13607863

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

Late-life depression in home healthcare; by Yolonda R Pickett, Patrick J Raue, Martha L Bruce.

Aging Health, vol 8, no 3, June 2012, pp 273-284.

Major depression is disproportionately common among older adults receiving home healthcare and is characterised by greater medical illness, functional impairment and pain. Depression is persistent in this population and is associated with numerous poor outcomes such as increased risk of hospitalisation, injury-producing falls and higher healthcare costs. Despite the need for mental healthcare in these patients, significant barriers unique to the home healthcare setting contribute to the underdetection and undertreatment of depression. Intervention models target the home healthcare nurse as liaison between patients and physicians, and instruct in the identification and management of depression for their patients. Successful implementation requires interventions that 'fit' how home healthcare is organised and practised, and long distance implementation strategies are required to increase the reach of these interventions. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

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)

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

The Nottingham Health Profile: a feasible questionnaire for nursing home residents?; by Manuela Tabali, Elke Jeschke, Theo Dassen (et al).

International Psychogeriatrics, vol 24, no 3, March 2012, pp 416-424.

The Nottingham Health Profile (NHP) assesses perceived emotional, social, and physical health problems and the extent to which such problems affect daily activities. The feasibility of the NHP for nursing home residents was determined in a prospective multi-centre observational study conducted in 11 nursing homes from April 2008 to December 2009, in which 286 newly admitted residents were included. Cognitive status was evaluated using the Mini-Mental State Examination (MMSE). The feasibility of the NHP was determined by administration rate, time and type of administration, and missing items. A cut-off point stating the MMSE score up to which the NHP can be applied was determined with receiver operating characteristics curves (ROC). Internal consistency (Cronbach's alpha) and test-retest reliability (intraclass correlation; ICC) were evaluated. Administration rate was 44.4% (n=127), ranging from 76.1% for normal residents to 5.9% for residents with a severe cognitive impairment. An average of 12.6 (SD + 6.0) minutes was required for data collection; 92.1% (n=117) of the questionnaires were completed during an interview. Frequently missing items were in the domain "Pain" (47.2). MMSE scores were significantly higher in the group with a completed NHP ($P < 0.001$) and analyses of ROC curves indicated a cut-off point of >16 on the MMSE score. Cronbach's α was >0.7 in four domains and >0.6 in two domains, while the ICC in all domains was >0.7 . The NHP is a feasible questionnaire for residents with normal cognitive function and moderate cognitive impairment, and can be administered in nursing homes. (RH)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

The problem with 'problem behaviors': a systematic review of the association between individual patient behavioral and psychological symptoms and caregiver depression and burden within the dementia patient-caregiver dyad; by Katherine Ornstein, Joseph E Gaugler.

International Psychogeriatrics, vol 24, no 10, October 2012, pp 1536-1552.

Behavioural and psychological symptoms of dementia (BPSDs) are routinely cited as important predictors of caregiver burden and depression. Although BPSDs include a wide variety of patient behaviours, they are routinely grouped together as one construct to differentiate them from cognitive symptoms of dementia. Determining the specific BPSDs that result in increased depression and burden for caregivers may elucidate the stress process for caregivers and facilitate the development of effective interventions for caregivers. The authors conducted a systematic review of English language articles published from 1990 to 2010, to determine whether there are known symptoms or symptom clusters which exert undue negative impact on caregiver depression and burden. They also review systems used for classifying BPSD symptom clusters, and determine whether there have been any mechanisms studied by which individual BPSD symptoms negatively affect caregivers. Lastly, they examine how the role of timing of symptoms has been examined within the literature. 35 original research articles examined the impact of an individual behaviour symptom on caregiver burden or depression or depressive symptoms. The studies had no consistent system for categorising symptoms. Although depression, aggression and sleep disturbances were the most frequently identified patient symptoms to affect caregivers negatively, a wide range of symptoms was associated with caregiver burden and depression. The evidence is not conclusive as to whether some symptoms are more important than others. The studies reviewed were largely exploratory, relative to the differential impact of individual BPSDs and did not focus on testing causal mechanisms by which specific symptoms exert more impact on caregiver mental health than others. (RH)

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From : www.journals.cambridge.org/ipg

Psychological resilience in young and older adults; by P A Gooding, A Hurst, J Johnson, N Tarrier.

International Journal of Geriatric Psychiatry, vol 27, no 3, March 2012, pp 262-270.

The goal of this study was to investigate psychological resilience in older versus young adults. Participants were 60 community dwelling older adults aged 65 years or older, and 60 students aged between 18-25 years. Questionnaire measures of depression, hopelessness, general health and resilience were administered to the participants. The resilience measure comprised three sub-scales of social support, emotional regulation and problem solving. Study results showed that the older adults were the more resilient group especially with respect to emotional regulation ability and problem solving. The young adults had more resilience related to social support. Poor perceptions of general health and low energy levels predicted low levels of resilience regardless of age. Low hopelessness scores also predicted greater resilience in both groups. Experiencing higher levels of mental illness and physical dysfunction predicted high resilience scores especially for the social support resilience scale in the older adults. The negative effects of depression on resilience related to emotional regulation were countered by low hopelessness but only in the young adults. These results highlight the

importance of maintaining resilience-related coping skills in both young and older adults but indicate that different psychological processes underlie resilience across the lifespan. (JL)

ISSN: 08856230

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

A psychometric evaluation of a negative mood scale in the MDS-HC using a large sample of community-dwelling Hong Kong Chinese older adults; by Doris Y P Leung, Angela Y M Leung, Iris Chi.

Age and Ageing, vol 41, no 3, May 2012, pp 317-322.

Negative mood is an important construct when assessing the health of older people. The profile of mood states questionnaire is commonly used to measure mood, however it might not be suitable for use outside the North American context. The present study aimed to examine a negative mood scale formed by nine items in the Mood Section of the Minimum Data Set-Home Care of the Resident Assessment Instrument. Study participants were 3,523 Hong Kong Chinese people aged 60 or over who had first applied for long-term care services and completed the screening tool in 2006. Exploratory and confirmatory factor analyses were used to test the factor structure and multiple-group confirmatory factor analysis to test the gender invariance of the Negative Mood Scale in the Minimum Data Set-Home Care. Its reliability using Cronbach's alpha was examined. Results showed that both a three-factor model at the first level and a one-factor model at the second level provided excellent fits to the overall data, and held equally well for both men and women as well as two randomly split samples. Multiple-group confirmatory factor analyses revealed both genders demonstrating an equivalent pattern of factor loadings. Cronbach's alpha value was acceptable for the overall data. The study concludes that the Negative Mood Scale is a reliable and valid scale and both genders responded to it using the same framework and metric, suggesting it could be used to measure negative mood in Chinese community-dwelling older adults. Further testing of the instrument is needed. (JL)

ISSN: 00020729

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

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

The role of the social environment on physical and mental health of older adults; by Julie A Norstrand, Allen Glicksman, James Lubben, Morton Kleban.

Journal of Housing for the Elderly, vol 26, nos 1-3, January-September 2012, pp 290-307.

Understanding the complex relationship between the environmental context and the well-being of older adults is paramount as ageing in place is increasingly acknowledged as a policy goal. This study investigated how the social environment (measured by social capital) is related to both physical and mental health including depression. A sample of 3,219 older adults (60 years and older) from Philadelphia, Pennsylvania, and the surrounding area was obtained from the Philadelphia Health Management Corporation survey collected in 2006. Participation in groups, a sense of belonging and neighbours willing to help were associated with self-rated physical health, whereas trust in neighbours and sense of belonging and neighbours willing to help were associated with depressive symptoms even when sociodemographic indicators were controlled. This study furthers our understanding of how social capital may relate to the physical and mental health of older people and illustrates the usefulness of this important concept in environmental gerontology. (JL)

ISSN: 02763893

From : <http://www.tandfonline.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

Which categories of social and lifestyle activities moderate the association between negative life events and depressive symptoms among community-dwelling older adults in Japan?; by Yuriko Katsumata, Asuna Arai, Kazo Ishidu (et al).

International Psychogeriatrics, vol 24, no 2, February 2012, pp 307-315.

Social and lifestyle activities may serve as potential moderators of the association between negative life events (NLEs) and depressive symptoms among older adults. In this study, the authors examined whether social and lifestyle activities moderate the association between NLEs and depressive symptoms among older adults, and which activities are significant moderators. They used data from a community-based sample of non-institutionalised adults aged 65 years or older. Of the 731 eligible older adults, 682 completed the Japanese version of the 30-item Geriatric Depression Scale (GDS-30). They measured 15 specific negative life events as well as 17 social and lifestyle activities which were grouped into four categories. Specific NLEs pertaining to human relationships, physical condition and financial status were all or were mostly associated with depressive symptoms. Significant moderating roles of social and lifestyle activities on the association of NLEs with

depressive symptoms were observed between "loss of a significant other" and "contact with family members and friends" ($\beta = -0.282$, $SE = 0.091$, $p = 0.002$); "change in human relationships" and "contact with family members and friends" ($\beta = -0.270$, $SE = 0.137$, $p = 0.048$); and "change in human relationships" and "community involvement" ($\beta = -0.344$, $SE = 0.133$, $p = 0.010$). The most statistically significant variable moderating the associations between negative life events and depressive symptoms was "having frequent contact with family members". Depressive symptoms arising from troublesome interpersonal relationships in one's proximal network might be moderated by positive interpersonal relationships. (RH)

ISSN: 10416102

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

Why may older people with depression not present to primary care?: messages from secondary analysis of qualitative data; by Carolyn Chew-Graham, Marija Kovandzic, Linda Gask ... (et al).

Health and Social Care in the Community, vol 20, no 1, January 2012, pp 52-60.

Depression in older people is common, under-recognised and often undertreated. This study aimed to explore reasons why older people with depression may not present to primary care. Secondary analysis was carried out of qualitative data collected in two previous studies in North-West England. Study findings showed that older people are reluctant to recognise and name 'depression' as a set of symptoms that legitimises attending their general practitioner (GP). They do not consider themselves candidates for help for their distress. This is partly due to perceptions of the role of the GP but also to previous negative experiences of help seeking. In addition, treatments offered, which are predominantly biomedical, may not be acceptable to older people. Interventions offered to older people need to encourage social engagement, such as befriending, and enhancement of creative, physical and social activity. (JL)

ISSN: 09660410

From : <http://www.ingentaconnect.com/content/bsc/hsc>

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>

Antidepressant use and risk of adverse outcomes in older people: population based cohort study; by Carol Coupland, Paula Dhiman, Richard Morris (et al).

British Medical Journal, vol 343, no 7819, 13 August 2011, p 354.

Comparatively little is known about the safety of antidepressant drugs in older people. Use of selective serotonin reuptake inhibitors (SSRIs) or drugs in the group of other antidepressants may be associated with an increased risk of some adverse outcomes compared with other tricyclic antidepressants in older people. This is a summary of a study published on bmj.com based on data for 60,746 patients diagnosed as having depression aged 65 to 100 from the QResearch primary care database followed for a mean of 5 years. 54,038 of these patients (89%) received at least one prescription for an antidepressant drug during follow-up. SSRIs were associated with the highest risk of falls and hyponatremia. The group of other antidepressants was associated with the highest risks of all cause mortality, attempted suicide or self-harm, stroke or transient ischaemic attack (TIA), fracture, and epilepsy or seizure. (RH)

ISSN: 09598138

From : www.bmj.comBMJ2011;343;d4551

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>

Common health predictors of early retirement: findings from the English Longitudinal Study of Ageing; by Neil E Rice, Iain A Lang, William Henley, David Melzer.

Age and Ageing, vol 40, no 1, January 2011, pp 54-61.

The study aimed to identify common symptoms and conditions that predict early retirement. 1,693 male and female workers aged between 50 and retirement age (60 for women or 65 for men) took part in the study. When followed up four years later nearly 20% of the participants were found to have left employment before the statutory retirement age. Advancing age, female gender, partner retirement, greater pension wealth, high alcohol consumption and fair or poor self-rated health were all predictive of early work exit. Older workers reporting symptoms of depression or impaired physical mobility, especially with lower limb pain and shortness of breath, were particularly at risk. Suggests that health interventions targeting these conditions may enable older workers to remain in the workforce for longer. (JL)

ISSN: 00020729

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

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>

Depression among the very old with dementia; by Ellinor Bergdahl, Per Allard, Yngve Gustafson.

International Psychogeriatrics, vol 23, no 5, June 2011, pp 756-763.

The aim of the study, from Sweden, was to investigate the prevalence of depression among very old individuals with dementia compared to those without dementia and to examine whether there were any differences regarding associated factors between people with or without depression in these conditions. 363 participants aged 85 years and above were evaluated for depression and dementia. Results showed that the prevalence of depression was significantly higher among the people with dementia than without dementia. Approximately two-thirds of the depressed in both groups used antidepressants and of those, approximately 50% had responded. Depression in the group without dementia was, among other factors, associated with higher medication use including the use of analgesics and benzodiazepines, loneliness, inability to go outside and the recent loss of

child. The loss of a child was the only factor that was independently associated with depression in those with dementia. The present study confirms that in the very old, depression is more common among people with dementia than without dementia. (JL)

ISSN: 10416102

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

Depression in older people living in residential homes; by Briony Dow, Xiaoping Lin, Jean Tinney (et al).

International Psychogeriatrics, vol 23, no 5, June 2011, pp 681-699.

There is a large body of published research relating to depression in residential homes for older people. However, despite increased detection and more frequent treatment in recent years, depression remains a significant problem for many older people living in such settings. This guest editorial summarises current knowledge about prevalence, etiology, detection and screening, treatment and outcomes of depression in residential homes and concludes with a summary of key issues requiring urgent future action. (JL)

ISSN: 10416102

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

Depression is twice as likely in adults treated badly as children; by Caroline White.

British Medical Journal, vol 343, no 7820, 20-27 August 2011, p 387.

A combined meta-analysis of data from 16 epidemiological studies and 10 clinical trials in which maltreatment was defined as physical or sexual abuse, neglect, or family conflict or violence found that childhood maltreatment was associated with more than double the risk of recurrent and persistent depressive episodes in adulthood. This short article outlines the findings of a study led by Andrea Danese of the Institute of Psychiatry, King's College, London, and published online in the American Journal of Psychiatry (doi: 10.1176/appi.ajp.2011.11020335). (RH)

ISSN: 09598138

From : www.bmj.comBMJ2011;343;d5246

Depressive symptoms in old age: relations among sociodemographic and self-reported health variables; by Gloria Teixeira Nicolosi, Deusivania Vieira da Silva Falcao, Samila Satler Tavares Batistoni ... (et al).

International Psychogeriatrics, vol 23, no 6, August 2011, pp 941-949.

Population-based cross-sectional research was undertaken using data from a study conducted in a poor area of Sao Paulo, Brazil. The participants were 303 older adults aged 65 years and over who attended a single-session data collection effort carried out at community centres. The protocol comprised sociodemographic and self-reported health variables, and the Geriatric Depression Scale. Most subjects reported five or fewer symptoms of depression (79.21%), reported one or two self-reported chronic diseases (56.86%), declared themselves to have one or two self-reported health problems (46.15%), and had good perceived health assessment (40.27%). The presence of depressive symptoms was associated with a higher number of self-reported health problems, poor perceived health assessment, and lower schooling levels, in the total sample and in analyses including men only. For women, depressive symptoms were associated with the number of self-reported health problems and family income. The presence of health problems, such as falls and memory problems, lower perceived health, and low education (and low family income for women) were associated with a higher presence of depressive symptoms. (JL)

ISSN: 10416102

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

The effect of productive activities on depressive symptoms among older adults with dual sensory loss; by Michele Capella McDonnall.

Research on Aging, vol 33, no 3, May 2011, pp 234-255.

The purpose of the study was to evaluate the ability of three productive activities (paid employment, volunteer work and informal helping) to mitigate the negative effects of dual sensory loss (DSL) on depressive symptoms among older adults. Multilevel modelling was used to analyse longitudinal data from the nationally representative Health and Retirement Study. The sample consisted of 2,688 persons: 1,380 who developed DSL during the study and 1,308 who did not. Although participation in each of the productive activities was associated with fewer depressive symptoms for older adults with DSL, volunteering was also the only variable that moderated the relationship between DSL and depressive symptoms. Persons with a DSL who volunteered exhibited a larger decrease in depressive symptoms compared to persons without sensory loss who volunteered. A volunteer intervention for older adults with DSL may be a viable option to help reduce depression in this population. (JL)

ISSN: 01640275

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

The effectiveness of behavioural therapy for the treatment of depression in older adults: a meta-analysis; by Zara Samad, Stephen Brealey, Simon Gilbody.

International Journal of Geriatric Psychiatry, vol 26, no 12, December 2011, pp 1211-1220.

This review examined the effectiveness of behavioural therapy in depressed older adults over 55 years. Four randomised controlled trials (RCTs) of behavioural therapy compared with waiting list controls or other psychotherapies in older adults with clinical depression were included in the review. For post-treatment self-rated depression symptoms, behavioural therapy was not significantly more effective than a waiting list control, cognitive therapy or brief psychodynamic therapy. For post-treatment clinician-rated depression, behavioural therapy was not significantly more effective than cognitive therapy or brief psychodynamic therapy but was significantly more effective than a waiting list control. Behavioural therapy in depressed older adults appeared to have comparable effectiveness with alternative psychotherapies. The authors conclude that further research is required with larger sample sizes, more clarity on trial design and the intervention, longer term follow-up and concomitant economic evaluations. (JL)

ISSN: 08856230

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

The Enriched Opportunities Programme for people with dementia: a cluster-randomised controlled trial in 10 extra care housing schemes; by Dawn J Brooker, Elaine Argyle, Andrew J Scally, David Clancy.

Ageing & Mental Health, vol 15, no 8, November 2011, pp 1008-1017.

The Enriched Opportunities Programme (EOP) was a multi-level intervention focusing on improved quality of life for people with dementia. This study compared the experience of people living with dementia and other mental health problems in extra care housing schemes that utilised EOP with schemes that employed an active control intervention. Ten extra care housing schemes were cluster randomised to receive either the EOP intervention or an active control intervention for an 18-month period. Residents with dementia or other significant mental health problems were assessed on a number of outcome measures at baseline, six months, one year and 18 months. The primary outcome measure was quality of life. Self-reported depression was an important secondary outcome. The EOP-participating residents rated their quality of life more positively over time than the active control. There was also a significant group-time interaction for depressive symptoms. The EOP-participating residents reported a reduction of 25% at both six and 12 months and a 37% reduction at 18 months. EOP residents were less likely than residents in the active control sites to move to a care home or be admitted to a hospital inpatient bed. They were more likely to be seen by a range of community health professionals. Overall the EOP had a positive impact on the quality of life of people with dementia in well-staffed extra care housing schemes. (JL)

ISSN: 13607863

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

Environmental mastery and depression in older adults in residential care; by Tess Knight, Tanya Ellen Davison, Marita Patricia McCabe, David Mellor.

Ageing and Society, vol 31, part 5, July 2011, pp 870-884.

Environmental mastery, reflecting a sense of control, is thought to be an important predictor of mental health in older people. The study examined this association in 96 older people, aged 64 to 98 years, in residential care homes in Melbourne, Australia. Participants completed an assessment to measure risk factors for depression. Analysis revealed that 49% of the variance in participants' scores in depression could be attributed to their self-reported level of environmental mastery. It was hence concluded that environmental mastery may be one of the more important factors affecting the mental health of older adults living in residential care and that strategies for increasing their environmental mastery are important to their psychological well-being. (JL)

ISSN: 0144686X

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

Factors associated with loneliness of noninstitutionalized and institutionalized older adults; by Maria-Eugenia Prieto-Flores, Maria Joao Forjaz, Gloria Fernandez-Mayoralas ... (et al).

Journal of Aging and Health, vol 23, no 1, February 2011, pp 177-194.

The study aimed to seek whether sociodemographic and health factors contribute differentially to the explanation of loneliness in institutionalised and non-institutionalised older adults. A secondary aim was to analyse the influence of institutionalisation on older people's loneliness. The work was based on two surveys of older adults aged 60 years or more in Spain, in which a group of 234 community-dwelling people and 234 nursing homes residents participated. Study results showed that depression was associated with loneliness in

both populations. Sex and marital status contributed to explain loneliness among those living at home, whereas gathering with family, friends, and neighbours showed a significant effect in the institutionalised group. Institutionalisation per se showed a strong effect on loneliness. (JL)

ISSN: 08982643

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

Functional fitness of older adults; by Linda D Wilkin, Bryan L Haddock.: Taylor and Francis, July-September 2011, pp 197-209.

Activities, Adaptation and Aging, vol 35, no 3, July-September 2011, pp 197-209.

The purpose of this study was to compare differences in the functional fitness of a group of older adults to determine whether they were ageing successfully, to analyse the differences in functional fitness between women and men, and to determine differences in four categories by gender. Participants were placed into four categories based on senior fitness test (SFT) scores. More than 50% of the participants had scores that placed them in the average or above average categories. The most common variables affecting scores for women were age and medications, and for men the most common variable was depression. In conclusion, older adults with average and above average functional fitness appear to age successfully. (JL)

ISSN: 01924788

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

Is group psychotherapy effective in older adults with depression?: a systematic review; by Murali Krishna, Archana Jauhari, Peter Lepping ... (et al).

International Journal of Geriatric Psychiatry, vol 26, no 4, April 2011, pp 331-340.

The authors conducted a systematic review based on randomised controlled trials in order to assess the effectiveness of group psychotherapy with older adults with depression. The trials included in the review examined group interventions based on the cognitive behavioural therapy (CBT) model with active therapeutic interventions or waiting list controls. Study findings showed that while group psychotherapy is an effective intervention in older adults with depression in comparison to waiting list controls, the overall effect size is very modest. The reported benefits of group intervention in comparison to other active interventions did not reach statistical significance. (JL)

ISSN: 08856230

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

Laughter yoga versus group exercise program in elderly depressed women: a randomized controlled trial; by Mahvash Shahidi, Ali Mojtahed, Amirhossein Modabbernia ... (et al).

International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 322-327.

Kataria's Laughter Yoga is a combination of unconditioned laughter and yogic breathing whose effect on mental and physical health has been shown to be beneficial. The objective of this study, based in Tehran, Iran, was to compare the effectiveness of Laughter Yoga and group exercise therapy in decreasing depression and increasing life satisfaction in older adult women. 70 depressed older women participated in the study. After completion of Life Satisfaction Scale pre-test and demographic questionnaire, subjects were randomised into three groups of laughter therapy, exercise therapy, and control. Subsequently depression post-test and life satisfaction post-test were done for all three groups. The data were analysed using analysis of covariance and Bonferroni's correction. The analysis revealed a significant difference in decrease in depression scores of both Laughter Yoga and exercise therapy group in comparison to the control group. There was no significant difference between Laughter Yoga and exercise therapy groups. The increase in life satisfaction of Laughter Yoga group showed a significant difference in comparison with the control group. Overall findings showed that Laughter Yoga is at least as effective as group exercise programme in improvement of depression and life satisfaction of older depressed women (JL)

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

Living arrangements, social networks and depressive symptoms among older men and women in Singapore; by Angelique Chan, Chetna Malhotra, Rahul Malhotra, Truls Ostbye.

International Journal of Geriatric Psychiatry, vol 26, no 6, June 2011, pp 630-639.

The study aimed to examine the association of living arrangements and social networks outside the household with depressive symptoms among older men and women. It also looked at whether these relationships differ between older men and women, and investigated whether the association of living arrangements with depressive symptoms varies by strength of social networks. Data for 4,489 community-dwelling Singaporeans aged 60 and above from a recent nationally representative survey were analysed. Depressive symptoms were assessed using the 11-item CES-D (Center for Epidemiologic Studies) scale, social networks through Lubben's revised social

network scale, and living arrangements through household composition. Analysis was stratified by gender, and descriptive and multivariate statistics were used to assess the risk of depressive symptoms by living arrangements and social networks, adjusting for age, ethnic group, education, housing type, functional status, number of chronic diseases and involvement in social activities. Results indicated that women had higher depressive symptom scores than men. Living alone and living with one or more children but no spouse and weak social networks outside the household were associated with higher depressive symptom scores among both men and women. Men living alone with weak social networks outside the household had higher depressive symptom scores than those with strong networks. (JL)

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Meals on Wheels: exploring potential for and barriers to integrating depression intervention for homebound older adults; by Namkee G Choi, Michael Goldstein.

Home Health Care Services Quarterly, vol 30, no 4, 2011, pp 214-230.

The organisational potential of Meals on Wheels (MOW) for integrating depression screening, referral and treatment for housebound older people is explored. In a US survey of 104 MOW administrators, MOW's current practice of depression services was examined, and the administrators perceptions of MOW's organisational potential was measured focusing on external environment, financial resources, staffing and skills, and values and goals. Only 20% of 104 MOWs provide depression screening, and 19 provide in-home counselling for their clients, while 85 provide referral services. About 64% to 72% of MOWs that are not current providers of screening and/or referrals want to provide the services, and 21% of those that are not current providers of in-home counselling want to provide it. (RH)

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

Neighbourhood social environment and depressive symptoms in mid-life and beyond; by Mai Stafford, Anne McMunn, Roberto de Vogli.

Ageing and Society, vol 31, part 6, August 2011, pp 893-910.

The study aimed to examine the relationship between aspects of the neighbourhood social environment and subsequent depressive symptoms in over 7,500 people aged 50 and above taking part in the English Longitudinal Study of Ageing (ELSA). Neighbourhood social environment at baseline was operationalised using four items capturing social cohesion and three items capturing perceived safety and associations with the Center for Epidemiologic Studies Depression Scale (CES-D) at two-year follow-up were assessed. Friendship quality and personal sense of control were tested as mediators of this relationship using structural equation modelling. Neighbourhood social cohesion was found to be associated with reporting fewer depressive symptoms independent of demographic and socioeconomic factors and baseline depressive symptoms. Friendship quality and sense of control mediated this association. The study highlights that greater personal sense of control, higher quality friendships and fewer depressive symptoms are found in neighbourhoods seen to be characterised by higher social cohesion. (JL)

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

Neuropathological correlates of late-life depression in older people; by Christos Tsopelas, Robert Stewart, George M Savva ... (et al).

British Journal of Psychiatry, vol 198, no 2, February 2011, pp 109-114.

The study aimed to investigate the association between depression observed during life and neurofibrillary tangles, diffuse and neuritic plaques, Lewy bodies, brain atrophy and cerebrovascular disease found in the brain at post-mortem. 153 brains were selected for study from deceased individuals with no known history of dementia. Alzheimer and vascular pathology measures, Lewy bodies and neuronal loss were compared between those with and without depression ascertained using a fully structured diagnostic interview during life. Brain areas examined included frontal, parietal, temporal and occipital cortical areas as well as the entorhinal cortex, hippocampus and brain-stem monoaminergic nuclei. Depression was significantly associated with the presence of subcortical Lewy bodies. No association was found between depression and cerebrovascular or Alzheimer pathology in cortical or subcortical areas, although depression was associated with neuronal loss in the hippocampus as well as in some of the subcortical structures investigated (nucleus basalis, substantia nigra, raphe nucleus). The authors conclude that late-life depression is associated with subcortical and hippocampal neuronal loss but not with cerebrovascular or Alzheimer pathology. (JL)

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

Positive and negative exchanges in social relationships as predictors of depression: evidence from the English Longitudinal Study on Aging; by Mai Stafford, Paola Zaninotto, James Nazroo.

Journal of Aging and Health, vol 23, no 4, June 2011, pp 607-628.

The study aimed to investigate whether the impact of negative and positive social exchanges on depression depends on relationship type among late middle aged and older adults. Using data from the English Longitudinal Study of Ageing, baseline positive and negative exchanges with partners, children, other family and friends were linked to two-year changes in depression on the eight-item Center for Epidemiologic Studies Depression Scale. Results showed that positive and negative exchanges with partners and with children were independently associated with depression, adjusting for age, gender, wealth, and baseline depression. Negative but not positive exchanges with other family and with friends were associated with depression. The association between depression and positive/negative exchanges was weaker among people over 70 compared with those in the 50-70 age group. (JL)

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Purpose in life over a five-year period: a longitudinal study in a very old population; by Pia Hedberg, Christine Brulin, Lena Aléx, Yngve Gustafson.

International Psychogeriatrics, vol 23, no 5, June 2011, pp 806-813.

Few studies have specifically examined purpose in life among very old people. The aim of this study was to examine changes in purpose in life over five years in very old men and women (aged 85 and above) and to investigate whether depressed mood, malnutrition, inactivity in daily life, or cognitive impairment increased the risk for developing low purpose in life. The study included data from 51 participants (42 women and 9 men) living in northern Sweden who completed the Purpose in Life (PIL) test once at baseline and again five years later. Overall purpose in life was shown to have decreased over five years and the decrease was significantly associated with being a woman and having depressed mood or depression at baseline. There were no differences in baseline PIL scores between depressed and not depressed, but those who had depression had significantly decreased PIL scores after five years. The authors conclude that a strong purpose in life does not seem to prevent very old people from developing depression and being depressed at baseline. Furthermore living with depression over five years is associated with a loss of purpose in life. (JL)

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

Quantifying the effect of early retirement on the wealth of individuals with depression or other mental illness; by Deborah J Schofield, Rupendra N Shrestha, Richard Percival ... (et al).

British Journal of Psychiatry, vol 198, no 2, February 2011, pp 123-128.

The study aimed to quantify the cost of lost savings and wealth to Australians aged 45-64 who retire from the labour force early because of depression or other mental illness. Findings showed that people who are not part of the labour force because of depression or other mental illness have 78% and 93% less wealth accumulated respectively, compared with people of the same age, gender and education who are in the labour force with no chronic health condition. People who are out of the labour force as a result of depression or other mental illness are also more likely to have the wealth that they do have in cash assets, rather than higher-growth assets such as superannuation, home equity and other financial investments. This lower accumulated wealth is likely to result in lower living standards for these individuals in the future, thereby placing a large financial burden on the state as a result of the need to provide financial assistance. (JL)

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

Regulation of affect in late adulthood: effects of mild depressive symptoms; by Vasiliki Orgeta.

Aging & Mental Health, vol 15, no 7, September 2011, pp 866-872.

Research has highlighted the important role of emotion regulation in individuals with depression. The purpose of this study was to test the effects of mild depressive symptoms (MDS) on older adults' ability to regulate emotional experiences. 70 community dwelling older adults ranging in age from 60 to 82 years completed self-report measures of affect and were asked to report how often they used specific emotion regulation strategies. Consistent with previous theories older adults experiencing MDS reported greater difficulties in regulating affect compared to normal controls. The present results provide support for previous findings demonstrating that experiencing depressive symptoms affects the ability to regulate emotional responses. These findings are likely to be informative in terms of understanding emotion dysregulation in older adults at risk of experiencing clinical depression. (JL)

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

Reminiscence and adaptation to critical life events in older adults with mild to moderate depressive symptoms; by Jojanneke 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)

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

Sense of coherence in elderly suicide attempters: the impact of social and health-related factors; by Madeleine Mellqvist, Stefan Wiktorsson, Erik Joas ... (et al).

International Psychogeriatrics, vol 23, no 6, August 2011, pp 986-993.

An association between sense of coherence (SOC) and suicidal behaviour has been suggested. The aim of this Swedish study was to identify factors associated with low SOC in older suicide attempters. 80 non-demented hospital-treated suicide attempters aged 70 years and older (38 men, 42 women, mean age 79.4 years) took part in an interview with a research psychologist and completed the 29-item SOC questionnaire. The interview included questions regarding social situation and health-related factors. The Comprehensive Psychopathological Rating Scale (CPRS) provided symptom ratings that were used in a diagnostic algorithm for DSM-IV major depression. The Cumulative Illness Rating Scale for Geriatrics (CIRS-G) was used to identify individuals with serious physical illness. Results showed that there was a strong relationship between major depression and SOC. While no relationship was found between severe physical illness and SOC, associations were demonstrated with social variables including too little time spent with children, too little time spent with grandchildren and having moved within the past five years. These associations remained significant in regression models adjusted for sex, age and major depression. The authors conclude that a number of social variables were independently related to SOC in older suicide attempters. Prospective studies are needed in order to determine whether SOC-strengthening interventions can reduce the risk of suicidal behaviour in older adults. (JL)

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

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)

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

A systematic review of the effects of physical activity on physical functioning, quality of life and depression in older people with dementia; by Rachel Potter, David Ellard, Karen Rees (et al).

International Journal of Geriatric Psychiatry, vol 26, no 10, October 2011, pp 1000-1011.

Depression is common in older people with dementia. Physical activity is effective in reducing depression in adults, but there is limited evidence about its effectiveness in people with dementia. A systematic review and partial meta-analysis of physical activity interventions in people with dementia is reported. The authors searched for English language papers and reference lists of relevant papers. Included studies reported physical activity intervention lasting at least 12 weeks in which participants were older and had a diagnosis of dementia. Studies compared the intervention with a non-active or no-intervention control and reported at least one outcome related to physical function, quality of life or depression. At least two authors independently assessed each paper for inclusion and for study quality and extracted data. 13 randomised trials with 896 participants were included. Three of six trials that reported walking as an outcome found an improvement, as did four of the five trials reporting timed get up and go tests. Only one of the four trials that reported depression as an outcome found a positive effect. Both trials that reported quality of life found an improvement. There is some evidence that physical activity interventions improve physical function in older people with dementia. Evidence for an effect on depression and quality of life is limited. (RH)

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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)

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

What is the quality of life in the oldest old?; by Maria I Lapid, Teresa A Rummans, Bradley F Boeve ... (et al).

International Psychogeriatrics, vol 23, no 6, August 2011, pp 1003-1010.

The study aimed to investigate the relationship between self-perceived and caregiver-perceived quality of life (QOL), cognitive functioning, and depressive symptoms in the oldest old. Participants were 144 community dwellers aged 90-99 years. Collected data included neurological evaluation, DSM III-R criteria for dementia, Mini-Mental State Examination (MMSE), Dementia Rating Scale (DRS), Geriatric Depression Scale (GDS), Record of Independent Living (ROIL), and QOL assessment using the Linear Analogue Self Assessment (LASA). Of the 144 subjects, 56 had normal cognitive functioning, 13 had mild cognitive impairment (MCI), 41 had dementia, and 34 had dementia with stroke and parkinsonism (DEMSP); all were analysed over a three-year period. Mean ages ranged from 93 to 94 years, and the majority were female with at least high school education. Overall functional ability was higher in groups without dementia. All subjects reported high overall QOL, regardless of cognitive functioning. However, caregivers perceived the subjects' overall QOL to be lower with increasing severity of cognitive impairment. Lower GDS scores correlated with higher self-perceived overall QOL. Overall there was a fairly high level of QOL, whether or not cognitive impairment existed. Individuals perceived their QOL better than did caregivers, and the difference in subjects' and caregivers' perception was more pronounced for the groups with dementia. QOL was more strongly correlated with depressive symptoms than with dementia severity. (JL)

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