

Centre for Policy on Ageing  
Information Service

Selected Readings

**Depression and Older  
People**

February 2023

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## Centre for Policy on Ageing

26-28 Hammersmith Grove, London W6 7HA  
Telephone +44 (0)20 7553 6500 Facsimile +44 (0)20 7553 6501  
Email [cpa@cpa.org.uk](mailto:cpa@cpa.org.uk) Website [www.cpa.org.uk](http://www.cpa.org.uk)

## 2023

The role of social communication technologies in cognition and affect in older adults; by Jessica Resor, Steph Cooke, Benjamin Katz.: Cambridge University Press, January 2023, pp 24-52.

Ageing and Society, vol 43, no 1, January 2023, pp 24-52.

Affect and cognition have both been associated with communication across one's social network during ageing. Thus, it is important to consider how communication varies by different aspects of one's social network, and by communication mode, including phone, email and social media. This study investigated the relationship between technology-mediated communication, depression and an executive function-related fluid-reasoning measure among older adults. Data were drawn from the US Health and Retirement Study (HRS) data set's 2016 wave. Hierarchical regression analyses were conducted to examine the link between communication modes (phone, email and social media) with children, family and friends with a fluid-reasoning cognition measure and Center for Epidemiologic Studies Depression Scale (CES-D), controlling for demographic covariates, among 3,798 older American adults. Phone and email communication, but not social media, were significantly related to depression and cognition. The model fit was considerably stronger for the analyses with cognition than depression. Curvilinear associations were found for communication via phone and email with cognition, suggesting moderate amounts of communication by phone and email across social groups were most closely linked with higher scores on fluid reasoning. For depression, curvilinear relationships were found for talking on the phone with family and friends, and emailing for children and family, indicating that moderate communication levels revealed the lowest depression levels. Implications for how older adults' social support may contribute to depression and cognition status are discussed. (RH)

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

## 2022

Adaptation of a short-form nostalgia scale: convergent and divergent validity in a sample of French elders; by Audric Farrie, Valerie Igier, Christine Vanessa Cuervo-Lombard.: Taylor and Francis, February 2022, pp 407-412.

Ageing and Mental Health, vol 26, no 2, February 2022, pp 407-412.

Nostalgia is an efficient coping strategy that helps older people overcome major life transitions. To better explore the protective functions of nostalgia, the authors set out to adapt a short-form nostalgia scale to French older people, and to examine its convergent and divergent validity in terms of self-esteem, depression and well-being. Participants were 175 institutionalised French older people. After providing their written informed consent, they were asked to complete a demographic information form and to respond to four questionnaires probing self-esteem, nostalgia, depression and well-being. Principal component analyses and fit indices were used to explore convergent validity. An 8-item version showed acceptable psychometric properties and measured two dimensions of nostalgia. Spearman correlations were conducted to explore divergent validity. In the sample, the first dimension was negatively associated with global cognitive functioning, while the second dimension was positively associated with self-esteem and well-being, and negatively associated with depression. The negative relationship between depression and nostalgia supports the idea that nostalgia is a positive concept. Future research should explore factors that are liable to affect nostalgia, such as cultural differences and reminiscence therapy. (RH)

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

Adult childrens' achievements and ageing parents' depressive symptoms in China; by Haowei Wang (et al.): Cambridge University Press, April 2022, pp 896-917.

Ageing and Society, vol 42, no 4, April 2022, pp 896-917.

This study examined the association between adult children's achievements and ageing parents' depressive symptoms in China. The research topic was examined within the contexts of one-child and multiple-children families in rural and urban China. Older adults (aged 60-113, N = 8,450; nested within 462 communities/villages) from the 2013 China Longitudinal Ageing Social Survey provided information about themselves and their adult children (N = 22,738). Adult children's achievements were assessed with educational attainment, financial status and occupational status; older parents' depressive symptoms were assessed with nine items of the Chinese version of the Center for Epidemiological Studies Depression Scale (CES-D). Multilevel linear regression models were estimated separately for older parents with one child only and multiple children. For older parents with multiple children, both having one or more children with any achievement and the total number of children's achievements were associated with fewer depressive symptoms. For parents with only one child, any achievement of the child and the total number of the child's achievements were associated with fewer

depressive symptoms. Our results also indicated that the association between children's achievements and parents' depressive symptoms varied by rural-urban residence and family type. These findings contributed to the understanding of family dynamics underlying the emotional well-being of older adults in China. (RH)

ISSN: 0144686X

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

Can mild cognitive impairment with depression be improved merely by exercises of recall memories accompanying everyday conversation?: A longitudinal study 2016-2019; by Chang-Hoon Gong, Shinichi Sato.: Emerald, 2022, pp 26-35.

Quality in Ageing and Older Adults, vol 23, no 1, 2022, pp 26-35.

As the number of older people increases around the world, the number with with diseases associated with older age (including dementia) is increasing rapidly. Mild cognitive impairment (MCI), a pre-stage to dementia, is a critical treatment time to slow disease progression. However, there is currently no appropriate medication. Furthermore, MCI patients with depression are more difficult to treat. In this 3-year Japanese study, the authors sought to identify a simple cognitive intervention method to use with older people living alone who suffered from MCI and depression, and thereby demonstrate the intervention's effectiveness. Cognitive interventions were conducted for memory retrieval and steadily stimulated the brain by performing tasks to solve problems during daily conversations. The intervention group (n=52) showed improved Mini-Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) scores on the domains of cognitive function and also instrumental activities of daily living (IADLs) in the domain of motion when compared to the non-intervention group (n=52). Moreover, significant improvements in 15-item Geriatric Depression Scale (GDS-15) and quality of life scales enabled the patients to maintain stable living compared to before the intervention. In addition, the intervention group showed a change in patterns that allowed them to voluntarily devote time to going out at the end of the study. This study was originally planned to compare the rates of transmission from MCI to dementia by tracking over five years (2016-2021). However, due to the impact of COVID-19, which began to spread around the world in 2020, further face-to-face visits and cognitive intervention became impossible. Thus, only half of the data in the existing plans were collected. Although it is difficult to present accurate results for the rate of transmission from MCI to dementia, the tendency was confirmed, indicating sufficient implications as an intervention. (RH)

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From : <https://doi.org/10.1108/QAOA-09-2021-0069>

Death of a child, religion, and mental health in later life; by Jong Hyun Jung, Hyo Jung Lee.: Taylor and Francis, March 2022, pp 623-630.

Ageing and Mental Health, vol 26, no 3, March 2022, pp 623-630.

The death of a child may be one of the most stressful events for parents to experience. This study aims to assess how the death of a child prior to midlife (age 40) is associated with the mental health of parents in later life, and how this association is contingent on religious belief in a divine plan. Using data from ageing parents (aged 65+) in the six waves (2006-2016) of the US Health and Retirement Study (HRS), the study conducted negative binomial regression analyses to examine the main effects of the death of a child prior to midlife on parents' late-life depressive symptoms, and the buffering effect of religious beliefs on this main effect (N = 8,248). Growth curve modeling was used to analyse the trajectories of depressive symptoms (Obs. = 31,088). Experiencing the death of a child prior to midlife is positively associated with depressive symptoms among older adults. Yet, the association is mitigated among respondents who exhibit a high level of belief in a divine plan at baseline. Further, a gradual decline in the number of depressive symptoms over time was observed among the bereaved parents who reported a high level of belief in a divine plan. The study suggests that belief in a divine plan has a protective effect on older adults who cope with the aftermath of child loss. (RH)

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From : <https://doi.org/10.1080/13607863.2021.1889968>

Impact of the first wave of COVID-19 on the health and psychosocial well-being on Maori, Pacific Peoples and New Zealand Europeans living in aged residential care; by Gary Cheung, Sharmin Bala, Mataroria Lyndon (et al.): Wiley, June 2022, pp 293-300.

Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 293-300.

The purpose of this study was to investigate the impact of New Zealand's (NZ) first wave of COVID-19, which included a nationwide lockdown, on the health and psychosocial wellbeing of Maori, Pacific Peoples and NZ Europeans in aged residential care (ARC). interRAI assessments of Maori, Pacific Peoples and NZ Europeans aged 60 years and older completed between March and June 2020 were compared with assessments of the same ethnicities during the same period in the previous year, i.e. March to June 2019. Physical, cognitive, psychosocial and service utilisation indicators were included in the bivariate analyses. A total of 538 Maori, 276

Pacific Peoples and 11,322 NZ Europeans had an interRAI assessment during the first wave of COVID-19, while there were 549 Maori, 248 Pacific Peoples and 12,367 NZ Europeans in the comparative period. Fewer Maori reported feeling lonely but more NZ Europeans reported severe depressive symptoms during COVID. Lower rates of hospitalisation were observed in Maori and NZ Europeans. Overall the study found a lower rate of loneliness in Maori but a higher rate of depression in NZ European ARC populations during the first wave of COVID-19. Further research, including qualitative studies with ARC staff, residents and families, and different ethnic communities, is needed to explain these ethnic group differences. Longer-term effects from the COVID-19 pandemic on ARC populations should also be investigated. (JL)

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

Life during COVID-19 lockdown in Italy: the influence of cognitive state on psychosocial, behavioral and lifestyle profiles of older adults; by Arenn Faye Carlos, Tino Emanuele Poloni, Martina Caridi (et al): Taylor and Francis, March 2022, pp 534-543.

*Aging and Mental Health*, vol 26, no 3, March 2022, pp 534-543.

Few studies have examined lockdown effects on older people's way of life and well-being stratified by cognitive state. Since cognitive deficits are common in this population, this Italian study investigated how cognition influenced their understanding of the COVID-19 pandemic, socio-behavioral responses and lifestyle adaptations during lockdown, and how these factors affected their mood or memory. The authors conducted a telephone-based survey involving 204 older adults aged 65+ (median: 82) with previous assessments of cognitive state: 164 normal-old (NOLD), 24 mild-neurocognitive disorder (mild-NCD), and 18 mild-moderate dementia. A structured questionnaire was developed to assess psychological and socio-behavioral variables. Logistic regression was used to ascertain their effects on mood and memory. Results indicate that with increasing cognitive deficits, there were decreases in participants' understanding of the pandemic, the ability to follow lockdown policies, adapting to lifestyle changes, and maintaining remote interactions. Participants with dementia were more depressed; NOLDS remained physically and mentally active but were more bored and anxious. Sleeping and health problems independently increased the likelihood of depression (OR: 2.29; CI: 1.06-4.93;  $p = 0.034$  and OR: 2.45; CI: 1.16-5.16;  $p = 0.018$ , respectively). Regular exercise was protective (OR: 0.30; CI: 0.12-0.72;  $p = 0.007$ ). Worsening subjective memory complaints were associated with dementia ( $p = 0.006$ ) and depression ( $p = 0.004$ ). New-onset sleeping problems raised their odds (OR: 10.26; CI: 1.13-93.41;  $p = 0.039$ ). Finally, >40% with health problems avoided healthcare, mainly due to fear of contagion. NOLD and mild-NCD groups showed similar mood-behavioral profiles, suggesting better tolerance of lockdown. Those with dementia were unable to adapt and suffered from depression and cognitive complaints. The authors conclude that in order to counteract lockdown effects, physical and mental activities and digital literacy should be encouraged. (RH)

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

Memories of falls: resolved or unresolved memories?; by Karim Gallouj, Emin Altintas, Mohamad El Haj.: Taylor and Francis, January-February 2022, pp 58-67.

*Experimental Aging Research*, vol 48, no 1, January-February 2022, pp 58-67.

There is burgeoning interest in how older adults remember their falls; and research in this area has demonstrated how falls can reshape memory retrieval in older adults. The authors pursued this line of research by assessing whether older adults succeed in integrating memories of falls into their life stories. The authors invited 44 older adults (24 women and 20 men, mean age 63.42 years) from medical centres in France to remember their falls. These memories were analysed as to whether they were integrated or non-integrated. Analysis demonstrated no significant differences between the number of integrated and non-integrated memories. Critically, however, higher anxiety and depression was observed in participants who produced non-integrated memories than in those who produced integrated ones. The ability to integrate memories of falls in older adults is likely to be associated with anxiety and depression. Anxiety may result in avoidance of processing of the meaning of falls, and depression may hamper the ability to extract meaning from them, resulting in difficulties for older adults to integrate falls into their life story. Non-integrated memories of falls in older adults may be seen as unresolved memories and deserve special clinical attention. (RH)

ISSN: 0361073X

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

Psychological and social factors associated with coexisting frailty and cognitive impairment: a systematic review; by Alison Ellwood, Catherine Quinn, Gail Mountain.: Sage, May-June 2022, pp 448-464.

Research on Aging, vol 44, nos 5-6, May-June 2022, pp 448-464.

Those living with coexisting frailty and cognitive impairment are at risk of poorer health outcomes. Research often focuses on identifying biological factors. This review sought to identify the association psychological and social factors have with coexisting physical and cognitive decline. Six databases were systematically searched in July 2020. Studies included individuals aged 60 years or older identified as being both frail and cognitively impaired. A narrative synthesis examined patterns within the data. Nine studies were included, most employed a cross-sectional design. Depression was investigated by all nine studies, those with coexistent frailty and cognitive impairment had higher levels of depressive symptoms than peers. Findings were mixed on social factors, although broadly indicate lower education, living alone and lower material wealth were more frequent in those living with coexistent decline. Further research is needed to explore potentially modifiable psychological and social factors which could lead to the development of supportive interventions. (RH)

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From : <https://doi.org/10.1177/01640275211045603>

Risk factors affecting mental health during the early states of the Covid-19 pandemic in high-risk 50+ population in the Czech Republic; by Jitka Vaculikova, Magdalena Hankova.: Taylor and Francis, February-March 2022, pp 143-167.

Journal of Gerontological Social Work, vol 65, no 2, February-March 2022, pp 143-167.

This study dealt with key factors affecting mental health during the COVID-19 pandemic. The results were based on the longitudinal representative 50+ population-based multi-country panel study Survey of Health, Aging and Retirement in Europe (SHARE) in which representative samples of individuals in European countries plus Israel were collected. The goal was to turn the challenges of ageing into opportunities as well as provide valid and reliable data for evidence-based policies. 2,631 participants were interviewed by telephone in the Czech Republic during the initial stages of the COVID-19 outbreak in 2020. After a descriptive analysis showed that participants complied well with most preventative and protective COVID-19 measures, subsequent modelling using logistic regression analysis and a decision tree algorithm identified key determinants that contributed to an understanding of variation in declared feelings of depression. It was found that nervousness, previously unexperienced trouble with sleep and self-rated health status before the COVID-19 outbreak and gender remained significant predictors of depression, from which statistically significant different categories concerning the percentage of depression could be formed. These identified potential risk factors should be considered in planning further supportive strategies for high-risk 50+ populations. (JL)

ISSN: 01634372

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

Risk factors for depression in older adults in Bogotá, Colombia; by Ana María Salazar, María Fernanda Reyes, María Paula Gómez (et al).: Emerald, 2022, pp 109-119.

Working with Older People, vol 26, no 2, 2022, pp 109-119.

This paper aimed to identify psychosocial, demographic and health risk factors associated with depression in older people. A correlational study with 281 independent and autonomous community-dwelling older adults aged over 60 from Bogotá, Colombia, was conducted. The three instruments used to measure the variables included in the data analyses were Demographic and Health Data Questionnaire, Short version of 15 items of Geriatric Depression Scale (GDS) and Montreal Cognitive Assessment Test (MoCA). 15% of the participants presented depression. Depression was associated with different demographic, low social support and health factors in this population group and was particularly high in women. Being a woman with poor social support networks and a previous history of depressive episodes were considered as determining factors within a clinical risk profile for depression in older adulthood. It is essential to design prevention strategies focused on women and on the development of better social support in old age. Depression is a prevalent and highly disabling disease. Furthermore when it is suffered by an older person it is associated with higher mortality, functional dependence, poor physical health, worse quality of life indicators and psychological wellbeing. In older people the clinical diagnosis of depression is difficult as it has a high comorbidity and is often confused with other health conditions prevalent during older adulthood. (JL)

ISSN: 13663666

From : <https://www.emeraldinsight.com/loi/wwop>

Rural place attachment and urban community integration of Chinese older adults in rural-to-urban relocation; by Jinfeng Zhang, Bin Wang.: Cambridge University Press, June 2022, pp 1299-1317.

Ageing and Society, vol 42, no 6, June 2022, pp 1299-1317.

With China's rapid urbanisation, many residents, especially older adults, are suffering from psychological problems induced by rural-to-urban relocation. This study examines the association between older adults' rural place attachment and their depression after relocation, as well as the protective roles of neighbourhood social cohesion and sense of community in the relocation place. Chinese older adults (N = 224) who relocated from rural villages to urban communities completed a survey for this study. The results showed that older adults with stronger rural place attachment experienced more depressive symptoms and a lesser sense of community in the relocation place. In addition, the association between rural place attachment and depression was weakened by neighbourhood social cohesion. That is, compared with older adults perceiving low neighbourhood social cohesion, the positive association between rural place attachment and depression was weaker for older adults perceiving high neighbourhood social cohesion. Furthermore, neighbourhood social cohesion's protective role depended on a sense of community. In particular, neighbourhood social cohesion buffered the association between rural place attachment and depression for older adults with a strong sense of community, but not for older adults with a weak sense of community. These results have implications for developing resources within neighbourhoods and communities to promote relocation adjustment for older people. (RH)

ISSN: 0144686X

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

## 2021

Always alone?: Network transitions among detached older Europeans and their effects; by Howard Litwin, Michal Levinsky.: Cambridge University Press, October 2021, pp 2299-2313.

Ageing and Society, vol 41, no 10, October 2021, pp 2299-2313.

The present study investigated changes that occurred within the interpersonal environments of a sample of socially isolated older Europeans after four years. Based upon data from the Survey of Health, Ageing and Retirement in Europe (SHARE), the inquiry looked at 834 older people who were socially detached at baseline, at follow-up or at both time-points. The analysis traced changes in relation to the social network types that they acquired or left. Findings indicated that respondents more frequently moved from no-network status at baseline to close family-based social network types at follow-up than to other network types. In comparison the loss of a network at follow-up was seen to originate from close networks and from other network types alike. Multivariate analysis revealed that those who moved from socially detached status to close-family networks had fewer depressive symptoms compared to those who moved to other network types. However the move from a close-family network to the no-network status was about as depressing as was being chronically isolated. The effects of network transitions were more varied in relation to the life satisfaction outcome. In sum, the findings suggest that a transition out of social isolation in late life is possible and it may be beneficial as well. (JL)

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From : <https://doi.org/10.1017/S0144686X20000240>

Aquatic exercise for improving immune function and mental stress in pre-frailty elderly women; by Eunjae Lee, Seung-Taek Lim, Woo-Nam Kim.: Taylor and Francis, November-December 2021, pp 611-619.

Journal of Women and Aging, vol 33, no 6, November-December 2021, pp 611-619.

The effect of aquatic exercise on immune response was investigated in 40 pre-frailty older women who were recruited from a Community Centre in Barsan, South Korea. The supervised aquatic exercise intervention ran 3 days per week for 12 weeks. IgA, IgG, and IgM immunoglobulins were significantly increased, and IgE was significantly decreased in the exercise group. Tension-anxiety, depression and confusion were significantly decreased, and anger-hostility was significantly increased in the exercise group. This study indicates that an aquatic exercise is an effective lifestyle intervention strategy for improving immune function and mood state in pre-frailty older women. (RH)

ISSN: 08952841

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

Characteristics and effectiveness of cognitive behavioral therapy for older adults living in residential care: a systematic review; by Phoebe Chan, Sunil Bhar, Tanya E Davison (et al).: Taylor and Francis, February 2021, pp 187-205.

Ageing and Mental Health, vol 25, no 2, February 2021, pp 187-205.

Cognitive behaviour therapy (CBT) for depression and anxiety for older adults living in residential aged care facilities (RACFs) needs to accommodate the care needs of residents and the circumstances of RACFs. This systematic review examined the delivery and content characteristics of these interventions in relation to

participant satisfaction, staff appraisal, uptake rate, attrition rate and treatment effectiveness. Such a review could provide important information for the development of future CBT-based interventions. Studies that examined the application of CBT for depression or anxiety in RACFs were identified by systematically searching a number of relevant databases. Reference lists of all included studies were examined and citation searches on the Web of Science were conducted. Two independent reviewers were involved in screening articles and in extracting data and assessing methodological quality of the selected studies. Across the 18 studies included in this review the most common therapeutic strategy was pleasant activities scheduling. Studies varied on treatment duration (2-24 weeks), number of sessions (6-24) and length of sessions (10-120 min). Residents and staff members were satisfied with the CBT interventions. The average uptake rate was 72.9%. The average attrition rate was 19.9%. Statistically significant results were reported in eight of the 12 randomised controlled trials (RCTs). In these eight RCTs, CBT was characterised by psychoeducation, behavioural activation and problem solving techniques. Furthermore the therapists in six of these studies had training in psychology. BT interventions for depression and anxiety are acceptable to RACF residents and judged positively by staff members. Effective studies differed from non-effective studies on content and training characteristics but not on other delivery features. (JL)

ISSN: 13607863

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

Decomposing the effects of childhood adversity on later-life depression among Europeans: a comparative analysis by gender; by Georgia Verropoulou, Eleni Serafetinidou, Cleon Tsimbos.: Cambridge University Press, January 2021, pp 158-186.

Ageing and Society, vol 41, no 1, January 2021, pp 158-186.

The aims of the present study are twofold: first, to examine the importance of socio-economic disadvantage, adverse experiences and poor health in childhood on later-life depression by sex and, second, to discern the direct and indirect effects of childhood circumstances using a decomposition technique. Data are derived from Waves 2 and 3 of the Survey of Health, Ageing and Retirement in Europe (SHARE). The methods involve use of logistic regression models and a decomposition approach. The findings indicate that childhood socio-economic status (SES) for both genders and cognitive function for men have only a significant direct effect, consistent with the critical period model. Childhood health for men and poor parental mental health for women are nearly fully mediated by adulthood and later-life circumstances, a fact in line with the pathway model. Poor childhood health, parental excessive alcohol consumption and cognitive function for women and adverse experiences for men have both significant direct and indirect effects, consistent with both models. Mediating factors include poor adulthood and later-life health, socio-economic adversity and stress; adulthood and later-life SES mediate early life health and adverse experiences more strongly for men, whereas stress seems to mediate early life adverse experiences to a greater extent among women. Intervening policies should address childhood adversity while considering the differential vulnerability of men and women.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19000977>

Depressive symptoms among elderly men and women who transition to widowhood: comparisons with long term married and long term widowed over a 10-year period; by Jiao Yu, Eva Kahana, Boaz Kahana, Changming Han.: Taylor and Francis, May-June 2021, pp 231-246.

Journal of Women and Aging, vol 33, no 3, May-June 2021, pp 231-246.

This study explores gender differences in mental health sequelae of transition to widowhood among old-old people living in retirement communities. Data are based on a prospective panel survey of 748 older adults (mean age = 78) in a large retirement community on the west coast of Florida; follow-ups were conducted over a 10-year period. Mixed-effects models suggest that older widows and widowers experienced sharp increases of depressive symptoms subsequent to spousal loss. Men showed stable increases of depressive symptoms after widowhood, whereas an inverted U-shape curve of depressive symptoms was prominent for older women. Findings indicate that women are more resilient and are better able to cope with spousal loss than are their male counterparts. (RH)

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

Depressive symptoms in elderly people participating in University of the Third Age and residents in nursing homes: the role of optimism and acceptance of passing; by Edyta Idczak-Paces, Adrian Kabat, Adrianna Krzywik, Iwona Nowakowska.

Research on Ageing and Social Policy, vol 9, no 2, 2021, pp 105-132.

Older people as an age group need particular support in preventing development of depressive symptoms, among others, due to the prospect of death. This group is heterogenous in terms of characteristics of ways of



spending leisure time, which - as an important aspect of everyday life affecting the quality of interpersonal relationships and well-being - might be related to the level of their depressive symptoms. This study aimed to find out whether participation in University of Third Age (U3A; leisure time spending directed at personal development) activities versus being a Nursing Home resident (NH; leisure time spending, directed at compensation of difficulties associated to the aging process) may differentiate older people in terms of the level of depression taking into account their optimism and acceptance of passing. The study was pencil-and-paper questionnaire-based, conducted on a sample of people aged 60+: participants of U3A (N=48) and NH (N=54). In the U3A group, consistently for all levels of acceptance of passing, the higher the level of optimism, the lower the depressive symptoms. However, for the NH group, the higher the acceptance of passing, the lower the role of optimism in predicting depressive symptoms. (OFFPRINT) (RH)

ISSN: 20146728

From : <http://dx.doi.org/10.447/rasp.2021.5782>

Do gender differences in housework performance and informal adult caregiving explain the gender gap in depressive symptoms of older adults?; by Jennifer Tabler, Claudia Geist.: Taylor and Francis, January-February 2021, pp 41-56.

Journal of Women and Aging, vol 33, no 1, January-February 2021, pp 41-56.

The authors assess whether gender differences in domestic time-use, including informal adult caregiving and housework, explain the gender gap in depression among older adults. They use data from the 2009 and 2013 Disability and Use of Time (DUST) supplement of the US Panel Study of Income Dynamics (PSID) to model depressive symptoms as a function of informal adult caregiving and housework. The analytic sample includes 539 men and 782 women. Findings suggest informal adult caregiving is associated with increased depressive symptoms for women ( $p < .05$ ) and men ( $p < .05$ ). Time spent on housework is associated with decreased depressive symptoms for women and female caregivers ( $p < .01$ ). Women may experience elevated depressive symptoms relative to men, despite their domestic time-use. (RH)

ISSN: 08952841

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

Enhancing care transitions intervention with peer support to improve outcomes among older adults with co-occurring clinical depression: a pilot study; by Kyaien O Conner, Amber M Gum, Lawrence Schonfield (et al.): Taylor and Francis, October-December 2021, pp 324-339.

Home Health Care Services Quarterly, vol 40, no 4, October-December 2021, pp 324-339.

The Care Transitions Intervention (CTI) is an evidence-based intervention aimed at supporting the transition from hospital back to the community for patients to ultimately reduce preventable re-hospitalization. In a pilot randomized controlled trial (RCT), the authors examined the preliminary effectiveness of an Enhanced Care Transitions Intervention (ECTI), CTI with the addition of peer support, for a racially and ethnically diverse sample of older adults (age 60+) with co-morbid major depression. The authors observed a significant decline in health-related quality of life (HRQOL) after being discharged from the hospital among those who received CTI. Additionally, those who received ECTI either maintained HRQOL scores, or, saw improvement in HRQOL scores. Findings suggest the Enhanced Care Transitions Intervention can maintain or improve HRQOL and reduce disparities for older participants from diverse racial/ethnic backgrounds with clinical depression. (RH)

ISSN: 01621424

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

"Give and receive": the impact of an intergenerational program on institutionalized children and older adults; by Maria Raquel Barbosa, Anabela Campinho, Graca Silva.: Taylor and Francis, 2021, pp 283-304.

Journal of Intergenerational Relationships, vol 19, no 3, 2021, pp 283-304.

A mixed-method approach was used in this Portuguese study to describe the effects of a intergenerational programme on self-esteem, loneliness, depression and happiness of a sample of six institutionalised children and six institutionalised older people. This 1-year programme of 2-hour meetings held monthly each comprised three key parts: a warm-up in which each participant shared something about his/her past month; an activity suggested by a theme from reading an excerpt from Antoine de Saint-Exupery's 'The Little Prince'; and reflecting on the processes experiences together. Positive outcomes occurred in purpose, well-being and positive emotions, intergenerational sharing and community involvement. Difficulties found were mobility constraints, low emotional expression and alphabetisation (in older people), difficulty in establishing affective bonds (in children), also length and periodicity. The implications of the psychosocial impact of such programmes on the various aspects implicated in the intergenerational relationships are highlighted. (RH)

ISSN: 15350770

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

Internal migration and the health of middle-aged and older persons in China: the healthy migrant effect reconsidered; by Li Gao, Margaret J Penning, Zheng Wu (et al.): Sage, October-December 2021, pp 345-357.

Research on Aging, vol 43, nos 9-10, October-December 2021, pp 345-357.

This study investigated associations between internal migration and health among middle-aged and older adults in China, including variations associated with type of migration (rural-to-urban, urban-to-rural, rural-to-rural, urban-to-urban). Data were drawn from China's Health and Retirement Longitudinal Study (2011, 2013, 2015). Lagged panel and fixed-effect regression models addressed associations between migration and health outcomes (self-rated health, depression) while controlling for pre-migration and post-migration selection effects. Study results revealed the positive implications of rural-to-urban migration for the self-rated health of middle-aged but not older adults. They also pointed to the positive effects of migration within and to rural areas for the self-rated and mental health of older adults. Overall, although migration may be beneficial to the health of internal migrants in China, complexities associated with age, type of migration and the health outcome involved need to be taken into account. (JL)

ISSN: 01640275

From : <https://doi.org/10.1177%2F0164027520958760>

Life goes on: the influence of the perceived quality of social relations on older women's mental health after the loss of a partner in Europe; by Jordi Gumà, Celia Fernández-Carro.: Taylor and Francis, January 2021, pp 53-60.

Ageing and Mental Health, vol 25, no 1, January 2021, pp 53-60.

The loss of a spouse or partner is a major stressor undermining one's mental health, especially in midlife and old age. Social ties are key moderators of the impact of bereavement, serving to enhance psychological resilience and facilitating social engagement and access to resources. The aim of this study was to explore the association between depression levels and the interaction between the composition of and level of satisfaction with social networks among women who had lost their husband. The study was undertaken from a crossnational perspective, examining women throughout Europe. The research used data from the sixth wave of the SHARE (Survey of Health, Ageing and Retirement in Europe) Survey. Using linear regression models the study found that negative evaluations of social relations influenced the mental health of European widows, mostly when relatives exclusively composed their social network. The perceived quality of that network had more impact on the mental health of older widows in Northern and Western European countries than in their Southern and Eastern counterparts. (JL)

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

A model-driven approach to better identify older people at risk of depression; by Chiara Gennaro, Omar Paccagnella, Paola Zaninotto.: Cambridge University Press, February 2021, pp 339-361.

Ageing and Society, vol 41, no 2, February 2021, pp 339-361.

Depression in later life is one of the most common mental disorders. Several instruments have been developed to detect the presence or the absence of certain symptoms or emotional disorders, based on cut-off points. However, the use of a cut-off does not allow identification of depression sub-types or distinguish between mild and severe depression. As a result, depression may be under- or over-diagnosed in older people. This paper aims to apply a model-driven approach to classify individuals into distinct sub-groups, based on different combinations of depressive and emotional conditions. This approach is based on two distinct statistical solutions: first, a latent class analysis is applied to the items collected by the depression scale and, according to the final model, the probability of belonging to each class is calculated for every individual. Second, a factor analysis of these classes is performed to obtain a reduced number of clusters for easy interpretation. We use data collected through the EURO-D scale in a large sample of older individuals, participants of the sixth wave of the Survey of Health, Ageing and Retirement in Europe. We show that by using such a model-based approach it is possible to classify individuals in a more accurate way than the simple dichotomisation 'depressed' versus 'non-depressed'.

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Music and memory: the impact of individualized music listening on depression, agitation, and positive emotions in persons with dementia; by Andreas Huber, Sandra Oppikofer, Laura Meister (et al.): Taylor and Francis, January-March 2021, pp 70-84.

Activities, Adaptation and Ageing, vol 45, no 1, January-March 2021, pp 70-84.

This Swiss study aimed to investigate the impact of a music-based intervention on depression, agitation, and positive emotions among 23 people with dementia, using a crossover design. Along with a caregiver, each participant received a total of 16 sessions of individualised music listening. All sessions were filmed, resulting

in 362 videos, and the content was analysed. Depression scores decreased significantly over time while agitated behaviour showed a constant moderate level without any significant decreases. Positive emotions occurred significantly more often than negative emotions during the music listening. Individualised music listening induced positive emotions and reduced depression scores over time. (RH)

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

Relationship between depressive symptoms and capability to live well in people with mild to moderate dementia and their carers: results from the Improving the experience of Dementia and Enhancing Active Life (IDEAL) programme; by Yu-Tzu Wu, Linda Clare, Fiona E Matthews.: Taylor and Francis, January 2021, pp 38-45.

*Aging and Mental Health*, vol 25, no 1, January 2021, pp 38-45.

Depression is a common condition in dementia and has a substantial impact on quality of life and wellbeing. There is limited evidence on how depressive symptoms in the person with dementia impact on the carer, and vice versa. The aim of this study was to investigate dyadic relationships between depressive symptoms and capability to live well in both people with dementia and their carers and to examine whether people with dementia who do not have a carer are more vulnerable to the impact of depressive symptoms than those who have a carer. Using a large cohort study of 1,547 community-dwelling people with mild to moderate dementia and 1,283 carers in Great Britain, a Bayesian analysis framework was developed to incorporate 981 dyads, 127 people with dementia whose carers did not participate, 137 people with dementia who did not have a carer, and 302 dyads with missing data and estimate actor and partner relationships between depressive symptoms and capability to live well, which was expressed as a latent factor derived from measures of quality of life, life satisfaction and wellbeing. Depressive symptoms in people with dementia and carers had negative associations with capability to live well both for the individual and for the partner. Compared to those who had a carer, depressive symptoms had a greater impact on capability to live well in people with dementia who did not had a carer. The impact of depression may extend beyond the person experiencing the symptoms. Future interventions for depressive symptoms should utilise this potential wider impact to understand and optimise treatment effects. (JL)

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

Social frailty and depression among older adults in Ghana: insights from the WHO SAGE surveys; by Prince M Amegbor, Vincent Z Kuuire, Alfred E Yawson, Mark W Rosenberg, Clive E Sabel.: Sage, February 2021, pp 85-95.

*Research on Aging*, vol 43, no 2, February 2021, pp 85-95.

This study examines the association between social frailty and depression among older adults in Ghana over time. It employs longitudinal data analysis to examine the association between social frailty, socioeconomic status and depression using data from the WHO-SAGE survey. Descriptive and cross-tabulation analyses show that the prevalence of depression and social frailty among older adults decreased considerably in 2014/2015 compared to 2007/2008. The finding also reveals a huge reduction in social frailty among older adults in northern Ghana-the most deprived regions in Ghana-compared to those in southern Ghana. The multivariate panel data analysis reveals that depression was significantly associated with social isolation, financial needs, and physical needs. The findings suggest an over time decline in social frailty and depression among older adults, as well as, reduction in regional differences in social frailty and depression among older adults in Ghana.

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## 2020

Accumulated lifecourse adversities and depressive symptoms in later life among older men and women in England: a longitudinal study; by Jane Falkingham (et al).: Cambridge University Press, October 2020, pp 2079-2105.

*Ageing and Society*, vol 40, no 10, October 2020, pp 2079-2105.

This paper investigates the association between accumulated major lifecourse adversities and later-life depressive symptoms among older people in England, both at a single point in time (prevalence) and the onset over time during later life (incidence), using data from the English Longitudinal Study of Ageing. Using retrospective data on the experience of major life adversities from childhood onwards, five latent classes were identified: no/few lifecourse adversities (58.6%), lost relationship (27.0%), chained adversities (2.4%), childhood adversities (6.3%) and war-related adversities (5.7%). Older people who had experienced 'chained adversities', 'childhood adversities' and 'a lost relationship' had higher odds of presenting current depressive symptoms in 2006, even after controlling for socio-demographic characteristics, health-risk behaviours and

social resources. Longitudinal analysis indicated that amongst respondents who were clear of depression in 2006, those older people who had experienced childhood adversities, a lost relationship and war-related adversities experienced a higher risk of having a new case of depressive symptoms. Results further indicate that women's mental health in later life is more sensitive to earlier life adversities than men's. The study shows that intervention earlier in the lifecourse may have benefits for the individual both contemporaneously and over the longer term.

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Acute effect of Xbox exercise on mood states in older adults; by Milca Abda de Moraes, Braulio Evangelista de Lima, Luiz Carlos Bandeira Santos Junior.: Taylor and Francis, April-June 2020, pp 146-156.

Activities, Adaptation and Aging, vol 44, no 2, April-June 2020, pp 146-156.

Several changes are caused by ageing, among them, the higher prevalence of mood disorders. There is evidences about the positive effect of acute and chronic exercise on mood in older adults. In this Brazilian research, 29 older adults were assessed ( $66.4 \pm 0.8$  SE years; 14 men and 15 women). Participants were evaluated in two 60-min conditions in a within-subjects study: (1) Control Condition ? watching a film; (2) Exercise Condition ? exercising with the Xbox Kinect. Both activities promoted improvements in mood. Moreover, higher enjoyment during the exercise in the Xbox Kinect was associated with greater improvement in mood. (RH)

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

Assessing the impact of partial early retirement on self-perceived health, depression level and quality of life in Belgium: a longitudinal perspective using the Survey of Health, Ageing and Retirement in Europe (SHARE); by Jacques Wels.: Cambridge University Press, March 2020, pp 512-536.

Ageing and Society, vol 40, no 3, March 2020, pp 512-536.

For about 20 years, Belgium has successfully implemented working-time reduction policies for the older workforce. However, the impact of such policies on health has not been explored yet. The author uses longitudinal data for 1,498 respondents aged 50+ from Waves 5 and 6 of the Survey of Health, Ageing and Retirement in Europe (SHARE) to assess whether working-time reduction in late career is associated with a change in self-perceived health, depression (EURO-D) and quality of life (CASP-12). For that purpose, ordered logit and ordinary least squares regressions are performed, using four different models for defining working-time reductions. Results show that people reducing working time, with or without additional social benefits, tend to have a poorer self-perceived health at follow-up compared with people keeping the same or increasing working time. By comparison, people moving to retirement are more likely to present a better self-perceived health, depression level and quality of life compared to those who increase or keep the same working-time level. Although introducing an interaction effect, the paper shows that, in addition to social benefits, the change in quality of life for respondents reducing working hours tends to be less negative for those who wished to retire early at baseline than for those who did not. (RH)

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

Attachment style, loneliness and depression in older age women; by Ruth Spence, Catherine Jacobs, Antonia Bifulco.: Taylor and Francis, May 2020, pp 837-839.

Ageing and Mental Health, vol 24, no 5, May 2020, pp 837-839.

Older adults tend to have more avoidant attachment styles which may make them more vulnerable to becoming isolated and lonely and increase the risk for developing mental health problems. A sample of 217 older women participated in this study, which used intensive interviews and logistic regression to explore how insecure attachment styles were associated with poor social support, isolation, loneliness and depression. Study findings showed that avoidantly attached adults were at an increased risk for social isolation. Specifically, older adults with an angry-dismissive style were more likely to be lonely and experience mental health problems. Attachment style should be taken into consideration when promoting healthy ageing. (JL)

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

Continuation sessions of mindfulness-based cognitive therapy (MBCT-C) vs. treatment as usual in late-life depression and anxiety: an open-label extension study; by Elena Dikaios (et al.): Wiley, October 2020, pp 1228-1232.

International Journal of Geriatric Psychiatry, vol 35, no 10, October 2020, pp 1228-1232.

Mindfulness-based cognitive therapy (MBCT) is a novel treatment for depression. This published randomized controlled trial shows that MBCT improves symptoms of late-life depression (LLD) and anxiety (LLA). The

study examines whether continuation sessions of MBCT (MBCT-C) can prevent LLD/LLA symptom recurrence. Following an 8-week MBCT intervention, the study compared patients who attended open-label weekly 1-hour MBCT-C for another 26 weeks (n = 10) vs those who did not (n = 17) for change in depressive and anxiety symptoms. While there were no significant differences between groups on depressive or anxiety symptom severities between 8- and 34- weeks (Cohen's d = 0.045), a small clinical effect of MBCT-C on symptoms of anxiety (d = 0.29) was observed. These preliminary results suggest that MBCT-C may be somewhat beneficial for symptoms of LLA, but not for LLD. Healthcare providers should consider what is clinically feasible before investing time and resources into MBCT-C in older adults with depression and/or anxiety.

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

Depressive symptoms predict increased social and emotional loneliness in older adults; by Joanna McHugh Power, Caoimhe Hannigan, Philip Hyland (et al.): Taylor and Francis, January 2020, pp 110-118.

*Aging and Mental Health*, vol 24, no 1, January 2020, pp 110-118.

Explorations of relationships between loneliness and depression have focused on loneliness as a unidimensional construct. It was hypothesised that reciprocal relationships may exist between depressive symptomatology and social and emotional subtypes of loneliness. Using data from 373 adults aged over 50 who participated in an observational cohort study, a cross-lagged approach within a Structural Equation Modelling framework was employed in order to investigate reciprocal links between depressive symptomatology and social and emotional loneliness across two waves of data collection two years apart (controlling for age, sex, education, comorbidities, social network index and perceived stress). Both depressive symptomatology and loneliness decreased slightly between waves. Auto-regressive effects were strong for all three variables of interest. Cross-lagged pathways were evident, such that depressive symptomatology at baseline predicted both emotional and social loneliness at follow-up. Neither emotional nor social loneliness at baseline predicted depressive symptomatology at follow-up. These results challenge existing understanding of the associations between loneliness and depression. Further investigation of emotional and social loneliness in individuals with depressive disorders is warranted. Findings are discussed in relation to mechanisms that may explain the relationships observed and possible implications. (JL)

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

Determination of abuse and depression in the elderly; by Fadime Sen, Meltem Meric.: Taylor and Francis, January-February 2020, pp 60-71.

*Journal of Elder Abuse and Neglect*, vol 32, no 1, January-February 2020, pp 60-71.

This study was conducted to assess abuse and depression in elderly individuals. The universe of this descriptive and cross-sectional study consisted of individuals over the age of 65 years who were attending in a university at Turkish Republic of Northern Cyprus hospital between October 2017 and March 2018. The sample consisted of a total of 310 elderly individuals. In the study, the Geriatric Depression Scale and the Hwalek-Sengstock Elder Abuse Screening Test were used as data collection tools. It was determined that abuse and depression scores were high in elderly individuals who were single, who had an primary school education or below, who had an income less than their expenditure, who had no social security. There was a positive, significant and moderate relationship found between the depression and abuse scores of the elderly individuals. It is recommended that mental health professionals should consider the association of depression and abuse for the risk groups determined in the study.

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From : [www.tandfonline.com](http://www.tandfonline.com)

Differential effects of social support by sexual orientation: a study of depression symptoms among older Canadians in the CLSA; by Arne Stinchombe, Nicole G Hammond, Kimberley Wilson.: Sage, October-December 2020, pp 251-261.

*Research on Aging*, vol 42, nos 9-10, October-December 2020, pp 251-261.

This study examined differences in symptoms of mental illness, specifically depression, by sexual orientation and examined the protective role of social support among lesbian, gay, and bisexual (LGB) older Canadians. Data were drawn from the Canadian Longitudinal Study on Aging, a national study of adults aged 45-85 years at baseline (n = 46,157). The study examined whether the effect of sexual orientation on depression symptoms was moderated by four types of social support: emotional/informational support, affectionate support, tangible support, and positive social interaction. LGB identification was associated with increased depression symptoms relative to heterosexual participants. After adjustment for covariates, bisexual identity remained a significant predictor of depression symptoms. Low emotional/informational social support was associated with increased

depression symptoms, an effect that was most pronounced for lesbian and gay participants. The findings contribute to the growing body of research on the mental health of older LGB people.

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From : <http://www.journals.sagepub.com/home/roa>

Documented outcomes for older adults in intergenerational programming: a scoping review; by Kathy Lee, Shannon E Jarrott, Lisa A Juckett.: Taylor and Francis, 2020, pp 113-138.

Journal of Intergenerational Relationships, vol 18, no 2, 2020, pp 113-138.

Despite the reported benefits of intergenerational programming, relatively few empirical studies have reported outcomes specific to older adult participants. The authors conducted a scoping review to assess older adult-specific outcomes that have been quantitatively assessed in the intergenerational programming literature and the tools used to measure such outcomes. They identified 28 studies that used quantitative measures to assess older adult outcomes - such as depression, loneliness and quality of life. Researchers are encouraged to adopt rigorous methodologies when assessing outcomes for older people, in order to highlight the impact of intergenerational programming for older participants. (RH)

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

The effect of living in communal homes on the depressive symptoms of older women living in rural areas: the mediating role of the socio-physical environment; by Hjunjoo Lee, Sojung Park, Lee Changu.: Taylor and Francis, January-February 2020, pp 68-90.

Journal of Women and Aging, vol 32, no 1, January-February 2020, pp 68-90.

This study examined the effects of the village communal living model on depressive symptoms, focusing on the mediating roles of perceived environment among rural older women in South Korea. Data came from a sample of 168 residents in 18 housing communities. Propensity score analysis and structural equation modelling were used. Overall results showed that living in VCH (village community housing) was associated with lower levels of depression. Also women living in such communities were likely to have better perceived social and physical environments. (JL)

ISSN: 08952841

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

The effectiveness of spiritual reminiscence therapy for older people with loneliness, anxiety and depression in Malaysia; by Sharifah Munirah Syed Elias, Christine Neville, Theresa Scott, Andrea Petriwskyj.: Taylor and Francis, 2020, pp 341-356.

Journal of Religion, Spirituality and Aging, vol 32 no 4, 2020, pp 341-356.

The present study aimed to determine if an SRT program is effective in reducing loneliness, anxiety and depression for older people living in a residential aged care facility in Malaysia. A randomized controlled trial design was used. The primary outcome measures were the UCLA Loneliness Scale, the Geriatric Anxiety Scale (GAS) and the Malay version of the 14-item Geriatric Depression Scale (M-GDS-14). Of 180 residents, 34 participated. The within-group analysis revealed significant mean differences for loneliness and depression. The findings suggest the value of group-based interventions for older people with loneliness and depression but were inconclusive on the effectiveness of SRT specifically.

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From : <https://doi.org/10.1080/15528030.2020.1765448>

Elder mistreatment and psychological distress among U.S. Chinese older adults; by Ying-Yu Chao, Mengting Li, Shou-En Lou (et al).: Taylor and Francis, November-December 2020, pp 434-452.

Journal of Elder Abuse and Neglect, vol 32, no 5, November-December 2020, pp 434-452.

This study aimed to examine the associations between different types of elder mistreatment, anxiety symptoms, and depressive symptoms among American Chinese older adults. Data were derived from the Population Study of Chinese Elderly (PINE), a study of Chinese older people aged 60+ in the greater Chicago area from 2011-2013. Measurements include elder mistreatment screening tools, the Hospital Anxiety and Depression Scale (HADS), and the Patient Health Questionnaire-9. Negative binomial regressions and logistic regressions were performed. The study found that participants with any mistreatment, psychological mistreatment, physical mistreatment, financial exploitation or caregiver neglect were more likely to have anxiety symptoms and depressive symptoms. Sexual mistreatment was not associated with symptoms of anxiety and depression. Thus, the rate of psychological distress differs based on the types of mistreatment among American Chinese older adults. The findings underline the need for public and community awareness, and improved education for health care professionals. (RH)

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

Factors associated with post-traumatic stress disorder (PTSD) following natural disaster among Indonesian elderly; by Gading Ekapuja Aurizki, Ferry Efendi, Retno Indarwati.: Emerald, 2020, pp 27-38.

Working with Older People, vol 24, no 1, 2020, pp 27-38.

This was a cross-sectional study involving 152 older people who survived the Lombok earthquake and were selected conveniently by going door-to-door. The study was conducted in two worst-affected districts of Lombok Utara regency. PTSD was diagnosed using a modified version of the Clinician-Administered PTSD Scale version 5 (CAPS-5). The demographic data were assessed using a self-developed questionnaire consisting of 13 items. All data were analysed by descriptive analysis, Chi-Square test and binary logistic regression with  $p < 0.05$ . Out of the 152 older people, 91 (59.9 percent) suffered PTSD. Intrusion symptoms were the most common symptoms experienced by the respondents (94.1 percent). The factors associated with the PTSD in the older people after the earthquake were having chronic illnesses (OR=2.490; 95% CI=1.151-5.385), public health centre utilisation (OR=2.200; 95% CI=1.068-4.535) and occupational status before the disaster (OR=2.726; 95% CI=1.296-5.730). These findings highlight that individual factors and access to health care services remain an important aspect of stress identification among older people following a disaster event. (NL/RH)

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From : <http://www.emeraldinsight.com/loi/wwop>

Family status and later-life depression among older adults in urban Latin America and the Caribbean; by Nekehia T Quashie, Flavia C D Adrade.: Cambridge University Press, February 2020, pp 233-261.

Ageing and Society, vol 40, no 2, February 2020, pp 233-261.

Rapid fertility declines in Latin American and Caribbean countries since the 1960s have contributed to smaller family sizes among the current cohorts of older adults. As the family unit is highly valued as a source of social support, this may have mental health implications in these societies. This study examines the association between parental status, marital status and the likelihood of experiencing depressive symptoms of 9,756 adults 60 years and older in seven cities within Latin America and the Caribbean: Buenos Aires, Bridgetown, Sao Paulo, Santiago, Havana, Mexico City and Montevideo. The study uses data from the 2000 Survey of Health, Well-being and Aging in Latin America and the Caribbean (SABE). Results from multivariate logistic regressions indicate that parental status is not significantly associated with depressive symptoms. Nonetheless, unmarried older adults, both those living alone and those living with others, are more vulnerable to experiencing depressive symptoms than their married counterparts. Marriage is especially protective for older adults in Havana and Montevideo. Older adults' perceived income adequacy significantly moderates the relationship between marital status and depressive symptoms. Other significant covariates, such as experiencing disability and comorbidity, showed positive associations with depressive symptoms. While families may still represent a critical component for the mental health of older adults, broader investments in health across the life-span are needed to improve individual psychological well-being. (RH)

ISSN: 0144686X

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

Ghosts from the past?: the association between childhood interpersonal trauma, attachment and anxiety and depression in late life; by Lies Van Assche, Luc Van de Van, Mathieu Vandenbulcke, Patrick Luyten.: Taylor and Francis, June 2020, pp 898-905.

Ageing and Mental Health, vol 24, no 6, June 2020, pp 898-905.

Research suggests that vulnerability for anxiety and depression in later life results from a complex interaction between neurobiological and environmental factors. In this context there is growing evidence for the role of childhood trauma on vulnerability for both anxiety and depression throughout the course of life, mainly through its effects on attachment as a biologically based neurodevelopmental stress regulation system. Yet the impact of childhood trauma on depression and anxiety in later life specifically remains unclear. The current study aimed to investigate the association between retrospectively reported childhood interpersonal trauma, attachment dimensions and levels of anxiety and depression in later life. A sample of 81 community dwelling older adults completed measures of early and current adversity, attachment dimensions and levels of anxiety and depression. Results showed that the occurrence and frequency of childhood trauma but not later negative adult life events was associated with later life anxiety and depression. Both attachment anxiety and avoidance were related to anxiety and depression. Only attachment anxiety affected the association between childhood trauma and emotional neglect in particular, and later life anxiety and depression. Childhood trauma may be associated with anxiety and depression in later life. Part of this association is probably indirect, via the effect of insecure attachment and high levels of attachment anxiety in particular. (JL)

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

Household debt and depressive symptoms among older adults in three continental European countries; by Aapo Hiilamo, Emily Grundy.: Cambridge University Press, February 2020, pp 412-438.

Ageing and Society, vol 40, no 2, February 2020, pp 412-438.

In this comparative study, the authors investigate whether household debt status is associated with depressive symptoms in people aged 50 and over in three European countries (Belgium, France and Germany), and variations in this association by country. They use data from the Survey of Health, Ageing and Retirement in Europe (SHARE) for Waves 1, 2, 4, 5 and 6 (2003/4, 2006/7, 2011, 2013 and 2015, respectively). Multi-level regression models with random intercepts for individuals were used to analyse the association between household debt status and number of depressive symptoms (EURO-D score). Country differences in the household debt-depression nexus were tested using country interaction models. After controlling for other measures of socio-economic position and physical health, low or substantial financial debt was associated with a higher number of depressive symptoms in all countries. Housing debt was strongly linked to depressive symptoms for women, while the association was weaker for men. The only country difference was that for both sexes substantial financial debt (more than €5,000) was strongly associated with depressive symptoms in Belgium and Germany, but the association was weak or non-significant in France. Associations between financial debt and depression were also evident in analyses of within-individual changes in depressive symptoms for a longitudinal sub-group, and in analyses using a dichotomised, rather than a continuous, measure of depression. The findings indicate that measures of household indebtedness should be taken into consideration in investigations of social inequalities in depression, and suggest a need for mental health services targeted at indebted older people. (RH)

ISSN: 0144686X

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

The impact of relocation stress on cognitively impaired and cognitively unimpaired long-term care residents: Kyrsten Costlow, Patricia A Parmelee.: Taylor and Francis, October 2020, pp 1589-1595.

Ageing and Mental Health, vol 24, no 10, October 2020, pp 1589-1595.

The aim of this study was to explore the effects of relocation stress on depression and anxiety in long-term care residents and to investigate the moderating effect of cognitive status. The study used existing data from nursing home and congregate apartment residents. Self-reported measures of relocation stress, cognitive status, depression and anxiety were examined. Exploratory analyses examined group differences in depression and anxiety within the full sample and the sample of first-year residents. Main analyses were conducted in a subsample of 107 first-year residents who completed the measure of relocation stress. Residents who had moved in the past year reported more anxiety but not depression than longer-term residents. Relocation stress significantly predicted depression but not anxiety in the subsample of first-year residents. There was no significant effect of cognitive status or the interaction of cognitive status and relocation stress on depression and anxiety. Overall findings suggest that cognitively impaired older adults are no more vulnerable to the negative effects of relocation stress than cognitively unimpaired older adults. Relocation stress should be regarded as a risk factor for depression in long-term care residents, regardless of cognitive status, in the first year after relocation. (JL)

ISSN: 13607863

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

The impact of wealth and income on the depression of older adults across European welfare regimes; by Dimitrios Kourouklis, Georgia Verropoulou, Cleon Tsimbos.: Cambridge University Press, November 2020, pp 2448-2479.

Ageing and Society, vol 40, no 11, November 2020, pp 2448-2479.

This paper examines the impact of wealth and income on the likelihood of depression among persons aged 50 or higher in four European regions characterised by differences in the standards of living and welfare systems. To address possible effects, data from Wave 6 of the Survey of Health, Ageing and Retirement in Europe (SHARE) have been used. Based on a sample of 60,864 persons resident in 16 European countries and a binary indicator of depression, probit and instrumental variable probit models were employed, the latter of which deal with issues of endogeneity and omitted variable bias. The findings show differences in the prevalence of depression across Europe, favouring the more affluent North/Western countries. Further, there is a difference in the role and the magnitude of the effect of income and wealth across different regions. First, though both measures exhibit a measurable effect, their impact is greater in the poorer Central/Eastern and Southern regions; this divide is more pronounced for wealth. Second, income seems to have a stronger effect compared to wealth in all instances: hence, it would seem that liquidity is more important among Europeans aged 50 or higher than assets.



Nevertheless, neither income nor wealth are important among persons aged 65 or higher in Nordic countries which may be partly attributable to a more equitable welfare system.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19000679>

The longitudinal relationship between exposure to air pollution and depression in older adults; by Ruoyu Wang, Boyi Yang, Penghua Liu, Jinbao Zhang, Ye Liu, Yao Yao, Yi Lu.: Wiley, June 2020, pp 610-616.

International Journal of Geriatric Psychiatry, vol 35, no 6, June 2020, pp 610-616.

Air pollution, especially PM2.5 (particulate matter with a diameter of below 2.5  $\mu$ m), has been recognized as a key environmental factor that affects mental health, but few studies have focused on its influence on older adults, who are a vulnerable group. This study focused on the influence of PM2.5 on health-related behaviours, such as physical activities and social contact, to assess their role as mediators of depression among older adults in China. The study used data (N = 24 623) from the CHARLS (China Health and Retirement Longitudinal Study) of 2011-2015. CES-D 10 (Center for Epidemiology Studies of Depression scale) was used to measure depression. Using multilevel linear models, the relationships between the variables was examined, with different times nested within the same individual and individuals nested within the cities. Before mediators were added, depression symptoms among older adults increased with annual concentration of PM2.5 (Coeff = 0.57, SE = 0.11). However, after the mediators were added, the coefficient of the annual concentration of PM2.5 decreased (Coeff = 0.37, SE = 0.10). While both physical activities (Sobel test Z score = 2.37, P value = .02) and social contact (Z score = 7.33, P value = .00) mediated the relationship between PM2.5 and depression, the mediating effects decreased with increasing PM2.5. Exposure to PM2.5, therefore, increases depressive symptoms in older Chinese adults by decreasing their physical activities and social contact. Also, the positive effects of physical activities and social contact on depression decreased with increasing PM2.5 concentrations. (NL/RH)

ISSN: 08856230

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

The mediating roles of functional limitations and social support on the relationship between vision impairment and depressive symptoms in older adults; by Xiuquan Gong, Zhao Ni, Bei Wu.: Cambridge University Press, March 2020, pp 465-479.

Ageing and Society, vol 40, no 3, March 2020, pp 465-479.

Vision impairment is prevalent and it is strongly associated with depressive symptoms in older adults. Using data from a probability-based sample of 1,093 adults aged 60 and older in Shanghai, China, the authors investigated the mediating roles of functional limitations and social support on this association. Structural equation models were used to examine the structural relationships among sets of variables simultaneously, including vision impairment, activities of daily living (ADLs), instrumental ADLs (IADLs), friends support, family support, relatives support and depressive symptoms. The bootstrapping method and the program PRODCLIN were used to test the indirect effects of these variables. The study found that vision impairment was directly associated with a higher level of depressive symptoms, and the association was partially mediated by functional limitations (IADLs) and social support (friends support). The study demonstrates that improving social support from friends and enhancing social participation for visually impaired older adults can reduce depressive symptoms. More importantly, this study contributes to the knowledge of mediating mechanisms between vision impairment and depressive symptoms. (RH)

ISSN: 0144686X

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

Mindfulness and wellbeing in older adults' survivors of herdsmen attack: the mediating effect of positive reappraisal; by Joseph Chinenye Aliche, Ike E Onyishi.: Taylor and Francis, July 2020, pp 1132-1140.

Ageing and Mental Health, vol 24, no 7, July 2020, pp 1132-1140.

The Fulani people are an ethnic tribe based in Nigeria and across West Africa. Fulani herdsmen are pastoralists who move from place to place in search of vegetation for their herds cattle. This random movement of cattle has frequently led to the destruction of crops belonging to farmers. This has resulted to violent clashes between the two groups. Such events are capable of impacting on the wellbeing of the older adult survivors and affected individuals may need adequate psychological resources such as mindfulness and positive emotions such as positive appraisal to be able to cope successfully. There is substantial evidence supporting the association of mindfulness and psychological wellbeing but little is known about the mechanism through which mindfulness exert its influence on wellbeing. The present study aimed to examine the mediating role of positive reappraisal in the relation between mindfulness and wellbeing among older adult survivors of Fulani herdsmen attack. A sample of older adult survivors of Fulani herdsmen attack were drawn from a community in southeast Nigeria. Participants completed self-report measures of mindfulness, positive reappraisal, life satisfaction, perceived

stress and depression. Hierarchical multiple regression analysis showed that mindfulness and positive reappraisal were independently associated with wellbeing (better life satisfaction, lower perceived stress and fewer depressive symptoms) yet this association was fully mediated by positive reappraisal. These findings underscore the potential value of mindfulness meditation intervention programmes for the vulnerable as it is capable of promoting positive emotions and wellbeing in later life. (JL)

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

Perceived neighborhood social disorder as a predictor of depressive symptoms among unmarried older women and the stress-buffering effect of friends support; by Seungjong Cho, Aloen L Townsend.: Taylor and Francis, January-February 2020, pp 28-43.

Journal of Women and Aging, vol 32, no 1, January-February 2020, pp 28-43.

The current study examined whether perceived neighbourhood social disorder predicted depressive symptoms among 823 unmarried older women drawn from the 2016 Health and Retirement Study. The study also tested the stress-buffering effect of friends support. A negative binomial regression model showed that higher perceived neighbourhood social disorder was associated with higher depressive symptoms. The number of close friends was a significant factor, but no stress-buffering effect of friends support was identified. This study highlights the adverse effect of negative perceptions of the neighbourhood social environment on unmarried older women's depressive symptoms. (JL)

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

Prevalence of depression and burden among informal care-givers of people with dementia: a meta-analysis; by Rebecca N Collins, Naoko Kishita.: Cambridge University Press, November 2020, pp 2355-2392.

Ageing and Society, vol 40, no 11, November 2020, pp 2355-2392.

This meta-analysis examined the prevalence of depression and burden among informal care-givers of people with dementia (PwD) and compared the prevalence of depression between male and female, and spousal and non-spousal, care-givers. The quality of studies was evaluated and moderator variables explored. A search of six electronic databases (PsycARTICLES, PsycINFO, MEDLINE Complete, SCOPUS, Web of Science and ProQuest) was conducted from the first available date to the 31 October 2017. Inclusion criteria involved observational studies on the prevalence of burden or depression among informal care-givers of PwD. Forty-three studies were examined with a total of 16,911 participants. The adjusted pooled prevalence of depression was 31.24 per cent (95% confidence interval (CI) = 27.70, 35.01) and burden was 49.26 per cent (95% CI = 37.15, 61.46), although heterogeneity among prevalence estimates was high. Depression prevalence estimates differed according to the instrument used and the continent where the study was conducted. The odds of having depression were almost one and a half times higher in female compared to male care-givers. No significant difference was observed between spouses and non-spouses. Most studies had a medium risk of bias. Results suggest a great need within this population for interventions that are effective at reducing burden and depressive symptoms. It therefore appears imperative for dementia services that are not providing such interventions to do so.

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A prospective investigation of factors associated with depressive symptoms in older adults' post-hospitalisation; by Aimee Brown (et al).: Wiley, June 2020, pp 671-682.

International Journal of Geriatric Psychiatry, vol 35, no 6, June 2020, pp 671-682.

The transition from hospital to home is a period where older adults are at risk of experiencing depressive symptoms. The present study applied the Social Antecedent Model of Psychopathology (SAMP) to identify factors present at hospital discharge associated with depressive symptoms at discharge and future symptoms at 3 and 6 month post-discharge home. 286 older adults aged over 65 (M = 78.38, SD = 7.68, 57% female) reported on a range of variables that were mapped to the SAMP at hospital discharge, 3 and 6 month post-discharge. At baseline assessment, male gender, increased anxiety symptoms, low social support and low perceived coping ability were associated with concurrent baseline depressive symptoms. Depressive symptoms at baseline were strongly associated with future depressive symptoms at 3 and 6 month post-discharge. Low household physical activity was also associated with depressive symptoms at 3 months and elevated baseline anxiety symptoms and low social support were associated with depressive symptoms at 6 month post-discharge. The study concludes that pre-discharge screening of depressive and anxiety symptoms, social support, household physical activity and coping ability may assist in identifying elderly patients at risk of developing depressive symptoms during the hospital-to-home transition. These factors may also serve as potential targets for preventative interventions post-discharge for older adults.

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

Psychiatric distress among aging decorated and non-decorated veterans: the role of impostorism and loneliness; by Jacob Y Stein, Yafit Levin, Roy Aloni, Zahava Solomon.: Taylor and Francis, April 2020, pp 582-590.

*Aging and Mental Health*, vol 24, no 4, April 2020, pp 582-590.

The ageing process may be affected by negative life events as well as social factors. Though psychological aspects of the ageing process in veterans have been the focus of considerable research, decorated veterans have been scarcely investigated in this domain. The current study sought to assess psychiatric distress (PD) levels among older decorated and non-decorated veterans' (DVs and n-DVs, respectively) and examine its association with the maladaptive perception that others will identify a high-achieving person as an impostor (i.e. impostorism) and perceived social isolation (i.e. loneliness). Two groups of Israeli veterans of the 1973 Yom Kippur War, 75 DVs and 73 n-DVs, were assessed for PD and combat exposure in middle adulthood (1991; Time 1). In later life (2018; Time 2) they were assessed for negative life events, impostorism, loneliness and PD. Impostorism, loneliness and PD were all inter-correlated. DVs evinced less PD at T1 and T2 than n-DVs but similar levels of impostorism and loneliness at T2. Nevertheless, negative life events, impostorism and loneliness explained PD at T2, with loneliness being more significant, especially among the n-DVs. Combat exposure did not explain variances in late-life PD. Ageing DVs seem to be less vulnerable to late-life PD than n-DVs, and impostorism and loneliness may be important factors in this respect. Being the first study to investigate older DVs' mental health and impostorism among ageing veterans, the findings further underscore the clinical imperative of psychosocial factors in understanding older veterans' mental health. (JL)

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

Psychological predictors of memory decline in a racially and ethnically diverse longitudinal sample of older adults in the United States; by Ketlyne Sol, Afsara B Zaheed, A Zarina Kraal (et al).: Wiley, February 2020, pp 204-212.

*International Journal of Geriatric Psychiatry*, vol 35, no 2, February 2020, pp 204-212.

In the United States, racial and ethnic disparities in memory dysfunction and Alzheimer disease are evident, even after accounting for many risk factors. Psychological factors, such as psychological well-being, perceived control, depressive symptoms, and negative affect, may influence memory dysfunction, and associations may differ by race and ethnicity. This study examined whether psychological factors are differentially associated with episodic memory trajectories across racial and ethnic groups in the United States. The National Health and Aging Trends Study (NHATS), is a US-representative, longitudinal study of Medicare-eligible adults age 65+. Analyses of 5 years of data included a total of 9,411 participants without dementia at baseline. Adjusting for relevant covariates, a linear mixed model estimated the associations between psychological predictors and a composite of immediate and delayed trials from a word list memory test. More depressive symptoms ( $B = -0.02$ ), lower psychological well-being ( $B = 0.03$ ), and lower perceived control ( $B = 0.05$ ) were independently associated with lower initial memory. Depressive symptoms were associated with faster rate of memory decline ( $B = -0.01$ ). Black ( $B = -0.34$ ) and Hispanic ( $B = -0.28$ ) participants evidenced lower initial memory level than whites, but only Hispanic ( $B = -0.04$ ) participants evidenced faster memory decline than whites. There were no significant interactions between the psychological variables and race and ethnicity. (NL/RH)

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

Qigong for the treatment of depressive symptoms: preliminary evidence of neurobiological mechanisms; by Erin Yiqing Lu, Posen Lee, Shuhe Cai, Wendy Wing Yan So, Bacon Fung Leung Ng, Mark P Jensen, Wai Ming Cheung, Hector W H Tsang.: Wiley, November 2020, pp 1393-1401.

*International Journal of Geriatric Psychiatry*, vol 35, no 11, November 2020, pp 1393-1401.

Qigong has been shown to effectively reduce depressive symptoms in older adults with chronic physical illness. Here, the authors sought to evaluate the effects of qigong on serotonin, cortisol, and Brain-derived Neurotrophic Factors (BDNF) levels and test their roles as potential mediators of the effects of qigong on depressive symptoms. Thirty older adults with chronic physical illness participated in a randomized clinical trial. They were randomly assigned to a qigong group ( $n = 14$ ) or a control group for cognitive training of executive function and memory ( $n = 16$ ). The participants provided blood and saliva samples at baseline and post-intervention. Levels of cortisol were measured from the saliva samples, and serotonin and BDNF were measured from the blood samples. Consistent with the study findings presented in the primary outcome paper, a significant Group - Time interaction effect emerged on depressive symptoms, explained by greater reductions in the qigong group than the control group. Qigong participants had significantly larger increases in serotonin and BDNF, and decreases in cortisol levels, compared with control group participants. Moreover, treatment-related changes in cortisol

levels (but not serotonin or BDNF) fully mediated the beneficial effects of qigong on depressive symptoms. The findings provide preliminary evidence that treatment-related changes in cortisol may mediate the benefits of qigong on depressive symptoms. Given the limitation of small sample size of the present study, future studies with larger sample sizes and more extended follow-up assessment are warranted to determine the reliability of these findings.

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From : <https://doi.org/10.1002/gps.5380>

The relationship between living alone, sense of belonging, and depressive symptoms among older men: the moderating role of sexual orientation; by Suzanne McLaren.: Taylor and Francis, January 2020, pp 103-109.

*Aging and Mental Health*, vol 24, no 1, January 2020, pp 103-109.

Living alone is a risk factor for depression among older men and is likely to occur due to belongingness needs being unmet. It is proposed that living alone-sense of belonging and living alone-depressive symptoms relations are stronger for gay men than heterosexual men, due to different family circumstances. This research tested a moderated mediation model, specifically whether the relationship between living alone and depressive symptoms is mediated by sense of belonging, and whether the living alone-sense of belonging and living alone-depressive symptoms relationships are moderated by sexual orientation. A community sample of 169 Australian gay men aged 65 to 93 years and 187 Australian heterosexual men aged 65 to 94 years completed the Psychological subscale of the Sense of Belonging Instrument and the Center for Epidemiologic Studies Depression Scale. Results supported the simple mediation model, with living alone being associated directly and indirectly with depressive symptoms via sense of belonging. The conditional indirect effect of living alone on depressive symptoms via sense of belonging was not significant, and therefore the moderated mediation model was not supported. These results imply that older men who live alone are at increased risk of depression directly and indirectly via lower levels of sense of belonging. (JL)

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

Relationship between neighbourhood social participation and depression among older adults: a longitudinal study in China; by Ruoyu Wang (et al.): Wiley, January 2020, pp 247-259.

*Health and Social Care in the Community*, vol 28, no 1, January 2020, pp 247-259.

This study aims to examine the impact of neighbourhood social participation on depressive symptoms among older adults in China. It also further explores the mediating roles of physical activity, social contact among neighbours, and contact with own children in the relationship between social participation and depressive symptoms. Data obtained through three waves (2011, 2013, and 2015) of the China Health and Retirement Longitudinal Study (CHARLS) are used. The sample consisted of 10,105 individuals aged 60 and above and 24,623 person-year records captured during these three waves. Depressive symptoms are assessed using the Center for Epidemiology Studies of Depression scale. Results show that respondents' depression decreases with an increasing level of neighbourhood social participation, more time spent on physical activities, and a higher frequency of contact with neighbours and with own children. These factors are found to partly mediate the relationship between neighbourhood social participation and depression. The negative relationships between social contact and depression and contact with own children and depression are both strengthened by neighbourhood social participation. In conclusion, physical activity, social contact among neighbours and contact with own children are mechanisms through which neighbourhood social participation lowers the risk of depression among older adults in China.

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

Self-reported needs and experiences of people with dementia living in nursing homes: a scoping review; by Kate Shiells, Lara Pivodic, Iva Holmerova, Lieve Van den Block.: Taylor and Francis, October 2020, pp 1553-1568.

*Aging and Mental Health*, vol 24, no 10, October 2020, pp 1553-1568.

With rates of dementia continuing to rise the impetus on improving care for people with the disease is growing. Unmet needs of people with dementia living in nursing homes have been linked with worsening neuropsychiatric symptoms, higher levels of depression and reduced quality of life. Furthermore proxy accounts exploring the needs of people with dementia have frequently been shown to be unreliable. This literature review aimed to explore the self-reported needs and experiences of people with dementia in nursing homes. A scoping review of the literature was carried out using the databases PubMed and PsycINFO to search for relevant articles according to PRISMA guidelines. Search terms were designed to include both quantitative and qualitative study designs. Thematic synthesis was used to categorise findings into themes related to self-reported needs and experiences. A total of 41 articles met the eligibility criteria. An analysis of study characteristics revealed that more than half of studies used a qualitative design. Thematic synthesis resulted in eight themes: activities,

maintaining previous roles, reminiscence, freedom and choice, appropriate environment, meaningful relationships, support with grief and loss, and end-of-life care. Whilst the voice of people with dementia has previously been neglected in research, this review has shown that people with dementia in nursing homes are able to describe their experiences and communicate their needs. The findings have provided a contribution towards guiding evidence-based practice that is tailored to the needs of nursing home residents with dementia. (JL)

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

Subjective nearness-to-death, filial obligations, and depressive symptoms: the case of Jews and Arabs in Israel; by Yoav S Bergman, Dikla Segel-Karpas.: Taylor and Francis, April 2020, pp 557-563.

*Aging and Mental Health*, vol 24, no 4, April 2020, pp 557-563.

Research has examined the link between subjective perceptions of life and death and psychological wellbeing. However while cultural values are shown to provide a defence against death-related thoughts, little is known about specific cultural expectations with regard to this issue. Accordingly the current study focused on two sub-cultures within the Israeli society, and examined whether filial obligations moderate the connection between subjective nearness-to-death and depressive symptoms. Moreover the study also examined whether this moderating effect is culture-dependent, by examining differences between Jewish and Arab citizens of Israel. Data were collected from 337 participants, two-thirds of which were Jewish. Age ranged from 45 to 65. All participants filled out scales examining subjective nearness-to-death, filial piety and depressive symptoms. Study findings showed that filial piety did not moderate the connection between subjective nearness-to-death and depressive symptoms for the entire cohort. However a significant three-way interaction of cultural group \* filial piety \* subjective nearness-to-death was found, and further analyses demonstrated that filial piety served as a significant moderator among Jews but not among Arabs. This study highlights the importance of examining subjective perceptions of mortality in a cultural context, as culture was shown to affect how such perceptions are connected with depressive symptoms. These effects are discussed from the framework of terror management theory within the context of Israeli society and future directions are suggested. (JL)

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

## 2019

Depression in carers of people with dementia from a minority ethnic background: systematic review and meta-analysis of randomised controlled trials of psychosocial interventions; by Nazire E Akarsu, Martin J Prince, Vanessa C Lawrence, Jayati Das-Minshi.: Wiley, June 2019, pp 790-806.

*International Journal of Geriatric Psychiatry*, vol 34, no 6, June 2019, pp 790-806.

A systematic review and meta-analysis was carried out in order to determine the effectiveness of interventions in reducing depression in ethnic minority carers of dementia sufferers. The authors systematically searched a range of relevant databases from 1990 to 2015, supplemented by a grey literature search, hand searches of bibliographies and contacting authors. Study quality was assessed independently by two researchers using the Effective Public Health Practice Quality Assessment Tool, with an inter-rater reliability of Cohen's kappa of 0.72. Narrative synthesis and meta-analysis were used to assess intervention effectiveness. Meta-regression was used to assess whether factors such as intervention type, peer support and ethnicity accounted for heterogeneity. 13 studies were eligible for inclusion, with 1,076 participants in control groups and 980 participants in intervention groups; 12 studies provided estimates for meta-analysis. All studies were from the United States. Interventions were associated with an overall mean reduction in depression in caregivers. Meta-regression did not indicate any potential sources of heterogeneity, although narrative synthesis suggested that interventions developed with the target ethnic minority group's preferred mode of engagement in mind alongside cultural adaptations may have enhanced effectiveness. Psychosocial interventions for depression in ethnic minority carers of dementia sufferers are effective and could be enhanced by cultural adaptations. High quality studies targeting ethnic minority groups outside the United States are needed. (JL)

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

Emotional distress mediates the relationship between cognitive failures, dysfunctional coping, and life satisfaction in older people living in sheltered housing: a structural equation modelling approach; by Phuong Leung, Vasiliki Orgeta, Amina Musa, Martin Orrell.: Wiley, January 2019, pp 179-185.

*International Journal of Geriatric Psychiatry*, vol 34, no 1, January 2019, pp 179-185.

Little is known about the relationship between cognitive failures, emotional distress and life satisfaction in late life. Experiencing cognitive failures is a known risk for declining life satisfaction in older people although the

mechanisms that may explain cognitive failures remain unclear. This study investigated the associations between psychosocial factors, cognitive failures and coping strategies and their influence on life satisfaction in older people living in sheltered housing. A total of 204 older people with a mean age of 75.08 years living in sheltered housing in London were recruited. The study used structural equation modelling path analysis to test several hypotheses based on theories of emotional distress (anxiety and depression) and cognitive failures and their influence on life satisfaction. Self-reported depressive symptoms, anxiety symptoms and cognitive failures were found to be common. The final model had a good fit: analyses showed that both cognitive failures and dysfunctional coping were significantly associated and exerted a moderate effect on emotional distress. Cognitive failures and dysfunctional coping had an indirect effect on life satisfaction through emotional distress which directly decreased levels of life satisfaction. Overall the study found that experiencing emotional distress helped to explain the association and negative effects of cognitive failures and dysfunctional coping on life satisfaction in older people living in sheltered housing. These findings help to understand the key mechanisms of experiencing cognitive failures in later life and can help guide future interventions of wellbeing. (JL)

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

Fear of falling: a manifestation of executive dysfunction?; by Geeske Peeters, Joanne Feeney, Daniel Carey (et al.): Wiley, August 2019, pp 1275-1282.

International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1275-1282.

Fear of falling (FoF) may be an early marker of decline in global cognitive functioning but associations with specific domains of cognitive functioning are unclear. The aim of this study was to examine associations between FoF and decline in memory, processing speed and executive functioning in adults aged 50 years and older over a four-year period. Data were from 5,174 participants aged 50 and above in The Irish Longitudinal Study on Ageing, a population-based study. FoF was self-reported in 2009 to 2011. Immediate and delayed recall, Colour Trails 1 and 2, choice reaction time, sustained attention to response task and verbal fluency were measured in 2009 to 2011 and 2014 to 2015. Prospective associations between FoF and domains of cognitive functioning were examined using linear mixed modelling. Adjustment was made for demographic and health factors. Interactions with age were examined. In 2009 to 2011, 20.6% of participants reported FoF. No statistically significant interaction of FoF with age was found for any of the associations. Participants with FoF had greater decline on delayed recall, verbal fluency and the ln-transformed scores for the Colour Trails 1 test and the Colour Trails 2 test than participants without FoF. No statistically significant associations were found for any of the other outcomes. FoF may be an indicator of decline in domains of cognitive functioning, particularly those related to executive function and processing speed. However, studies with longer follow-up and/or higher average age are required to confirm this. (JL)

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

Feasibility of a family-centered intervention for depressed older men in primary care; by Ladson Hinton, Erika La Frano, Danielle Harvey (et al.): Wiley, December 2019, pp 1808-1814.

International Journal of Geriatric Psychiatry, vol 34, no 12, December 2019, pp 1808-1814.

Families provide considerable support to many older adults with depression yet few intervention studies have sought to include them. Family participation in depression treatment aligns with the preferences of older men, a group at high risk for depression under treatment. This study examined the feasibility of a family-centred depression intervention for older men in a primary care setting. A clinical trial was conducted in a Federally Qualified Health Center (FQHC) in California's Central Valley. Depressed older men aged 50 and older were allocated to usual care enhanced by depression psychoeducation or a family-centred depression intervention delivered by a licensed clinical social worker. Intervention feasibility was assessed in terms of recruitment, retention and extent of family engagement. The PHQ-9 or Patient Health Questionnaire comprising of nine questions, was administered at baseline, one, three and six months. For more than six months, 45 men were referred to the study; 31 met the inclusion criteria, 23 were successfully enrolled, and 20 (88%) participated in more than or equal to one treatment sessions. Overall 85% (11 of 13) of men allocated to the intervention engaged a family member in more than or equal to one session and 54% (7 of 13) engaged the family member in more than or equal to three sessions. While men in both groups showed evidence of a significant decline in PHQ-9 scores early on, which attenuated over time, there were no significant between group differences. Overall the intervention showed acceptable feasibility on the basis of a variety of parameters. Future research on family-based approaches may benefit from longer duration and more intensive treatment as well as additional strategies to overcome recruitment barriers. (JL)

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

Food insecurity and depressive symptoms of older adults living alone in South Korea; by Youngmi Kim, Aely Park, Kyeongmo Kim.: Cambridge University Press, September 2019, pp 2042-2058.

Ageing and Society, vol 39, no 9, September 2019, pp 2042-2058.

In South Korea, the number of older people living alone is rapidly increasing with the growth of the ageing population. Although there is some evidence of a link between financial strain and depression in this population, there is limited empirical evidence on the relationship between food insecurity and depression in older people living alone, despite the fact that they have a high prevalence of food insecurity and tend to seek food assistance. This study aims to investigate whether food insecurity explains depressive symptoms in Korean older people living alone. The authors employed data from the Korea Welfare Panel Study collected from a large-scale national sample in South Korea, comprising 815 older adults aged 65 or older who lived alone. Conducting ordinary least square regression analyses, the authors tested the main effect of food insecurity on depression and the interaction effect of food insecurity and low income. They found that the relationship between food insecurity and depressive symptoms differed by low-income status ( $b = 6.27$ ,  $p = 0.047$ ). The association was significant only in the low-income group ( $b = 1.37$ ,  $p = 0.04$ ). These findings suggest that protecting access to food may be a promising strategy to lessen depressive symptoms associated with financial strain among older people living alone. (RH)

ISSN: 0144686X

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

Health and volunteering in Europe: a longitudinal study; by Roberta Papa, Giorgio Cutuli, Andrea Principi, Stefani Scherer.: Sage, August 2019, pp 670-696.

Research on Aging, vol 41, no 7, August 2019, pp 670-696.

This article examines the relationship between health and volunteering in advanced age in a cross-national comparison. The authors used longitudinal data from five waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) covering 13 European countries from 2004 to 2015; and they employed dynamic random-effects probit models to study the consequences of declining health on voluntary work. Their results confirm that worsening health conditions (i.e., mobility limitations and depression) reduce the likelihood of volunteering, whereas chronic diseases do not. Most interestingly, they found important differences across countries. For example, worsening health reduces voluntary work participation, especially in contexts characterised by high rates of volunteering. The findings have implications for policy makers and voluntary organisations that aim to encourage participation. Individual characteristics and contextual aspects must be taken into account, and people with health problems might need specific support through policies, recruitment and retention, even in contexts of overall high levels of volunteering. (RH)

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From : <http://www.journals.sagepub.com/home/roa>

Impact of three dementia-related behaviors on caregiver depression: the role of rejection of care, aggression, and agitation; by Scott Seung W Choi, Chakra Budhathoki, Laura N Gitlin.: Wiley, July 2019, pp 966-973.

International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 966-973.

The relationship of specific dementia-related behaviours to caregiver depression and moderating factors is unclear. The present study aimed to examine the role of rejection of care, aggression and agitation to caregiver depression. A secondary objective was to ascertain whether social support and mastery independently moderated associations. The method used was a cross-sectional, secondary analysis using baseline data from two community-based clinical trials. The study examined frequency of occurrence of presenting behaviours and their combinations in people with dementia. Multiple logistic regression analyses examined associations between non-overlapping behavioural clusters (agitation alone, agitation + rejection, agitation + aggression, and agitation + rejection + aggression) and caregiver depression. Multiple logistic regression with interaction terms was also used to investigate whether social support or caregiver mastery moderated the relationship between behavioural symptom clusters and caregiver depression. Results showed that three of four symptom clusters (all three behaviours, agitation + rejection of care, and agitation + aggression) had a positive association with caregiver depression, whereas agitation alone was not significantly associated with caregiver depression. Neither social support nor mastery significantly moderated the relationship between these three behavioural clusters and caregiver depression. The study concludes that caregiver depression was associated with different combinations of behaviours but not with agitation alone. These results have implications for intervention development and identifying caregivers at risk for depression. Level of social support and mastery does not appear to moderate impact on caregiver depression. (JL)

ISSN: 08856230

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

Investing in happiness: the gerontological perspective; by Andrew Steptoe.: Karger, 10 September 2019, 6 pp.  
Gerontology: Behavioural Science Section, 10 September 2019, 6 pp.

Optimising happiness is a desirable societal aim in itself, but there are four more specific reasons why research on happiness is an important emerging theme in gerontology. First, happiness is not merely the mirror of depression, anxiety or distress, but has distinct relationships with a range of outcomes, so benefits from study in itself. Second, happiness appears to be a protective factor for morbidity and mortality; although studies are complex and take a long time to complete, there is accumulating evidence that greater happiness predicts survival among older people independently of covariates including health status and depression. Third, happiness has broad ramifications at older ages, being related to personal and social relationships, economic prosperity, biological risk factors, health behaviours, and time use as well as health. Fourth, happiness is malleable, and can potentially be modified in ways that will enhance the health and well-being of older people. (RH)

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From : <https://doi.org/10.1159/000501124>

Key determinants to using telehealth technology to serve medically ill and depressed homebound older adults; by Eunhae Kim, Zvi D Gellis, Christine Bradway, Bonnie Kenaley.: Taylor and Francis, May-June 2019, pp 451-474.

Journal of Gerontological Social Work, vol 62, no 4, May-June 2019, pp 451-474.

Despite increasing evidence for the effectiveness of telehealth technology in screening and treating chronic diseases and comorbid depression among older adults they have been slow to be adopted by home health care (HHC) agencies. This study aims to identify factors that determine telehealth technology adoption. 20 directors from the National Association for Homecare and Hospice member agencies completed a 45 minute telephone interview. Questions were asked regarding their perceptions of telehealth, the key determinants of telehealth adoption and use and recommendations they would give on telehealth adoption. Most participants perceived telehealth as effective for managing symptoms and reducing cost. Meanwhile some participants had a mixed feeling toward telehealth for depression care as they did not recognise their agency as equipped with the necessary resources and trained staff. Moreover significant determinants of telehealth adoption included agency-related characteristics, the patient-home environment, reimbursement and cost-related factors as well as staff telehealth perception. Findings imply that there is a need for financial support both at the state and the federal levels to encourage telehealth adoption among HHC agencies. Future studies should consider exploring strategies used by successful programmes to overcome barriers. (JL)

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

Marital power and depressive symptoms among older Mexican adults; by Joseph L Saenz, Sunshine Rote.: Cambridge University Press, November 2019, pp 2520-2540.

Ageing and Society, vol 39, no 11, November 2019, pp 2520-2540.

An extensive body of research documents marital status differences in health among older adults. However, few studies have investigated the heterogeneity in depressive symptomatology among older married adults living in developing countries. This study investigates the interplay of gender and marital power dynamics for mental health among older Mexican adults. Our sample includes older married couples in the 2015 Wave of the Mexican Health and Aging Study (N = 3,621 dyads). The authors use seemingly unrelated regression to model the association between self-reported distributions of decision-making power within marriages and depressive symptoms for husbands and wives. For approximately 41 per cent of couples, the husband and wife both reported an equal distribution of power in the marriage. Compared to those who reported an equal power distribution, husbands and wives who reported an imbalance of power (having more power or less power than their spouse) reported more depressive symptoms. Levels of depressive symptoms were higher in marriages characterised by power inequality. The relationship between equality in power and depressive symptoms is not explained by health-care needs or living arrangements. Marital quality is an important factor for understanding depressive symptoms among older Mexican adults. (RH)

ISSN: 0144686X

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

Mindfulness-based stress reduction and mindfulness-based cognitive therapy with older adults: a qualitative review of randomized controlled outcome research; by Holly Hazlett-Stevens, Jonathan Singer, Adrienne Chong.: Taylor and Francis, July-September 2019, pp 347-358.

Clinical Gerontologist, vol 42, no 4, July-September 2019, pp 347-358.

Many older adults cope with various chronic physical health conditions, and in some cases, with mental health and/or cognitive difficulties. Mindfulness-based interventions offer an evidence-based, mind-body



complementary treatment approach for a wide range of comorbidities, yet most investigations have been conducted with young or middle-aged adults. This review aims to identify randomized controlled trials (RCTs) of two leading mindfulness-based interventions conducted with older adults. The authors' search of five databases identified seven RCT investigations of either Mindfulness-Based Stress Reduction (MBSR) or Mindfulness-Based Cognitive Therapy (MBCT), conducted exclusively with older adults. Results generally support the use of MBSR for chronic low back pain, chronic insomnia, improved sleep quality, enhanced positive affect, reduced symptoms of anxiety and depression, and improved memory and executive functioning. In a sample of older people exhibiting elevated anxiety in the absence of elevated depression, MBCT effectively reduced symptoms of anxiety. This review highlights the feasibility and possible benefits of MBSR and MBCT for older people. Additional large scale RCTs conducted with older people coping with the range of physical, behavioral and cognitive challenges older adults commonly face are still needed. MBCT may reduce geriatric anxiety; however, its effects on geriatric depression were not measured. (RH)

ISSN: 07317115

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

Older people living alone in Shanghai: a questionnaire survey of their life experience; by Yu Chen, Alison E While.: Wiley, January 2019, pp 260-269.

Health and Social Care in the Community, vol 27, no 1, January 2019, pp 260-269.

Globally the number of older people living alone is increasing, however little is known about the life experience of older people living alone in mainland China. This study aimed to explore older people's experience regarding different components of their lives. A cross-sectional survey of 387 older people aged 60 years and above and living alone in two communities in Shanghai was conducted from April to July 2015. A structured questionnaire including 15-item Geriatric Depression Scale, Activity of Daily Living Scale, UCLA Loneliness Scale version 3, Social Support Rate Scale and Older People's Quality of Life Questionnaire was used to assess the health status, loneliness, social support, quality of life and demographic information. A total of 15.7% of the participants rated their health as poor with 56.8% reporting chronic diseases and 26.9% reporting being depressed. A total of 71.1% of the participants reported a high level of functional ability. However 54.3% and 21.7% of the participants reported a moderately and moderately high level of loneliness respectively. The median of SSRS was 30 and the mean of Older People's Quality of Life Questionnaire was 120.2, indicating a lower level of social support and quality of life. There were statistically significant differences in health, loneliness, social support and quality of life across the participants with different characteristics. Interventions to improve the health status, reduce loneliness, increase social support and maintain or improve quality of life of older people living alone in Shanghai could be developed and implemented. Potential interventions include providing frequent home care services, early detection of depression, encouraging more contacts from children and other family members, and providing support from other sources. (JL)

ISSN: 09660410

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

Prevalence of depressive symptoms and its associated factors among healthy community-dwelling older adults living in Australia and the United States; by Mohammadreza Mohebbi, Bruno Agustini, Robyn L Woods (et al.): Wiley, August 2019, pp 1208-1216.

International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1208-1216.

This study was conducted to estimate prevalence rates and factors associated with depressive symptoms indexed by the Centre for Epidemiological Studies-Depression (CES-D-10) score in a large sample of community-dwelling healthy older adults from Australia and the United States. Convergent and divergent validity of the CES-D-10 were also examined. 19,114 individuals aged 65 years and above were enrolled from a primary prevention clinical trial. Depressive symptoms were classified using the CES-D-10 score greater than or equal to 8 and greater than or equal to 10. Gender-specific prevalence for subgroups according to sociodemographic characteristics were reported and factors associated with depression were estimated. Overall prevalence rates of depressive symptoms were 9.8%, 95% CI, 8.5-11.2 and 5.0%, 95% CI, 4.0-6.0, according to the CES-D-10 score greater than or equal to 8 and greater than or equal to 10, respectively. Depressive symptoms were more common in women, individuals with less than 12 years of education, those living alone or in residential care, ethnic minorities, current smokers and former alcohol users. Convergent and divergent validities of the CES-D-10 were confirmed by observing strong negative association with the SF-12 mental health component and a modest negative association with SF-12 physical component, respectively. This study reports the prevalence of depressive symptoms in Australian and US community-dwelling healthy older populations. These findings emphasise the high burden of the condition and factors associated with depressive symptoms, to better inform clinicians and help with early detection and treatment of depression in this age group. (JL)

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

The recall of dementia-related and neutral words by people with dementia: the ironic process of thought suppression; by Richard Cheston, Emily Dodd, India Hart, Gary Christopher.: Wiley, May 2019, pp 756-764.

International Journal of Geriatric Psychiatry, vol 34, no 5, May 2019, pp 756-764.

For many people who are living with dementia, encountering daily reminders of their condition may be distressing or pose a threat to their self-esteem. Thought suppression may or may not work effectively for such individuals. This study looked at whether participants with dementia showed lessened or enhanced recall and recognition of dementia-related words compared with a control population. 50 participants living with dementia with mild levels of cognitive impairment and a control group of 52 participants without a diagnosis of dementia took part. A list of 12 words, composed of six dementia-related and six neutral words matched for frequency and length, was read out on four occasions with the word order being varied for each presentation. Recognition was also assessed. There was an interaction between word type and participant group at both recall and recognition. While control participants recalled more neutral than dementia-related words there was no difference for dementia participants. However dementia participants recognised a significantly higher proportion of the dementia-related words while there was no difference in word type recognition for control participants. This study adapted a social psychological paradigm to explore whether an important psychological mechanism for reducing distress could be affected by cognitive impairment. Overall findings suggested that for people living with dementia, thought suppression may be either ineffective in reducing conscious awareness of distal threats or operate in an ironic fashion. While threatening proximal material may be repressed from awareness, distal threats may return into implicit awareness. This casts new light on research and has clinical implications. (JL)

ISSN: 08856230

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

Recognising delirium: a vital skill for all involved in care; by Vicki Leah.: Hawker Publications, March/April 2019, pp 14-15.

Journal of Dementia Care, vol 27, no 2, March/April 2019, pp 14-15.

Delirium is a medical emergency, yet it sometimes goes unrecognised. In the second of a series on good practice in hospital dementia care, the author gives guidance on identifying the characteristics and how they can be distinguished from those of dementia or depression. (RH)

ISSN: 13518372

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

Relations of religion with depression and loneliness in older sexual and gender minority adults; by Catherine Escher, Rowena Gomez, Selvi Paulraj (et al).: Taylor and Francis, March-April 2019, pp 150-161.

Clinical Gerontologist, vol 42, no 2, March-April 2019, pp 150-161.

High levels of religious involvement have been associated with positive mental health outcomes in older adults. This study investigated whether the effects of religion on healthy ageing could generalise to older LGBTQ adults. The study examined religious affiliation in childhood versus at present, as well as the relationships of outness to religious community and religious engagement with depression and loneliness in 102 lesbian, gay, and bisexual cisgender, transgender, and questioning adults (LGBTQ) over the age of 55. As part of a larger study, participants completed several questions and measures, including: one outness to religious community item, 4 religious engagement questions, the Center for Epidemiological Studies Depression Scale (CES-D), and the 8-item UCLA Loneliness Scale. Many older LGBTQ adults reported changes in religious affiliation from childhood to adulthood. Greater levels of outness to religious communities and lower religious engagement were related to lower levels of depression and loneliness. The findings suggest that outness to religious communities may be beneficial to the mental health of older LGBTQ adults. Higher levels of distress may lead to higher levels of religious engagement. Religions, especially those that are supportive of sexual minorities, may help to improve the well-being of older LGBTQ adults. (RH)

ISSN: 07317115

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

The relationship between perceived functional difficulties and the ability to live well with mild-to-moderate dementia: findings from the IDEAL programme; by Anthony Martyr, Sharon M Nelis, Catherine Quinn (et al).: Wiley, August 2019, pp 1251-1261.

International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1251-1261.

The objectives of this study were to investigate how different levels of functional ability relate to quality of life, wellbeing and life satisfaction, conceptualised as reflecting capability to 'live well' in people with dementia.

Participants were 1,496 people with mild-to-moderate dementia and 1,188 informants who completed baseline assessments in the Improving the experience of Dementia and Enhancing Active Life (IDEAL) cohort study. Total self-rated and informant-rated scores on the Functional Activities Questionnaire were split into six ability levels to monitor how poorer functioning impacted the ability to live well. The study also investigated the potential influence of sociodemographic and diagnostic variables, depression, cognition and carer stress. Multivariate multiple regression models found that people with dementia who had the greatest functional impairment according to self-ratings and informant ratings had poorer living well scores than those with the least functional impairment. Sociodemographic and diagnostic factors and cognition had little impact on effect sizes. For self-ratings, depression attenuated the relationship between functional ability and living well, whereas carer stress attenuated informant ratings. People with dementia with the least functional impairments had greater capability to live well than those with the most functional impairment. Even subtle perceived difficulties in functional ability had a detrimental effect on the ability of people with dementia to live well. Depression in people with dementia and carer stress in informants influenced these associations, therefore these factors should be routinely included in future research studies and clinical assessments. (JL)

ISSN: 08856230

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

Religious attendance, religious importance, and the pathways to depressive symptoms in men and women aged 50 and over living in Ireland; by Joanna Orr, Katy Tobin, Daniel Carey (et al): Sage, October 2019, pp 891-911. *Research on Aging*, vol 41, no 9, October 2019, pp 891-911.

The relationship between religiosity and depressive symptoms longitudinally was explored in a sample aged 50+ from four waves (2009-2016) of the Irish Longitudinal Study on Ageing (TILDA). The authors created growth curve models (GCM) of depressive symptoms and religious attendance versus religious importance for the sample, and structural models to assess the longitudinal associations between religious attendance versus religious importance and depressive symptoms. They tested whether this relationship was mediated by social connectedness. GCM showed that higher religious attendance at baseline was associated with lower baseline depressive symptoms, while higher religious importance was associated with higher baseline depressive symptoms. Social connectedness partially mediated the baseline associations between religious attendance and lower depressive symptoms. There were no associations between religious factors and the development of depressive symptoms over time. This study found that the relationship between religion and depressive symptoms is complex, and any protective effect was driven by religious attendance. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

Risk factors for depression in long-term care: a systematic review; by Rebecca Chau, David W Kissane, Tanya E Davison.: Taylor and Francis, May-June 2019, pp 224-237.

*Clinical Gerontologist*, vol 42, no 3, May-June 2019, pp 224-237.

Depression rates are substantially higher among older people in long-term care when compared with older people in the community. Furthermore, the needs of older people in long-term care are increasingly complex, and the risk factors that contribute to depression in this population are unclear. This limits not only the identification of those at risk for depression but also the development of therapeutic interventions. This review summarises the evidence on risk factors for depression. Searches were performed using CINAHL, Cochrane Library, Ovid Medline, PsycINFO and Scopus for research published 1980-2017. Data were reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Eleven studies met the inclusion criteria, representing a total of 11,703 participants, with a mean sample size of 1,064. The most consistently supported risk factor was cognitive impairment, followed by functional impairment and baseline depression score. The studies lacked a systematic approach to investigating risk factors for depression, and the research remains largely atheoretical. Few risk factors were consistently studied, with over 20 risk factors examined no more than once each. Psychological and environmental risk factors, which may be modifiable and have the potential to inform therapeutic interventions and preventative strategies, remain under-studied. This review finds that the most consistently supported risk factors \_ cognitive impairment, functional disability and baseline depression score \_ have the potential to inform screening protocols and should be monitored longitudinally. When developing psychotherapeutic interventions, close consideration should be given to cognitive and functional impairment as barriers to implementation and uptake. (RH)

ISSN: 07317115

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

Unmet long-term care needs and depression: the double disadvantage of community-dwelling older people in rural China; by Bo Hu, Jing Wang.: Wiley, January 2019, pp 126-138.

Health and Social Care in the Community, vol 27, no 1, January 2019, pp 126-138.

This study looked at the relationship between unmet long-term care needs and depression among community-dwelling older people in China. The data came from a nationally representative sample of 1,324 disabled older people from the China Health and Retirement Longitudinal Survey (CHARLS) collected between 2013 and 2014. Regression analyses were conducted to examine factors associated with unmet needs and their impact on depression. It was found that disabled older people living in rural communities had a higher level of unmet needs than their urban counterparts. Unmet needs caused more severe depression among rural older people but they did not have a significant impact among urban older people. Depression was also affected by people's health conditions in rural China and by household income in urban China. It is argued that older people living in rural communities face a double disadvantage. The first disadvantage relating to unmet needs reinforces the second one relating to mental health. These findings highlight the urgent need for more investment by the Chinese government in formal social care services and support for carers in rural areas. (JL)

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

## 2018

Aging and well-being in Goa, India: a qualitative study; by Alex Cohen, Amit Dias, Fredric Azariah (et al): Taylor and Francis, February 2018, pp 168-174.

Aging and Mental Health, vol 22, no 2, February 2018, pp 168-174.

India's rapidly ageing population are facing a host of challenges to their mental health and wellbeing, especially depression. The present study reported on qualitative research intended to inform the development of a locally acceptable and appropriate intervention to improve the wellbeing of older adults in Goa, India and specifically, to prevent late life depression. The research carried out semi-structured interviews with 20 individuals aged 60 years and older attending two primary care clinics in Goa, India. Transcripts were reviewed to identify emerging themes, a coding scheme was developed and thematic analyses were conducted. Analyses of the interview transcripts revealed the following key themes: (1) notions of old age tended to be negative and there were widespread fears of becoming widowed or incapacitated; (2) the most frequently reported health conditions were joint pain, diabetes and heart disease; (3) emotional distress was described using the terms 'tension', 'stress', 'worry' and 'thinking'; (4) family issues often involved financial matters, difficult relationships with daughters-in-law and conflicted feelings about living with the family or independently; (5) other than a pension scheme, participants did not know of community resources available to older adults. These research findings are in general agreement with those of previous research and will inform the development of an intervention to prevent depression in older adults in Goa. (JL)

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

The association between negative attitudes toward aging and mental health among middle-aged and older gay and heterosexual men in Israel; by Geva Shenkman, Kfir Ifrah, Dov Shmotkin.: Taylor and Francis, April 2018, pp 503-511.

Aging and Mental Health, vol 22, no 4, April 2018, pp 503-511.

In this study the association between negative attitudes toward ageing and mental health (indicated by depression, neuroticism and happiness) was explored among Israeli middle-aged and older gay and heterosexual men. In a community-dwelling sample, 152 middle-aged and older gay men and 120 middle-aged and older heterosexual men in the age range of 50 to 87 years completed measures of negative attitudes toward ageing, depression, neuroticism and happiness. After controlling for socio-demographic characteristics the association between negative attitudes toward ageing and mental health was moderated by sexual orientation, demonstrating that negative attitudes toward ageing were more strongly associated with adverse mental health concomitants among middle-aged and older gay men compared to middle-aged and older heterosexual men. These findings suggest vulnerability of middle-aged and older gay men to risks of ageing, as their mental health is markedly linked with their negative attitudes to older age. This vulnerability should be addressed by clinicians and counsellors who work with middle-aged and older gay men. (JL)

ISSN: 13607863

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

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)

ISSN: 08856230

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

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

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

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

ISSN: 07149808

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

Childhood abuse and late-life depression: mediating effects of psychosocial factors for early- and late-onset depression; by Ilse Wilaard, 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>

Compassion focused therapy for people with dementia: a feasibility study; by Catriona Craig, Syd Hiskey, Lindsay Royan (et al.): Wiley, December 2018, pp 1727-1735.

International Journal of Geriatric Psychiatry, vol 33, no 12, December 2018, pp 1727-1735.

There is a lack of evidence-based psychological therapies for dementia and psychological distress. This study aimed to develop a compassion focused therapy intervention for people with dementia with depression and/or anxiety, and to assess its feasibility, acceptability and utility. A mixed methods series of seven case studies was used to assess the intervention's feasibility and changes in self-compassion, mood, anxiety and quality of life. Outcome measures were administered at pre-intervention, midpoint and post-intervention. Data were analysed using reliable change and clinically significant change. Thematic analysis on post-therapy interviews and session rating forms was used to assess acceptability and perceived change from the intervention. Over the course of the intervention, improvements in mood, anxiety and self-compassion were seen, and three of six participants moved out of the clinical depression range. Six participants were able to engage in soothing rhythm breathing, and five in discussion of self-criticism and developing self-compassion. Several participants and their carers described increased self-compassion in response to cognitive decline. Compassion focused therapy can be adapted to be delivered to people with dementia and low mood, anxiety or other distress. The intervention may improve self-compassion, mood and anxiety. A larger pilot trial with a comparator group and follow-up is needed to evaluate the intervention's effectiveness for people with dementia. (JL)

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

Does early life trauma affect how depression is experienced by Holocaust survivors in late life?; by Norm O'Rourke, Sara Carmel, Yaacov G Bachner.: Taylor and Francis, May 2018, pp 662-668.

Aging and Mental Health, vol 22, no 5, May 2018, pp 662-668.

Existing research indicates that early life trauma increases the likelihood of depression in later life. This includes children who survived the Nazi Holocaust living in Israel today. For this study the authors set out to examine whether early life trauma affects both levels of depression and the relative prominence of certain facets of depression as compared to other older adults in Israel and Canada. 295 Holocaust survivors (HS), 205 other Israelis and 335 older Canadians each of whom completed Radloff's (1977) Center for Epidemiological Studies - Depression Scale (CES-D) were all recruited. The CES-D measured four distinct factors: Depressive affect, absence of wellbeing, somatic symptoms and interpersonal rejection. Israeli and Canadian comparison participants were screened to ensure they had not experienced early life trauma. As anticipated levels of depression reported by HS were significantly greater than other Israelis and older Canadians. Moreover the latent structure of depression as measured by the CES-D differed for HS. Depressive affect and the absence of wellbeing appeared to distinguish depression among HS. However somatic symptoms did not differ and interpersonal rejection seemed less germane to depression as experienced by HS compared to both comparison samples. These findings support the assertion that early life trauma affects not only levels of depression but also that these survivors of genocide experience depression differently from other Israelis and older Canadians. Implications of early life trauma for mental health in later life are discussed. (JL)

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

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

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

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

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

Effect of a social intervention of choice vs control on depressive symptoms, melancholy, feeling of loneliness, and perceived togetherness in older Finnish people: a randomized controlled trial; by Katja Pynnonen, Timo Tormakangas, Taina Rantanen (et al.): Taylor and Francis, January 2018, pp 77-84.

*Aging and Mental Health*, vol 22, no 1, January 2018, pp 77-84.

This study examined the effects of a social intervention on depression, melancholy, loneliness and perceived togetherness in community-dwelling Finnish older people. The GoodMood project, with the purpose of promoting mental wellbeing in older people, was a single-blinded randomised control trial lasting 1.5 years. 223 people aged between 75-79 years reporting symptoms of loneliness or melancholy were randomised into intervention and control groups. The intervention group was allowed to choose among supervised exercise, social activity or personal counselling. Follow-up measurements were conducted at the end of a six-month intervention, and at three, six and 12 months post intervention. Depression remained unchanged, while loneliness and melancholy decreased in both the intervention and control groups during the study. Social integration increased in the intervention group but not in controls. Attachment and guidance increased in both groups. Overall the intervention did not alleviate depressed mood. Positive changes over time were observed in loneliness, feelings of melancholy, attachment and guidance but these occurred independently of the intervention. A secondary analysis suggests that the intervention increased perceived social integration. In sum the effects of the intervention were moderate only and did not expedite further overcoming depressive mood or loneliness. (JL)

ISSN: 13607863

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

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)

ISSN: 08856230

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

The effects of ego-resilience, social support, and depression on suicidal ideation among the elderly in South Korea; by Kyung Sook Cha, Hung Sa Lee.: Taylor and Francis, September-October 2018, pp 444-459.

*Journal of Women and Aging*, vol 30, no 5, September-October 2018, pp 444-459.

The suicide rate of South Korea's older people is not merely the highest among the member nations of the Organisation for Economic Cooperation and Development (OECD), it is the highest in the world. This study analysed the effect of ego-resilience and social support on depression and suicidal ideation of older people, providing baseline data to aid in the development of preventive programmes on elder suicide. The authors found that ego-resilience is a strong inhibitor of suicidal ideation. Direct and indirect effects of social support on suicidal ideation were especially helpful for older people with mild depression. (RH)

ISSN: 08952841

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

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

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

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

ISSN: 08856230

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

Hospitalisation and surgery: is exposure associated with increased subsequent depressive symptoms?: evidence from The Irish Longitudinal Study on Ageing (TILDA); by Helen O'Brien, Siobhan Scarlett, Celia O'Hare (et al.): Wiley, August 2018, pp 1105-1113.

International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1105-1113.

The dramatic increase in the ageing population has led to greater numbers of older people undergoing hospitalisation and surgical procedures. These exposures may in turn lead to an increase in depressive symptoms. The purpose of this Irish study was to determine whether hospitalisation or hospitalisation with surgery under general anaesthetic is associated with an increase in depressive symptoms in adults over the age of 50. Depressive symptoms were assessed using the Center for Epidemiologic Studies Depression Scale in 8,036 individuals at waves 1 and 2 of The Irish Longitudinal Study on Ageing (TILDA), two years apart. Mixed-effects models were used to investigate the hypothesis after adjustment for risk factors for depression and potential confounders. During the 12 months preceding wave 1, a total of 459 participants were hospitalised and a further 548 participants were hospitalised and underwent surgery with general anaesthetic; 6,891 were not hospitalised. Analysis of waves 1 and 2 data using mixed-effects models demonstrated that there was a 7% increased adjusted incidence rate of depressive symptoms in the hospitalisation group and a 4% increased adjusted incidence rate of depressive symptoms in the surgery group compared with those with no hospitalisation. These findings demonstrate that hospitalisation with or without surgery and general anaesthetic is associated with increased depressive symptoms. This is the first time a longitudinal population-representative study has demonstrated this relationship for both exposures simultaneously. (JL)

ISSN: 08856230

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

'I had a sort of epiphany!': An exploratory study of group mindfulness-based cognitive therapy for older people with depression; by Caroline M Williams, Frances Meeten, Susan Whiting.: Taylor and Francis, February 2018, pp 208-217.

Aging and Mental Health, vol 22, no 2, February 2018, pp 208-217.

Mindfulness-based cognitive therapy (MBCT) has been successful in reducing symptoms in people with chronic-recurrent depression. However the research evaluating the efficacy of this approach, and other innovative treatments for mood disorders, has mainly been with people under 65 years. This paper aimed to explore older people's own reflections of their experience of MBCT. A qualitative approach was used to explore 13 participants' experiences of MBCT. Participants were interviewed pre- and post-intervention and again after six months. To see whether the standard course required any adaptations for older participants, the two MBCT course facilitators were interviewed post-intervention. Thematic analysis identified five overarching themes and showed that older people reported positive changes in their mental health and wellbeing and reported being 'released from the past'. The facilitators reported that they needed to be aware of later life issues, such as loneliness and potential physical limitations, but otherwise only minor adaptations were needed to the standard MBCT course for older people. MBCT is an acceptable approach for people aged 65 years and over and further research should explore potential mechanisms of change including changes in meta-cognitive awareness and self-compassion. (JL)



ISSN: 13607863

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

The impact of dementia, depression and awareness on activities of daily living in a sample from a middle-income country; by Daniel C Mograbi, Robin G Morris, Helenice Charchat Fichman (et al).: Wiley, June 2018, pp 807-813.

International Journal of Geriatric Psychiatry, vol 33, no 6, June 2018, pp 807-813.

Previous studies have indicated that dementia and depression have a considerable impact on the functional capacity of older adults, also influencing awareness about ability. The purpose of the current study was to investigate the impact of dementia, depression and awareness on activities of daily living (ADL) in a sample of older adults from Rio de Janeiro, Brazil. The study explored impairments in basic, instrumental and advanced ADL using a factorial design comparing four groups: people with dementia and depression, people with dementia without depression, older adults with depression but no dementia and healthy older adults. For each type of ADL, self-report and informant report was contrasted in order to investigate the issue of lack of awareness in relation to ADL. Results indicated that dementia is associated with impairments in all types of ADL. Advanced ADL were also reduced in depressed participants. In addition, in the case of instrumental and basic ADL, informant report indicated less preserved abilities than participant self-report, particularly in people with dementia. The findings highlight the importance of developing interventions and compensatory strategies to prevent loss of ADL in dementia, also suggesting that early intervention in older adults with depression should focus on advanced ADL to prevent social isolation and withdrawal. Finally the findings indicate that self-information about ADL may be compromised in dementia so clinicians exploring disability should consider fully different aspects of ADL in this group. (JL)

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

Internet use and well-being in later life: a functional approach; by Rinat Lifshitz, Galit Nimrod, Yaacov G Bachner.: Taylor and Francis, January 2018, pp 85-91.

Aging and Mental Health, vol 22, no 1, January 2018, pp 85-91.

This study aimed at exploring the Internet's role in supporting subjective wellbeing in later life by applying a functional approach by simultaneously but separately examining each of the principal online functions common among older adults, namely: interpersonal communication, information, task performance and leisure. Data were collected online from 306 Internet users aged 50 years and over. Subjective wellbeing was measured according to indicators of depression and life satisfaction. Interpersonal communication and information seeking were the most commonly used Internet functions, followed by task performance. Use for leisure and recreation was significantly less prevalent. All four online functions were positively correlated with life satisfaction, and task performance and leisure were negatively correlated with depression. After controlling for sociodemographic variables, only leisure associated significantly with the wellbeing measures. These findings revealed a paradoxical situation in which the most beneficial use of the Internet is the least popular. (JL)

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

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

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

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

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

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>

Losing the battle: perceived status loss and contemplated or attempted suicide in older adults; by Alexandre Y Dombrowski, Elizabeth Aslinger, Aidan G C Wright, Katalin Szanto.: Wiley, July 2018, pp 907-914.

International Journal of Geriatric Psychiatry, vol 33, no 7, July 2018, pp 907-914.

While loss of socioeconomic status (SES) has been linked to suicidal behaviour, it is unclear whether this experience is merely a downstream effect of psychopathology ('downward drift'), a sign of hardship or an independent psychological contributor to suicide risk. In this study the association between the subjective experience of status loss and suicidal behaviour and ideation in old age, while accounting for potential confounders, was examined. The researchers were also interested in whether status loss was associated with mere thoughts of suicide versus suicidal behaviour. 50 older depressed suicide attempters, 29 depressed suicide ideators with no history of attempted suicide, 38 nonsuicidal depressed participants and 45 nonpsychiatric controls underwent detailed clinical characterisation and reported their current and highest lifetime SES. Suicide attempters were more likely to report a decline in their SES compared to healthy controls and nonsuicidal depressed older adults, while not differing from suicide ideators. This difference was not explained by objective predictors of SES, including education, financial difficulties and the presence of addiction. Interestingly while the current SES of suicide attempters was much lower than that of comparison groups, their reported highest lifetime SES was just as high, despite the differences in education. In older adults, the experience of status loss is associated with contemplated and attempted suicide even after accounting for objective indicators of social status and psychopathology. It is possible that suicidal individuals retrospectively inflate their previous status, making their current standing appear even worse by comparison. (JL)

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

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)

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

Overgeneral autobiographical memory and depression in older adults; by F C L Wilson, J D Gregory.: Taylor and Francis, May 2018, pp 575-586.

*Ageing and Mental Health*, vol 22, no 5, May 2018, pp 575-586.

Overgeneral autobiographical memory (OGM) is a phenomenon whereby people recall personal events in an 'overgeneral' way where memories are grouped into themes and 'chapters' rather than recalled as individual, specific events. OGM is a well-researched phenomenon in working age adults with depression, however the relevance and importance of OGM in older adult depression is not well established. The aim of this review was to synthesise existing literature on OGM and depression in older adults under the framework of the Capture and Rumination, Functional Avoidance and Impaired Executive Control (CaR-FA-X) model. Literature searches were conducted using a range of databases and 18 articles were reviewed. OGM was found to be elevated in healthy older adults compared to adults of working age and further elevated in older adults with depression. Evidence supports the role of impaired executive function as a mechanism for OGM in older adults with depression but no studies measured other components of the CaR-FA-X model (i.e. functional avoidance and rumination). OGM is prevalent in older adults and more so for those with depression, however there is no clear understanding of the underpinning mechanisms. It is recommended that future research looks at the role of functional avoidance and rumination, and at the use of memory specificity interventions being developed in the working age adult literature. (JL)

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

Parenthood and depression: is childlessness similar to sonlessness among Chinese seniors?; by Maja Djundeva, Tom Emery, Pearl A Dykstra.: Cambridge University Press, October 2018, pp 2097-2121.

*Ageing and Society*, vol 38, no 10, October 2018, pp 2097-2121.

The authors investigate how the mental health of older adults (aged 60-85) is associated with childlessness and sonlessness in China, where gender-biased filial expectations and a strong son preference exist. The China Family Panel Study (2012, N = 6,021) and ordinary least squares regression models are used to investigate the relationship between depression (Center for Epidemiologic Studies - Depression scale, CES-D) and parental status, distinguishing between childless, parents of both sons and daughters, parents of only sons, and parents of only daughters. The authors argue that modernisation shapes gender preferences for children as well as formal care and pension provisions for older adults; and they find a sharp rural-urban divide in the relationship between parental status and depression. Just having a son is not what matters, as the groups that fare best are parents who have both sons and daughters, regardless of the number of children. Rural childless and sonless are similar, while in urban areas parental status is not so salient, supporting modernisation theory. (RH)

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

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)

ISSN: 0144686X

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

Predicting child safety: the effect of custodial grandparents' depressive symptoms, home safety, knowledge, and gender; by Danielle K Nadorff, Julie Hicks Patrick.: Taylor and Francis, 2018, pp 225-242.

Journal of Intergenerational Relationships, vol 16, no 3, 2018, pp 225-242.

There are over 2.5 million custodial grandparents raising 4.8 million grandchildren in the United States. These grandparents face many major struggles including increasing financial costs, physical disabilities and deteriorating home environments. The present study investigated grandchild wellbeing, particularly the safety of custodial grandparents' homes and its relation to injury prevention. This is crucial as unintentional injury is the leading cause of death for children. The model put forward in this study predicted child safety based on grandparent gender, depressive symptoms and safety knowledge. The model fitted well and explained 23% of the variance in child injuries. Several gender differences were also present, for both grandparent and grandchild gender. (JL)

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

Prevalence and correlates of elder mistreatment in Singapore; by S Chokkanathan.: Taylor and Francis, August-October 2018, pp 271-283.

Journal of Elder Abuse and Neglect, vol 30, no 4, August-October 2018, pp 271-283.

The current study attempts to identify the prevalence rate of and risk factors associated with elder mistreatment in Singapore, a multi-ethnic nation in South-East Asia. Information on elder mistreatment was collected from 400 non-randomly selected cognitively intact older adults in a residential area of Singapore. Items on mistreatment were adopted from the Hwalek-Sengstock Elder Abuse Screening Test and the Vulnerability to Abuse Screening Scale. Standardised scales on activities of daily living, loneliness, and items on violence between family members were administered. The prevalence rate of mistreatment was 8.3%. A family environment characterized by psychological and physical abuse between family members and a social environment characterised by loneliness increased the vulnerability of older adults to mistreatment. Older adults who were mistreated reported more depression symptoms than those who were not. (RH)

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

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

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

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

ISSN: 0144686X

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

The relationship between caregiver burden and depressive symptoms in Ontario home care clients; by Nicola Williams, Samantha Jamal, Dawn M Guthrie.: Taylor and Francis, January-March 2018, pp 60-76.

Home Health Care Services Quarterly, vol 37, no 1, January-March 2018, pp 60-76.

The onset of depression is common in home care clients and their caregivers. Understanding the experience of the informal caregiver can assist clinicians in providing services to maximise the wellbeing of both the client and their caregivers. The purpose of this Canadian study was to examine risk factors for the development of depression. A longitudinal analysis design was completed for clients with two or more assessments. The development of depressive symptoms was defined as a Depression Rating Scale score of 3+ on re-assessment. Overall results showed that 10.7% of clients experienced new depressive symptoms and clients with a caregiver who was feeling distressed, angry or depressed were 45% more likely to develop symptoms. (JL)

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

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 ug/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>

The silent impact of hearing loss: using longitudinal data to explore the effects on depression and social activity restriction among older people; by Claudia Campos Andrade, Cicero Roberto Pereira, Pedro Alcantara da Silva.: Cambridge University Press, December 2018, pp 2468-2489.

Ageing and Society, vol 38, no 12, December 2018, pp 2468-2489.

Hearing loss is frequent in old age and has been associated with fewer social activities and depression. However, hearing problems have also been associated with other comorbidities, which prevent more definitive conclusions about their effect on older people's well-being. Moreover, little attention has been paid to the psychological processes through which this relationship occurs. This study aims to investigate the effect of hearing loss on older adults' well-being from a longitudinal perspective. The authors used data from three points in time to investigate the mutual relationship between hearing loss, depression and social activities. Based on longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE) for ten European countries, the authors conducted the test of competing auto-regressive cross-lagged theoretical models. Results show that hearing loss reduces social activity, which is mediated by depression. The adequacy of this model (versus a model proposing that social activity restriction mediates the relationship between hearing loss and depression) was supported in each of the countries in the sample. Findings showing that hearing loss can contribute to depression and, subsequently, to restriction in social activities have implications for early detection and clinical interventions on hearing loss. (RH)

ISSN: 0144686X

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

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

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

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

ISSN: 08856230

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

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

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

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

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

Vascular depression and the death of Queen Victoria; by Robert C Abrams, George S Alexopoulos.: Wiley, December 2018, pp 1556-1561.

International Journal of Geriatric Psychiatry, vol 33, no 12, December 2018, pp 1556-1561.

The aim of this article was to examine relationships between the neurological events that were the immediate cause of the death of Queen Victoria and the late life depression that preceded it. The authors closely reviewed the surviving medical notes of Queen Victoria's personal physician, Sir James Reid, recorded during the Queen's last 10 days of life. These notes were summarised in a chronological narrative and their implications considered in light of current concepts of vascular depression. It is suggested that the depression that the Queen experienced over the five months prior to her death and during her final 10 days from 13 January 1901 until 22 January likely had a vascular aetiology. Although conclusions from this study are necessarily speculative given the lack of neuroimaging and other diagnostic tools available in 1901, it emerged that Queen Victoria had experienced early onset depression followed in later life by an acute depressive episode associated with vascular risk factors and personal losses, a sequence also encountered by today's geriatricians. In addition, aetiological connections

between the Queen's early onset and late life depressions appeared probable. Underlined for contemporary practitioners are the suffering experienced by patients with vascular depression at the end of their lives, as well as the struggles of physicians like Sir James Reid to provide clinical wisdom and emotional support. (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)

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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)

ISSN: 08856230

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)

ISSN: 08856230

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)

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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](http://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](http://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)

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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)

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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)

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From : [journals.sagepub.com/home/roa](http://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, Merrill 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](http://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)

ISSN: 08946566

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)

ISSN: 08856230

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](http://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 (CHARLS) 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](http://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](http://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](http://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](http://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](http://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](http://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)



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[From : www.ageing.oxfordjournals.org](http://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 symptomology 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)

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[From : www.ageing.oxfordjournals.org](http://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](http://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)

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From : [www.tandfonline.com](http://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)

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

ISSN: 08856230

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

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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](http://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](http://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](http://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)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://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](http://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)

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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)

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

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From : [www.emeraldinsight.com/qaoa.htm](http://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)

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From : [wileyonlinelibrary.com/journal/ajag](http://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](http://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)

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

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From : [www.bps.org.uk](http://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)

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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)

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

ISSN: 08856230

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

ISSN: 07317115

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)

ISSN: 10416102

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

ISSN: 10416102

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

ISSN: 10416102

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

ISSN: 08856230

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

ISSN: 08856230

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