

Centre for Policy on Ageing
Information Service

Selected Readings

Longevity

January 2012

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2011

Use of anti-dementia drugs and delayed care home placement: an observational study; by Emad Salib, Jessica Thompson.

The Psychiatrist, vol 35, issue 10, October 2011, pp 384-388.

The association between the use of cholinesterase inhibitors (ChEIs) and time to care home placement is examined. The authors compared patients who were prescribed ChEIs in 2006 with those who were not with respect to their placement in care homes over a 4-year period using survival analysis. During the first 30 months of follow-up, there was a delay in care home placement by a median of 12 months in those who took ChEIs compared with those who did not. However, at the end of the follow-up, there was no significant reduction in the probability of being in a care home setting between those who had taken ChEIs compared with those who had not. The study provides some evidence to suggest that prescribing ChEIs may be associated with a delay in the timing of care home placements observed in the first 2.5 years of treatment. However, based on purely observational data, no conclusion can be made as to whether such association is causal. (RH)

ISSN: 17583209

From : <http://pb.rcpsych.org/doi:10.1192/pb.bp.110.033431>

2009

AARP International : The Journal; by AARP International. New York: AARP, Winter 2009, 116 pp.

AARP International : The Journal, Winter 2009, 116 pp.

Focus of this issue is on the longer lifespan and what this means for countries with an ageing population. Highlights of this issue are: Preparing for an aging population - the Singapore experience, by Lee Hsien Loong, Prime Minister, Singapore. New perspectives on aging: priorities of the Czech Government and EU Presidency, by Petr Necas, Deputy Prime Minister and Minister of Labour and Social Affairs, Czech Republic. The next generation of investors; by James Perkins, Jr, Founder, CEO, and Portfolio Manager of Thrasher Funds. Over-50s on the move in France, by Roland Bréchet. Raising global awareness of women's health issues, by Fran Drescher, President, Cancer Schmancer and Public Diplomacy Envoy for Women's Health Issues, US Department of State. Global aging: the importance of nutrition and food companies, by Derek Yach, Mark Pirner, and Dondeena Bradley. Thanks for the memory: design and dementia, by Julia Cassim, Senior Research Fellow, Helen Hamlyn Centre, Royal College of Art, London. Visitability: making homes more accessible for the growing 50+ population, by Jana Lynott, Strategic Policy Advisor, AARP. Advancing global action on aging, by Dr Alexandre Sidorenko, Head, United Nations Programme on Ageing. The Journal is available in electronic format only (at <http://www.aarpinternational.org/thejournal>). (KJ)

From : Posted on website (1 December 2008): <http://www.aarpinternational.org/thejournal>

Adiposity and weight change in mid-life in relation to healthy survival after age 70 in women: prospective cohort study; by Qi Sun, Mary K Townsend, Olivia I Okereke (et al).

British Medical Journal, vol 339, no 7725, 10 October 2009, p 851.

Does mid-life adiposity have any impact on overall health status among women who escape premature death and survive to older age? Study participants were a subset of the Nurses' Health Study, consisting of female registered nurses in the US. The authors identified 17,065 women for whom disease status, cognitive and physical functioning, and mental health were ascertained at age 70 or older. Information on body weight and height was collected at baseline in 1975, when these study participants were, on average, aged 50. Of those who survived until at least age 70, 1686 (9.9%) met criteria for healthy survival. Midlife adiposity, as well as weight change between age 18 and midlife, decreases the possibility of maintaining optimal overall health status at older ages in women. Women who are lean in early adulthood and maintain a healthy body weight thereafter have the highest probability of achieving healthy survival. This a summary of a paper published on bmj.com as BMJ 2009;339:b3796. (RH)

ISSN: 09598138

From : www.bmj.com

A census-based longitudinal study of variations in survival amongst residents of nursing and residential homes in Northern Ireland; by Mark McCann, Dermot O'Reilly, Chris Cardwell.

Age and Ageing, vol 38, no 6, November 2009, pp 711-717.

Despite the intensive services provided to residents of care homes, information on death rates is not routinely available for this population in the UK. This study aimed to quantify mortality rates across the care home population of Northern Ireland, and to assess variation by type of care home and resident characteristics in a prospective, Census-based cohort study with 5-year follow-up. Participants were 9,072 residents of care homes for people aged 65+ at the time of the 2001 Census, with a special emphasis on the 2,112 residents admitted

during the year preceding census day. Measurements included age, sex, self-reported health, marital status, residence (not in care home, residential home, dual registered home, nursing home), elderly mentally infirm care provision. Results showed that the median survival among nursing home residents was 2.33 years (95% CI 2.25-2.59), for dual registered homes 2.75 (95% CI 2.42-3.17) and for residential homes 4.51 (95% CI 3.92-4.92) years. Age, sex and self-reported health showed weaker associations in the sicker populations in nursing homes compared to those in residential care or among the non-institutionalised. The high mortality in care homes indicates that places in care homes are reserved for the most severely ill and dependent. Death rates may not be an appropriate care quality measure for this population, but may serve as a useful adjunct for clinical staff and the planning of care home provision. (KJ/RH)

ISSN: 00020729

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

Creating lifelong communities: one region's response to the opportunity of longevity; by Kathryn Lawler, Cathie Berger.: National Academy on an Aging Society, Winter 2009, pp 9-14.

Public Policy & Aging Report, vol 19, no 1, Winter 2009, pp 9-14.

Getting to grow older is the great gift of the 20th century, but most Americans are still working out how to enjoy this gift. In 1900, life expectancy at birth was only 47.3 years. Through a series of advances in public health, and social policy and programmes, US life expectancy is now in the late seventies for men and early eighties for women. More than just an interesting statistic and occurring over a relatively short period of time, this dramatic change creates challenges and opportunities in all aspects of society. For the most part, the country's health care and social services systems and housing and transport infrastructure are dashing to catch up. This article looks at the Lifelong Communities Initiative and the Lifelong Communities Charrette (an intensive design workshop for all stakeholders) that have been developed by the Atlanta Regional Commission (ARC) in Georgia. (RH)

ISSN: 10553037

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

Demographic, behavioural and socio-economic influences on the survival of retired people: evidence from a ten year follow-up study of the General Household Survey, 1994; by Brian Johnson, Ann Langford.

Health Statistics Quarterly, no 44, Winter 2009, pp 27-34.

This article reports on a longitudinal analysis of a sample of residents who were 65 or over when interviewed for the 1994 General Household Survey. It investigates the relationship between the lifestyle and socioeconomic status of respondents and their likelihood of survival over a ten year period. Smokers at the time of the interview had a risk of mortality 78 per cent greater than non-smokers. Non-drinkers appeared to have a higher mortality risk than those who drank up to the government's recommended maximum per week. However, further analysis suggested that this result may be a product of the health status of respondents at the time of interview. Type of housing tenure and region of residence were predictive of survival, but occupation-based social class was not. (KJ/RH)

ISSN: 14651645

From : <http://www.statistics.gov.uk>

Differentials in mortality up to 20 years after baseline interview among older people in East London and Essex; by Ann Bowling, Emily Grundy.

Age and Ageing, vol 38, no 1, January 2009, pp 51-55.

Older people living at home in Hackney, East London and Braintree, Essex, who responded to surveys of successful survival in older age in the late 1980s were traced for mortality through the National Health Central Register. Adjusted analyses showed that, as expected, the hazard rate for mortality over a 20-year follow-up was reduced for younger respondents and increased for less functionally able respondents. The hazard ratio for males was almost one and a half times that of females. The hazard rate was also reduced with each categorical increase in life satisfaction and was consistently reduced for those who regularly undertook crafts, social visiting and activities. There was some variation by age and sex. The results show that social participation is associated with lower risks of death, particularly among those aged 65 to <85, and that life satisfaction is also protective, particularly among females and people aged 85+, even when health status and socio-demographic circumstances are controlled. The study thus provides support for the hypothesised influence of social participation and subjective well-being on survival in older age. (RH)

ISSN: 00020729

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

Effect of parental age at birth on the accumulation of deficits, frailty and survival in older adults; by Ruth E Hubbard, Melissa K Andrew, Kenneth Rockwood.

Age and Ageing, vol 38, no 4, July 2009, pp 380-384.

Parental age after conception may affect life expectancy. Adult daughters of older fathers appear to live shorter lives and, in this study, being born to a mother aged <25 was an important predictor of exceptional longevity. The effect of parental age on fitness or frailty is unknown. The authors aimed to investigate the relationships between parental age and frailty and longevity in older adults. In the Canadian Study of Health and Aging (CSHA), data were collected on individuals aged 65+ using a Self Assessed Risk Factor Questionnaire and screening interview. In this secondary analysis, 5122 participants had complete data for parental age, frailty status and 10-year survival. Parental age was divided into three groups with cut-offs at 25 and 45 for fathers and 25 and 40 for mothers. Frailty was defined by an index of deficits. Survival was analysed using Kaplan Meter curves and Cox regression with analyses adjusted for subject's age, sex and age of the other parent. Mean maternal age at subject's birth was 29.2 years (standard deviation, SD 6.8) and mean paternal age 33.3 years (SD 7.8). There was no effect of maternal or paternal age on survival for either sons or daughters. Similarly, there was no association between parental age and subject frailty in old age. Thus, the authors did not identify an association between parental age and frailty or longevity in CSHA participants. (RH)

ISSN: 00020729

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

In the balance: silver tsunami or longevity dividend?; by Daniel P Perry.

Quality in Ageing, vol 10, issue 2, June 2009, pp 15-22.

While still early in the 21st century, nations are experiencing an unprecedented rise in people living into their 80s, 90s, and even longer. Many national leaders view with alarm a possible tidal wave of chronic age-related disease and disability. Competing scenarios predict insurmountable social and economic stress; or alternatively, a future in which older people continue to function and contribute during extended healthy years of life made possible by scientific and medical advances. The latter vision, termed the 'longevity dividend', is discussed in terms of strategies for achieving this goal. (KJ/RH)

ISSN: 14717794

Increasing longevity and the economic value of healthy ageing and working longer; by Les Mayhew, Cass Business School, City University London. London: City University London, 2009, 71 pp.

Life expectancy is increasing rapidly and will continue to do so in the time horizon of this analysis. The UK population will age rapidly from now on as the old age support ratio (the ratio of adults of working age to the population aged 65+) goes into long-term decline. This report uses a simple economic model to show that poor health and a passive ageing scenario based on current trends could bring economic problems in terms of higher taxes and falling standards of living, especially if long-term increases in wage productivity are not maintained. The worst case is that both gross domestic product (GDP) and GDP per capita could fall; the best case is that both could rise, but for this to happen certain conditions need to be met. One such is that people need to work for longer. This report finds that the implications of demographic changes are significant and should not be underestimated. (RH)

From : Download document (15/7/09): <http://www.hmg.gov.uk/media/33715/economicsofageing.pdf>

Cass Business School, City University, 106 Bunhill Row, London EC1Y 8TZ. www.cass.city.ac.uk

Inequalities in health at older ages: a longitudinal investigation of the onset of illness and survival effects in England; by Anne McMunn, James Nazroo, Elizabeth Breeze.

Age and Ageing, vol 38, no 2, March 2009, pp 181-187.

Previous studies have suggested a decline in the relationship between socioeconomic circumstances and health or functioning in later life, but this may be due to survival effects. The present study examined whether wealth gradients in the incidence of illness decline with old age, and, if so, whether the decline is explained by differential mortality. The study included participants from the first two waves of the English Longitudinal Study of Ageing (ELSA), a large national longitudinal study of the population aged 50+ in England, who reported good health, no functional impairment, or no heart disease at baseline. Wealth inequalities in onset of illness over 2 years were examined across age groups, with and without the inclusion of mortality. The study found that wealth predicted onset of functional impairment equally across age groups. For self-reported health and heart disease, wealth gradients in the onset of illness declined with age. Selective mortality contributed to this decline in the oldest age groups. Socioeconomic inequality in developing new health problems persists into old age for certain illnesses, particularly functional impairment, but not for heart disease. Selective mortality explains only some of the decline in health inequalities with age. (RH)

ISSN: 00020729

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

International colloquium on the oldest old (80+) with focus on health and care-giving ..., Thiruvananthapuram, India, February 9 - 11, 2009: conclusions, suggestions, recommendations and policy implications; by International Colloquium on the Oldest Old (80+), 2009; Centre for Gerontological Studies, Thiruvananthapuram, India. Thiruvananthapuram, India: Centre for Gerontological Studies - CGS, 2009, 12 pp. The oldest old (80 years and over) is the fastest growing segment of the world's older (age 60+) population, constituting 89.3 million or 13% of the 60+ population. By 2050, it is projected that 394 million (20% of those aged 60+) will be aged 80+. The International Colloquium on the Oldest Old (80+) is the first ever such global conference; it was organised by the Centre for Gerontological Studies (CGS), Thiruvananthapuram and co-sponsored by the Government of Kerala and the United Nations Population Fund (UNFPA). This document outlines the themes of the symposia and technical sessions, variously on health, social dynamics, care and care-giving, support systems, and needs of the oldest old. Conclusions and suggestions cover: demography, family, economic aspects, health care aspects, eighty-plus women, old age homes, empowering the oldest old, crimes against elderly, and research. Recommendations made were: treat the 80+ as a special category; ensure family support; provide community level support; improve medical care; empower the oldest old; open up geriatric homes; training for care givers; ensure special care for oldest old women; compile data on the oldest old; and undertake research and evaluation studies. (RH)

From : http://www.cgsindia.org/Colloquium_Report.pdf

The lifelong mortality risks of World War II experiences; by Glen H Elder Jr, Elizabeth C Clipp, J Scott Brown (et al).

Research on Aging, vol 31, no 4, July 2009, pp 391-412.

In this longitudinal study of American veterans, the authors investigated the mortality risks of five World War II military experiences (e.g., combat exposure) and their variation among veterans in the postwar years. The male subjects (n = 854) were members of the Stanford-Terman study, and 38% served in World War II. Cox models (proportional-hazards regressions) were used to compare the relative mortality risk associated with each military experience. Overseas duty, service in the Pacific theatre, and exposure to combat significantly increased the mortality risks of veterans in the study. Individual differences in education, mental health in 1950, and age at entry into the military, as well as personality factors, made no difference in these results. In conclusion, a gradient was observed such that active duty on the home front, followed by overseas duty, service in the Pacific, and combat exposure, markedly increased the risk for relatively early mortality. Potential linking mechanisms include heavy drinking. (KJ/RH)

ISSN: 01640275

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

Lifetime according to health status among the oldest olds in Denmark; by Henrik Bronnum-Hansen, Inge Petersen, Bernard Jeune (et al).

Age and Ageing, vol 38, no 1, January 2009, pp 47-50.

Even at ages 92 to 93, a substantial proportion of the remaining lifetime is spent in reasonably good health. This study quantifies average lifetime in different health states among the oldest old. The study is based on the Danish 1905 cohort survey comprising 2258 participants (63% of all survivors) who were interviewed in 1998 and re-assessed in 2000, 2003 and 2005. The average lifetime between ages 92 and 100 was 2.7 years for men and 3.3 years for women. Almost 50% was in self-rated good health, almost 75% in a state of physical independence, and a little more than 13% in a state of physical independence without cognitive impairment. (RH)

ISSN: 00020729

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

Livable and sustainable communities [Ageing in place]; by Robert B Hudson (ed.): National Academy on an Aging Society, Winter 2009, 39 pp (whole issue).

Public Policy & Aging Report, vol 19, no 1, Winter 2009, 39 pp (whole issue).

The idea and quality of "place" is critically important to older people. The articles in this issue of Public Policy & Aging Report review both the current status of community-based housing options for older people and some of the controversies associated with these options. Jon Pynoos and Caroline Cicero discuss the development of ageing-friendly communities in the US, including home modification, construction of housing better tailored to older people, and community-level innovations designed to lessen isolation and increase social interaction. Although supportive of appropriate community alternatives for older people, Stephen Golant criticises what he sees as a "groupthink" mentality to the idea of "ageing in place", and instead stresses the need for "affordable

clustered housing care". Kathryn Lawlor and Cathie Berger explore innovative activities undertaken by the Atlanta Regional Commission (ARC). Andrew Blechman reviews how private ownership impinges on traditional public provision, instancing "The Villages", a large gated seniors-only community in central Florida. Sarah Frey profiles selected innovative approaches to livable and sustainable communities, noting organisations using the same or similar models in the US and other countries. (RH)

ISSN: 10553037

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

Perceived age as clinically useful biomarker of ageing; by Kaare Christensen, Mikael Thinggaard, Matt McGue (et al).

British Medical Journal, vol 339, no 7735, 19 December 2009, pp 1433-1434.

This is an abridged version of a paper, which aimed to determine whether perceived age correlates with survival and important age related phenotypes. As part of the Longitudinal Study of Ageing Danish Twins (LSADT), a population-based study of 1826 twins aged 70+, this follow-up study determined survival of twins up to January 2008, by which time 675 (37%) had died. 20 nurses, 10 young men, and 11 older women, acted as assessors who determined perceived age of twins from photographs. Twins were subjected to physical and cognitive tests and molecular biomarker of ageing (leucocyte telomere length). For all three groups of assessors, perceived age was significantly associated with survival, even after adjustment for chronological age, sex, and rearing environment. Perceived age was still significantly associated with survival after further adjustment for physical and cognitive functioning. The likelihood that the older-looking twin of the pair died first increased with increasing discordance in perceived age within the twin pair - that is, the bigger the difference in perceived age within the pair, the more likely that the older looking twin died first. Twin analyses suggested that common genetic factors influence both perceived age and survival. Perceived age, controlled for chronological age and sex, also correlated significantly with physical and cognitive functioning as well as with leucocyte telomere length. Perceived age - which is widely used by clinicians as a general indication of a patient's health - is a robust biomarker of ageing that predicts survival among those aged 70+ and correlates with important functional and molecular ageing phenotypes. (RH)

ISSN: 09598138

From : www.bmj.com

The prevalence of disability in the oldest-old is high and continues to increase with age: findings from The 90+ Study; by Daniel J Berlau, María M Corrada, Claudia Kawas.

International Journal of Geriatric Psychiatry, vol 24, no 11, November 2009, pp 1217-1225.

The purpose of this study was to examine the prevalence and type of disability in the oldest-old (90+), the fastest growing age group in the United States. The current study included functional data on 697 participants from The 90+ Study, a population-based longitudinal study of ageing and dementia in people aged 90 and older (who are survivors of the Leisure World Cohort Study). Data were obtained by participant's informants via a written questionnaire. The prevalence of disability was calculated for two definitions using activities of daily living (ADLs). ADL difficulty was defined as difficulty with one or more ADLs, whereas ADL dependency was defined as needing help on one or more ADLs. ADL difficulty was present in 71% in 90-94 year olds, 89% in 95-99 year olds, and 97% in centenarians. ADL dependency was present in 44% of 90-94 year olds, 66% of 95-99 year olds, and 92% of centenarians. The ADL most commonly causing difficulty was walking (70%) whereas the ADL most commonly causing dependency was bathing (51%). Age, gender, and institutionalisation were significantly associated with both ADL difficulty and ADL dependency. Similar to studies in younger individuals, the current study suggests that the prevalence of disability continues to increase rapidly in people aged 90 and older. With the rapid growth in the number of people in this age group, disability in the oldest-old has major public health implications. (KJ/RH)

ISSN: 08856230

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

Racial-ethnic differences in subjective survival expectations for the retirement years; by Jennifer Roebuck Bulanda, Zhenmei Zhang.

Research on Aging, vol 31, no 6, November 2009, pp 688-709.

Previous research finds a race anomaly in subjective life expectancy, such that Blacks expect to live longer than Whites, even though their actual life expectancy is lower, but it does not include other racial-ethnic groups. Using data from the 1998 (US) Health and Retirement Study (n = 8,077), the authors find that the race anomaly in subjective survival expectations can be extended to Mexican Americans. Mexican Americans, regardless of their nativity, expect a lower chance of living to ages 75 and 85 than do Whites net of age and gender, even though their actual life expectancy is higher. In addition, foreign-born Mexican Americans expect a lower chance of survival to older ages than native-born Mexican Americans, which is also the opposite of actual

mortality patterns. The authors also find that education and wealth interact with race and ethnicity to influence subjective survival expectations. (KJ/RH)

ISSN: 01640275

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

The relationship between longevity and healthy life expectancy; by Jean-Marie Robine, Yasuhiko Saito, Carol Jagger.

Quality in Ageing, vol 10, issue 2, June 2009, pp 5-14.

What is the relationship between longevity and health? Health expectancies were developed more than 30 years ago specifically to answer this question. It may therefore be the time to try to answer this question, though it is worth noting that the question implies a unidirectional relationship. Almost no one questions the positive association between health and longevity. It is expected that healthy, robust people will live, on average, longer than frail people. This heterogeneity in terms of robustness or frailty may explain the shape of the mortality trajectory with age, i.e., the oldest old seem to follow a lower mortality schedule (Vaupel et al, 1979). On the other hand, many people wonder about the relationship between longevity and health. Are we living longer because we are in better health? Are we living longer in good health? Or are we merely surviving longer whatever our health status? In other words, can we live in good health as long as we can survive? And this is exactly the purpose of health expectancies: monitoring how long people live in various health statuses (Sanders, 1964; Sullivan, 1971; Robine et al, 2003a). (KJ/RH)

ISSN: 14717794

Slowing human ageing; by David L Wilson.

Quality in Ageing, vol 10, issue 2, June 2009, pp 23-29.

Knowledge of why and how we age is pointing to ways to extend human longevity. Studies in model organisms indicate that increasing the expression of repair and maintenance genes results in slower ageing and increased life expectancy. It might soon be possible to achieve such slowing of ageing in humans. The evidence for, and societal consequences of, such an advance are discussed. (KJ/RH)

ISSN: 14717794

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

Systematic review of the effect of education on survival in Alzheimer's disease; by Matt Paradise, Claudia Cooper, Gill Livingston.

International Psychogeriatrics, vol 21, no 1, February 2009, pp 25-32.

According to the cognitive reserve model, higher levels of education compensate for the neuropathology of Alzheimer's disease (AD), delaying its clinical manifestations. This model suggests that for any level of cognitive impairment, people with more education have worse neuropathology than those with less education and will therefore have shorter survival post-diagnosis. This is the first systematic review of the relationship between more education and decreased survival in people with AD. The literature was reviewed systematically, searching electronic databases and reference lists of included studies. The researchers used the Centre for Evidence Based Medicine criteria for inclusion and rating of the validity of cohort studies that reported the relationship of education to survival in people with AD. 22 studies met inclusion criteria. Grade A evidence was found (highest evidence level) which meant that more education was not associated with decreased survival post-diagnosis in AD. Only one of 11 studies rated 1b (highest level of quality) supported the hypothesis that more education predicted reduced survival after adjusting for age, gender and dementia severity; it comprised African-Caribbean participants, who had on average more severe cognitive impairment than other studies' participants. Education does delay the onset of the dementia syndrome in AD, but does not lead to earlier death after diagnosis. (KJ/RH)

ISSN: 10416102

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

What could advances in the biology of ageing mean for the quality of later life?; by Richard G A Faragher.

Quality in Ageing, vol 10, issue 2, June 2009, pp 30-38.

The ageing process is often discussed as though it is unique to humans. However, it can be observed throughout the plant and animal kingdoms. In every species in which it occurs, the ageing process has common traits. It is a progressive, intrinsic, cumulative and deleterious process that eventually gives rise to physiological frailty, morbidity and death. Historically, biogerontology had a slow start, but the last 10 years have seen exceptional progress in understanding both why and how ageing changes occur. As a result of this new knowledge, interventions that could produce longer, healthier human lives are close to becoming clinical realities. Unfortunately, the speed and scale of these advances is not well understood outside the relatively small

community of biological gerontologists. This article reviews some of these advances for a non-specialist audience, speculates on their potential impact, and identifies current barriers to future progress. (KJ/RH)
ISSN: 14717794

2008

AARP International : The Journal; by AARP International. New York: AARP, Summer 2008.

AARP International : The Journal, Summer 2008.

The focus of this issue is on longevity and its global consequences. Highlights from this issue are: A feature article on Reforming the Social Model: A French Project for Social Cohesion and Economic Growth by Xavier Bertrand, Minister of Labour, Social Affairs and Solidarity, France. A feature article by First Lady of El Salvador Ana Ligia Mixco Sol de Saca on Building Societies for All Ages. A feature article by Angel Gurria, Secretary General of the OECD on Living Longer, Working Longer. A feature article by Robert Madelin, Director-General for Health and Consumer Protection, European Commission, on Health, Active and Dignified Aging. A feature article on Experiences Abroad: Health Care reform in the Netherlands by Ab Klink, Minister of Health, Welfare and Sport, The Netherlands. A feature article on Preventive Care in Japan by Masako Osako, Executive Director, Secretariat, International Longevity Center Global Alliance and Yumiko Watanabe, Ministry of Health, Labour and Welfare, Japan. A feature article by Dr Robert Butler, President and CEO of the International Longevity Center - USA on tackling Shortevity: Actions to Increase Longevity in the Developing World. The Journal is available in electronic format only from website link given. (KJ/RH)

From : Posted on website (10 June 2008):<http://www.aarpinternational.org/thejournal>

An ageing population: a crisis?; by Bhavik N Modi.

Geriatric Medicine, vol 38, no 2, February 2008, pp 65-70.

The rise in life expectancy and fall in mortality at older ages has brought with it a fear of an increased burden of chronic disease to society. Data suggest that these fears are perhaps overly pessimistic, and that the proportion of one's life spent in ill health may actually be falling. There are numerous advancements and strategies, medical and non-medical, that are already being implemented to compress morbidity in society. Our ageing population is definitely not a crisis but is a challenge we need to address. Trends in life expectancy are based on data from the Government's Actuary Department. (KJ/RH)

ISSN: 0268201X

Cohort changes in active life expectancy in the US elderly population: experience from the 1982-2004 National Long-Term Care Survey; by Kenneth G Manton, XiLiang Gu, Gene R Lowrimore.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 63B, no 5, September 2008, pp S269-S281.

To understand decline in chronic disability prevalence in the older population in the US, the authors compared active-life expectancy and life expectancy using the six National Long-Term Care Surveys carried out 1982 to 2004 and linked to continuous time Medicare service data for grade of membership for the same period. They simultaneously estimated continuous-time disability dynamic and mortality functions to calculate life tables for specific disability states and for temporally changing mixtures of disability states. Disability dynamics measured as changes to grade of membership scores showed significant variation across two birth cohorts followed for 24 years. Disability dynamics and disability-specific hazard functions were significantly improved in the younger cohort (those aged 65-74 in 1982). These results, supporting the hypothesis of morbidity compression, indicate that younger cohorts of older people are living longer in better health. The methods describe individual disability transitions and mortality and other factors associated with disability changes, making it possible to better evaluate interventions to promote future declines in disability. (RH)

ISSN: 10795014

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

Genetic and environmental determinants of healthy aging: insights from exceptional survivors around the globe; by Bradley J Willcox, D Craig Willcox, Luigi Ferrucci (eds).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 63A, no 11, November 2008, pp 1181-1240 (Special section).

This section of the journal is a collection of eight articles from an assortment of international perspectives that consider factors of healthy ageing that contribute to human longevity. The population groups under scrutiny are American, Danish, Japanese, and Swedish. Discovering protective genetic or environmental factors that enhance healthy ageing and translating these findings into evidence-based interventions is "becoming a research priority". It is noted that much progress has been made in the past four decades, with the ability to travel and study "exceptional survivor" population groups which appear to occur in certain regions e.g. Okinawa and

Sardinia. Modern centenarian studies are now beginning to emerge, and this section contributes a novel study on the Okinawa supercentenarians. (KJ/RH)

ISSN: 10795006

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

Has the time come to take on time itself?; by Colin Farrelly.

British Medical Journal, vol 337, no 7662, 19 July 2008, pp 147-148.

Staying healthier for longer has benefits for society as well as for individuals. In examining the efforts of science to delay ageing, the author refers to UK and American research. (RH)

ISSN: 09598138

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

The oldest old in England and Wales: a descriptive analysis based on the MRC Cognitive Function and Ageing Study; by Jing Xie, Fiona E Matthews, Carol Jagger (et al).

Age and Ageing, vol 37, no 4, July 2008, pp 396-402.

The characteristics and survival of the oldest old in England and Wales are described, using data from the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS), based on two rural and three urban sites. In total, 958 individuals aged 90+ and 24 aged 100+, had been interviewed at least once during the study. 27% were living in residential or nursing homes. Women aged 90+ were more likely to be living in residential and nursing homes, be widowed, have any disability, or have lower Mini Mental State Examination (MMSE) scores. The centenarians were mostly cognitively or functionally impaired. The median survival times for those reaching their 90th (n=2,336), 95th (n=638) or 100th birthday (n=92) during the study were 3.7 years, 2.3 years and 2.1 years for women, and 2.9 years, 2 years and 2.2 years for men, respectively. Those living in residential and nursing homes had a shorter survival when aged 90, with similar non-significant effects for those aged 95 and 100. After age 100, the high mortality rate and small sample size limited the ability to detect any differences between the different groups. Even at the very earliest ages, most were living in non-institutionalised settings. Among the oldest old, women were frailer than men. Being male and living in residential nursing homes shortened survival in those aged 90+. (RH)

ISSN: 00020729

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

Self-rated health and a healthy lifestyle are the most important predictors of survival in elderly women; by Jessica Ford, Melanie Spallek, Annette Dobson.

Age and Ageing, vol 37, no 2, March 2008, pp 194-200.

The hypothesis that morbidity and health-related behavioural factors are stronger than social factors as predictors of death in older women, was tested. The authors used data from 12422 participants aged 70-75 in 1996 from the Australian Longitudinal Study on Women's Health (ALSWH). Proportional hazards models of survival up to 31 October 2005 were fitted separately for the whole cohort and those women who were initially "in good health". Among the whole cohort, 18.7% died during the follow-up period. The strongest predictor of death was "poor" or "fair" self-rated health (with 52.5% and 28%, respectively, of women in the categories dying). Among the women in "good health" at baseline, 11.5% died; current cigarette smoking, physical inactivity, and age were statistically significant predictors of death. Among older women, current health and health-related behaviours are stronger predictors than social factors of relatively early mortality. Adopting a healthier lifestyle, by doing more exercise and not smoking, is beneficial even in old age. (RH)

ISSN: 00020729

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

They really are that old: a validation study of centenarian prevalence in Okinawa; by D Craig Willcox, Bradley J Willcox, Qimei He (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 63A, no 4, April 2008, pp 338-349.

Long lived individuals, such as centenarians, may harbour genetic or environmental advantages important for healthy ageing. Whilst populations with high prevalence of such individuals offer fertile ground for such research, precise phenotypes are required, particularly accurate age. Okinawa has among the world's highest reported prevalence of centenarians. The authors performed a comprehensive age validation of a subset (8%) of the total centenarian population and assessed the reliability of the age registration system. Self-reported age was validated with several common methods and found to correlate well with documented age. Demographic methods, including assessment of age heaping, maximum age at death, centenarian proportions, and male to female ratios of centenarians indicate that the age registration system is reliable. The high reported prevalence of centenarians in Okinawa is valid and merits further study for its genetic and environmental correlates. (RH)

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

They really are that old: a validation study of centenarian prevalence in Okinawa; by D Craig Willcox, Bradley J Willcox, Qimei He (et al).

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Long-lived individuals, such as centenarians, may harbour genetic or environmental advantages important for healthy ageing. Populations with high prevalence of such individuals offer fertile ground for such research. However, precise phenotypes are required, particularly accurate age. Okinawa has among the world's highest reported prevalence of centenarians but, despite extensive study, no systematic validation of centenarian prevalence has been published. Therefore, the authors performed comprehensive age validation of a subset (8%) of the total centenarian population and assessed the reliability of the age registration system. Self-reported age was validated with several common methods and found to correlate well with documented age. Demographic methods, including assessment of age heaping, maximum age at death, centenarian proportions, and male to female ratios of centenarians indicate that the age registration system is reliable. The authors conclude that the high reported centenarian prevalence in Okinawa is valid and warrants further study for its genetic and environmental correlates. (KJ/RH)

ISSN: 10795006

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

2007

Daily activities and survival at older ages; by Petra L Klumb, Heiner Maier.

Journal of Aging and Health, vol 19, no 4, August 2007, pp 594-611.

This study tested the hypothesis that time spent on activities that are considered regenerative (e.g. resting), productive (e.g. housework), and consumptive (e.g. meeting friends) is associated with survival for those aged 70+. Data used is from the Berlin Aging Study, an observational study with mortality follow-up in the former West Berlin. The sample was stratified by age and sex, consisting of 473 people aged 70-103, and living in the community or in institutions. Activity measures were assessed from 1990 to 1993 by structured interviews in participants' homes. Cox regression was used to model survival from time of interview. The main outcome was survival on 1 August 2003. Consumptive activities were related to survival (relative risk = 0.89), after controlling for several confounding factors. The effect diminished over time. Results support the idea that daily activities are linked to survival via a psychosocial pathway that might involve perceived quality of life. Consumptive activities (e.g. meeting friends, reading a novel) may contribute considerably to maintaining health and achieving longevity because they are performed daily and their effects may accumulate over the life course. (RH)

ISSN: 08982643

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

Does early retirement lead to longer life?; by Howard Litwin.

Ageing and Society, vol 27, part 5, September 2007, pp 739-754.

It has been claimed, but not empirically supported, that early retirement leads to longer life. The present investigation addressed this question using data from a 1997 Israeli national household survey of adults aged 60+ linked to mortality records from the national death registry for 2004. The study examined the association between early retirement and seven-year all-cause mortality among the population of older Jewish Israelis who were employed prior to or at baseline (N=2374). Both the timing of retirement and the reasons for exit from the labour force were considered in the analysis. The initial hazard regression models, adjusted by gender and reason for retirement including poor health, showed that early retirees indeed had lower mortality risk ratios than respondents who had retired 'on time'. When additional variables were controlled in the final analytic model, however, the association between early retirement and mortality was not supported. Older age, male gender, and having been diagnosed with one or more of five major illnesses were all associated with greater risk for mortality. Medium level education and being employed at baseline were associated with lesser mortality risk. Nevertheless, the timing of retirement, viz early versus normative exit from the workforce, was not related to survival. In sum, the respondents who had prematurely left the labour force did not benefit from disproportionately longer lives when compared with the respondents who retired 'on time'. (KJ/RH)

ISSN: 0144686X

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

Genetic variation and human aging: progress and prospects; by David Melzer, Alison J Hurst, Tim Frayling. Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 3, March 2007, pp 301-307.

The genetics of ageing has seen extraordinary progress over the last few decades, with animal models suggesting key roles for a number of metabolic pathways. However, humans outlive laboratory animals many times over, and only evidence from humans can ultimately identify the drivers of human ageing. The authors thematically review progress in identifying human genetic variants associated with longevity. They also look at the bigger picture in identifying genetic associates of disease and functioning and healthy ageing in older people. Although much of the existing evidence is fragmentary, recent exciting findings and robust methods are rapidly taking this field forward. (RH)

ISSN: 10795006

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

Health in Europe : a strategic approach: response to the European Commission's discussion document for a health strategy; by Julia Levy, Alliance for Health & the Future, International Longevity Centre. London: Alliance for Health & the Future, February 2007, 9 pp.

The discussion document referred to is 'Healthy ageing: keystone for a sustainable Europe - EU policy in the context of demographic change' (European Commission, January 2007). The Alliance for Health & the Future considers that a 'life course' approach - from when we are born, continuing through childhood, and progressing into adult life - is required. It believes that the EU has an important role in achieving a healthier and more active society by: defining health indicators and providing data (metrics); encouraging a multi-factorial approach involving individuals, employers and people working in health care; and supporting Member States' efforts to fund health care effectively. The EU's anti-age discrimination legislation should be of help in supporting older people's well-being. (RH)

From : Download from publications at

website:<http://ns1.siteground169.com/~healthan/healthandfuture/images/stories/Documents/alliance%20response%20to%20eu%20communication%20on%20health%20strategy.pdf>

A health profile of community-living nonagenarians in Canada; by Andrew V Wister, Deanna Wanless.

Canadian Journal on Aging, vol 26, no 1, Spring 2007, pp 1-18.

Due to increasing life expectancy over time, those who live into their nineties - known as nonagenarians - are an important and growing segment of the Canadian population. In 2001, there were 130325 nonagenarians (compared to 3795 centenarians), and it is estimated that they will top 400000 by 2026. This paper provides a health profile and an exploratory analysis of selected social determinants of health for community-living nonagenarians, using the 2001 Canadian Community Health Survey (Statistics Canada, 2003). Perceived health, a selection of prevalent chronic illnesses, and several health behaviours are examined. One dominant pattern is the tendency for male nonagenarians to be in better health than their female counterparts. This finding is consistent with research on centenarians and is discussed in terms of a mortality selection effect. Other key findings include the strength of sense of belonging, income, and physical activity as potential social determinants of health, connected to particular dimensions of health status. (RH)

ISSN: 07149808

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

How age and disability affect long-term care expenditures in the United States; by Sally C Stearns, Edward C Norton, Zhou Yang.

Social Policy & Society, vol 6, pt 3, July 2007, pp 367-378.

The ageing of the population and increasing longevity result in predictions of sizeable increases in long-term care expenditures. Other analyses have shown significant decreases in disability prevalence among older people in the US. This study provides an empirical quantification of the net result of these two forces (increased expenditure due to ageing versus potential expenditure reductions due to decreased disability) using the Medicare Current Beneficiary Survey. The analyses show that the implication of ageing and increasing longevity for long-term care expenditures are modest relative to the effects of future increases in functional abilities in older people. (RH)

ISSN: 14747464

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

Intelligence in early adulthood and life span up to 65 years later in male elderly twins; by Tracey Holsinger, Micheal Helms, Brenda Plassman.

Age and Ageing, vol 36, no 3, May 2007, pp 286-291.

Previous research has reported that greater intelligence in early life is associated with longer lifespan. Whether this relationship is mediated by genetic factors, some of which could be modified by an individual, is unclear. The authors examined the relationship between intelligence test scores obtained during the 1940s and age at death in a group of 492 male twin pairs, members of the US National Academy of Sciences / National Research Council Twins Registry of WWII veterans born between 1917 and 1927. Self-report information collected in the 1960s was used to examine whether modifiable risk factors for mortality, such as use of tobacco and alcohol, cardiovascular disease, and body mass index (BMI) altered the association between intelligence and longevity. When each twin pair was treated as an independent observation, higher intelligence test scores were associated with longer life span. Modifiable risk factors are associated with longevity as expected. However, in co-twin analysis in which one twin served as control for the other twin, neither intelligence nor any modifiable risk factors showed a significant association with life span. These findings suggest that genetics and early childhood environment contribute heavily to lifespan, and when one controls for these factors using twins, the effect of intelligence on longevity is diminished. (RH)

ISSN: 00020729

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

Living long and keeping well: elderly Canadians account for success in aging; by Raewyn Bassett, Valérie Bourbonnais, Ian McDowell.

Canadian Journal on Aging, vol 26, no 2, Summer 2007, pp 113-126.

Senescence is a time of decline, and many seniors remain active into very old age. How and why do some seniors live long and keep well? The authors report the responses to this question from a representative sample of 2783 people aged 65+ from the Canadian Study of Health and Aging (CSHA). Overall, seniors placed primary responsibility for their long lives on their own individual practices, citing keeping active and maintaining good nutrition as the major themes. Physical illness was less significant than the will to adapt to illness and avoid further physical decline as long as possible. Francophone and anglophone respondents differed in the frequency with which they mentioned many of the themes. Francophones focused on life quality and family, while anglophones focused on the self. Systematic gender differences were also identified. Many responses validate existing theories of successful ageing, and indicate that Canadian seniors are well-informed, insightful participants in the process of growing old. (RH)

ISSN: 07149808

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

The long life; by Helen Small. Oxford: Oxford University Press, 2007, 360 pp.

This is the first major consideration of old age in Western philosophy and literature since Simone de Beauvoir's 'The coming of age'. The book, which defines "old age" as the later years of a long life, has been written against the backdrop of concern about "the greying of Western societies". The author argues that if we want to understand old age, we have to think more fundamentally about what it means to be a person, to lead a good life, and to be part of a just society. Each chapter is set in perspective with quotes from philosophical or literary texts, ranging from Plato and William Shakespeare, to poems by Philip Larkin and Stevie Smith, and novels by Saul Bellow, Philip Roth, J M Coetzee, Margaret Drabble and Michael Ignatieff. (RH)

Price: £25.00

From : OUP, Great Clarendon Street, Oxford OX2 6DF. <http://www.oup.com>

Self-administered cognitive screening for a study of successful aging among community-dwelling seniors: a preliminary study; by David J Moore, David Sitzer, Colin A Depp (et al).

International Journal of Geriatric Psychiatry, vol 22, no 4, April 2007, pp 327-331.

Cognitive functioning is a central component of successful ageing. Yet there are few published instruments for brief and reliable self-administered assessment that could be used in large population-based studies of community-dwelling older people. The authors assessed 182 well-educated adults aged 58-99 living in San Diego, California with a modified version of a previously published cognitive screening instrument (Cognitive Assessment Screening Test - Revised, CAST-R), a measure of cognitive complaints (Cognitive Failures Questionnaire, CFQ), and a self-rating of successful ageing. They used the SF-36 Physical and Mental Composite Scores as measures of physical and mental health-related functioning. As expected, most individuals performed well on the CAST-R: only 7% fell below a previously established cut score for cognitive impairment. CAST-R scores were positively correlated with level of education, income, SF-36 Mental Composite scores and a self-rating of successful ageing, and negatively correlated with chronological age. Scores on the CAST-R were not correlated with cognitive complaints (CQF total score) or SF-36 Physical Composite Scores. A self-

administered cognitive screening tool may be a successful, albeit limited, way of screening for cognitive disabilities in well-educated community-dwelling older people. Significant associations with a number of variables relating to successful ageing represent the first step in establishing validity of the CAST-R. (RH)

ISSN: 08856230

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

Social interaction and longevity: an eleven-year longitudinal study of older persons in a Japanese village; by Tokio Anme, Ryoji Shinohara, Yuka Sugisawa (et al).

Hallym International Journal of Aging, vol 2, no 2, 2007, pp 89-106.

Many studies around the world have demonstrated the relationship between various dimensions of social interaction and outcomes related to older people's morbidity and mortality. This study examines these relationships between social participation and morbidity and mortality in a Japanese sample across an 11-year period. Results demonstrate that greater dependence in mobility, sensory and activities of daily living (ADLs) were negatively related to survival over 11 years. The overall analysis revealed that most indicators of social interaction were positively related to survival. And, even after controlling for the effects of age, gender, disease, moving function, sensory function, and ADL function, many types of social activities were significantly related to survival. Overall, the relationship between social integration, in a wide variety of ways it can be measured, has a complex but crucial role in increasing not just the length, but the quality of the lives of older people. (RH)

ISSN: 15356523

From : <http://baywood.com>

Survival of parents and siblings of supercentenarians; by Thomas Perls, Iliana V Kohler, Stacy Andersen (et al). Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 2, September 2007, pp 1028-1035.

Given previous evidence of familial predisposition for longevity, it was hypothesised that the siblings and parents of supercentenarians (those aged 110+) were predisposed to survive to very old age, and that relative to their birth cohorts, their relative survival probabilities (RSPs) are even higher than what has been observed for the siblings of centenarians. Mean age at death conditional upon survival to ages 20 and 50 and survival probabilities from ages 20 and 50 to higher ages were determined for 50 male and 56 female siblings and 54 parents of 29 supercentenarians. These estimates were contrasted with comparable estimates based on birth cohort-specific mortality experience for the US and Sweden. Conditional on survival to age 20, mean age at death of supercentenarians' siblings was 81 years for men and women. Compared with respective Swedish and US birth cohorts, these estimates were 17% to 20% (12-14 years) higher for the brothers and 11%-14% (8-10 years) higher for the sisters. Sisters had a 2.9 times greater probability and brothers had a 4.3 greater probability of survival from age 20 to age 90. Mothers of supercentenarians had a 5.8 times greater probability of surviving from age 50 to age 90. Fathers also experienced an increased survival probability from age 50 to age 90 of 2.7, but it failed to attain statistical significance. The RSPs of siblings and mothers of supercentenarians revealed a substantial survival advantage and were most pronounced at the oldest ages. The RSP to age 90 in siblings of supercentenarians was approximately the same as that reported for siblings of centenarians. It is possible that greater RSPs are observed for reaching even higher ages such as 100 years, but a larger sample of supercentenarians and their siblings and parents is needed to investigate this possibility. (RH)

ISSN: 10795006

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

2006

Does having children extend life span?: a genealogical study of parity and longevity in the Amish; by Patrick F McArdle, Toni I Pollin, Jeffrey R O'Connell (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 61A, no 2, February 2006, pp 190-195.

The relationship between parity and longevity is uncertain, with evidence of both positive and negative relationships being reported previously. The authors evaluated this issue by using genealogical data from an Older Amish community in Lancaster, Pennsylvania, a population characterised by larger nuclear families, homogeneous lifestyle, and extensive genealogical records. The analysis was restricted to a set of 2015 individuals who had children, were born between 1749 and 1912, and survived until at least age 50. Pedigree structures and birth and death dates were extracted from Amish genealogies, and the relationship between parity and longevity were examined using a variance component framework. Life span of fathers increased in linear fashion with increasing number of children (0.23 years per additional child), while life span for mothers increased linearly up to 14 children (0.32 years per additional child), but decreased with each additional child beyond 14. Among women, but not men, a later age at last birth was associated with longer life span. Adjusting

for age at last birth obliterated the correlation between maternal life span and number of children, except among mothers with ultra high (>14 children) parity. The authors conclude that high parity among men and later menopause among women may be markers for increased life span. Understanding the biological and/or social factors mediating these relationships may provide insights into mechanisms underlying successful ageing. (RH)
ISSN: 10795006

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

Incidence of four-generational family lineages: is timing of fertility or mortality a better explanation?; by Sarah H Matthews, Rongjun Sun.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 61B, no 2, March 2006, pp S99-S106.

Most of the adult population in the early 1990s was in three-generation lineages. The authors assembled data from Waves 1 and 2 of the US National Survey of Families and Households (1987-1988 and 1992-1994) to estimate the proportion of adults in four or more generations for the Wave 2 sample. When necessary, various decision rules were made to overcome an absence of information about specific generations. Relationships between lineage length and sociodemographic variables were examined using logistic regression. 32% of the respondents were in lineages comprising four or more generations. Blacks and individuals of lower social class were more likely to be in four-generation lineages, especially shorter-gapped lineages. The verdict is still out on whether population ageing results in the wholesale verticalisation of lineages. Social differentials for four-generation lineages in the early 1990s were mainly due to differences in the timing of fertility, rather than mortality. (RH)

ISSN: 10795014

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

Long-term-care placement and survival of persons with Alzheimer's disease; by McKee J McClendon, Kathleen A Smyth, Marcia M Neundorfer.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 61B, no 4, July 2006, pp P220-P227.

Although long term care (LTC) placement may shorten the survival of people with Alzheimer's disease (AD), studies have not examined whether the timing or placement matters. A sample of 258 people with AD and their family caregivers was used in a Cox survival model that included care recipient impairments, caregiver characteristics and LTC placement as covariates. Placement was associated with shortened survival, but the later the placement, the smaller the impact of placement on survival time. In an elaboration on previous work, the increased risk of death associated with wishfulness-intrapsychic caregiver coping was found to occur independently of LTC placement. This is the first study to link delayed LTC with a reduced risk of death in AD. Interventions to assist family caregivers in the home are indeed appropriate. Nevertheless, these findings may help long-term caregivers accept eventual institutionalisation for their care recipients when care at home threatens their own health. (RH)

ISSN: 10795014

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

Mortality of the oldest old in China: the role of social and solitary customary activities; by Rongjun Sun, Yuzhi Liu.

Journal of Aging and Health, vol 18, no 1, February 2006, pp 37-55.

Weibull hazard models analyse mortality risk of Chinese people aged 80+ within a 2-year period between 1998 and 2000 using data from the Chinese Longitudinal Healthy Longevity Survey (CLHLS). Results show that solitary activities, either active or sedentary, are significantly associated with lower mortality risk. The effect of social activities on mortality gradually diminishes with age and is reversed in very old age when physical exercise, health status and sociodemographic characteristics are controlled. Customary activities, which are less physically demanding, show independent effects on older people's survival. Withdrawal from social contact may be an adaptive response to challenges faced at very advanced ages. (RH)

ISSN: 08982643

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

Old age, life extension and the character of medical choice; by Sharon R Kaufman, Janet K Shim, Ann J Russ.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 61B, no 4, July 2006, pp S175-S184.

This qualitative, ethnographic study explores the character and extent of medical choice for life-extending medical procedures on older adults. It examines the socio-medical features of treatment that shape health care provider understandings of the nature of choice, and it illustrates the effects of treatment patterns on patient

perspectives of their options for life extension. Participant observation in out-patient clinics and face-to-face interviews were conducted with 38 health professionals and 132 patients aged 70+ who had undergone life-extending medical procedures. Providers and patients were asked open-ended questions about their understandings of medical choice for cardiac procedures, dialysis, and kidney transplant. Neither patients nor health professionals made choices about the start or continuation of life-extending interventions that were uninformed by the routine pathways of treatment, the pressure of the technological imperative, or the growing normalisation, ease and safety of treating ever older patients. A difference was found between cardiac, dialysis and transplant procedures regarding the locus of responsibility for maintaining and extending life. (RH)

ISSN: 10795014

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

Older women's "ways of doing": strategies for successful ageing; by Alison Wicks.

Ageing International, vol 31, no 4, Fall 2006, pp 263-275.

This paper discusses older women's "ways of doing" which are occupational strategies that facilitate successful ageing by maintaining participation in meaningful occupations. The paper adopts an occupational perspective of health. This particular view of people as occupational beings who need to participate in personally meaningful occupations for their health and well-being is central to occupational science, which provides the paper's theoretical framework. The occupational strategies were identified in a life history study exploring the occupational life course six rural Australian women. The study data were the women's life stories, which were narratively analysed from occupational and feminist perspectives. Analysis revealed the women developed strategies, at each life stage, in response to the explicit and implicit exclusions they experienced in relation to occupational participation, within familial and social contexts. This paper focuses on strategies they developed in late adulthood, as a means of facilitating successful ageing. Although the study revealed that each woman developed unique strategies to meet her personal needs for participation, there are some common features of their strategies. This paper describes five significant features of the strategies which were highlighted when they were considered collectively. To enhance understanding of older women's "ways of doing", two case studies from the life history study are presented and illustrated with examples of occupational strategies. The paper concludes with a discussion on the implications of occupational strategies and an occupational perspective of health for policies and programmes that promote successful ageing. (KJ/RH)

ISSN: 01635158

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

Positive ageing : cross cultural perspectives: social affiliation and healthy longevity; by Tokie Anne.: International Institute on Ageing (United Nations - Malta), May 2006, pp 24-26.

BOLD, vol 16, no 3, May 2006, pp 24-26.

Social affiliation describes how people work to gain control over their own lives within society and the ways in which others can help or hinder this process. This article outlines the research design for the 40-year Tobishima Healthy Longevity Study (THLS) in Japan, whose findings support the hypothesis that there is a positive association between social affiliation and healthy longevity. (RH)

ISSN: 10165177

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

The response of the Actuarial Profession to the second report of the Pensions Commission, "A new settlement for the twenty-first century": Paper 1: Commentary on the use of life expectancy data in the Pensions Commission report; by Actuarial Profession; Institute of Actuaries. London: The Actuarial Profession, 10 March 2006, 8 pp (Consultation response).

There is uncertainty surrounding the data on life expectancy used by the Pensions Commission. This paper comprises: a commentary on the appropriateness of the sources of life expectancy projections used in the Pensions Commission report; a commentary on recent trends in UK population life expectancy; a review of the Report's proposals for State Pension Age (SPA) treating the life expectancy projections used by the Commission as known fact; and a commentary on the uncertainty around life expectancy projections, including the factors which give rise to this uncertainty. The submission has been produced by the Actuarial Profession as a response to the Pensions Commission 2nd report, as a contribution to the National Pensions Debate, and as input to government policy in advance of the forthcoming Pensions White Paper. (RH)

From : Dr Martin Hewitt, Programme Manager, Social Policy, The Actuarial Profession, Staple Inn Hall, High Holborn, London WC1V 7QJ. E-mail: martin.hewitt@actuaries.org.uk <http://www.actuaries.org.uk>

Satisfaction with present life predicts survival in octogenarians; by Tiina-Mari Lyyra, Timo Törmäkangas, Sanna Read (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 61B, no 6, November 2006, pp P319-P326.

The effect of life satisfaction on survival over 10 years was examined among same-sex twins aged 80+. The authors used data from the Swedish OCTO-Twin Study; 320 individuals responded to the Life Satisfaction Index Z questionnaire. Participants were treated as individuals in semi-parametric Cox regression mixed effects models (frailty) by adjusting the similarity of mortality risk within twin pairs by modelling it as a random variable. An exploratory factor analysis yielded three factors: Zest and Mood represented satisfaction with present life, and Congruence represented satisfaction with past life. Those in the lowest quartile of factors of satisfaction with present life had an almost two-fold risk of mortality compared with those in the highest quartile, even after adjustment for mortality confounders. Satisfaction with past life satisfaction showed no association with mortality. (RH)

ISSN: 10795014

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

Siblings of Okinawan centenarians share lifelong mortality advantages; by Bradley J Willcox, D Craig Willcox, Qimei He (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 61A, no 4, April 2006, pp 345-354.

Okinawa, an isolated island prefecture of Japan, has among the highest prevalence of exceptionally long-lived individuals in the world. The authors therefore hypothesised that, within this population, genes that confer a familial survival advantage might have clustered. They analysed pedigrees of 348 centenarians with 1142 siblings, and compared sibling survival with that of the 1890 general population cohort. Both male and female centenarian siblings experienced approximately half the mortality of their birth cohort-matched counterparts. This mortality advantage was sustained and did not diminish with age in contrast to many environmentally based mortality gradients, such as education and income. Cumulative survival advantages for this centenarian sibling cohort increased over the life span, such that female centenarian siblings had a 2.58-fold likelihood, and male siblings had a 5.43-fold likelihood, versus their birth cohorts, of reaching the age of 90. These data support a significant familial component to exceptional human longevity. (RH)

ISSN: 10795006

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

Sources of life strengths as predictors of late-life mortality and survivorship; by Prem S Fry, Dominique L Debats.

International Journal of Aging and Human Development, vol 62, no 4, 2006, pp 303-334.

The aim of the research was to determine within a single study the extent to which demographic factors, self-rated health and psychosocial factors present the strongest risks or benefits to older adults' mortality in the course of a 5.9 year longitudinal follow-up. The initial sample of 732 individuals was drawn randomly from the registry listings of four municipal branch offices of the Social Services and Community Associations for seniors in Southern Alberta. The final recruitment of 380 participants was based on a representative sample of elders who volunteered participation. A three-part Cox regression analyses model of predictor variables, controlling for age and subsequently controlling for self-rated health and self-rated physical functioning, was implemented to study gender differences in a number of socio-demographic and psychosocial factors, including individuals' sources of internal strengths. As hypothesised, these sources of internal strengths are central to the prediction of mortality of both men and women. For men, lower education and low levels of perceived internal control, personal commitment and physical functioning are associated with the greatest threat to mortality, but these factors are largely inconsequential for women's survival. By contrast, low levels of perceived social support and social engagement present the greatest risk to women's mortality. Implications of the findings are discussed with respect to factors that contribute to late-life longevity. (KJ/RH)

ISSN: 00914150

From : <http://baywood.com>

Subjective residual life expectancy in health self-regulation; by Jochen P Ziegelmann, Sonia Lippke, Ralf Schwarzer.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 61B, no 4, July 2006, pp P195-P201.

Applying socioemotional selectivity theory to the domain of health, the authors examined the interplay of social-cognitive predictors of physical exercise in two groups of people who perceived their remaining lifetime as either expansive or limited (based on subjective longevity ratings). 370 individuals who were prescribed

physical exercise were assessed at discharge from orthopaedic rehabilitation, and 6 and 12 months later. Multi-group structured equation modelling showed differences in latent means, interrelations of predictors, and amount of explained variance. Those who perceived their time as limited reported a less favourable profile on socio-cognitive variables and less exercise goal attainment. The authors give first insights on how health self-regulation differs in these groups, and discuss avenues for intervention based on socioemotional selectivity theory. In contrast to chronological age, subjective life expectancy can be targeted by interventions. (RH)

ISSN: 10795014

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

What does the community think about lifespan extension technologies?: the need for an empirical base for ethical and policy debates; by Jayne Lucke, Bree Ryan, Wayne Hall.: Blackwell Publishing, December 2006, pp 180-184.

Australasian Journal on Ageing, vol 25 no 4, December 2006, pp 180-184.

Public understandings of the possibilities for increasing life expectancy, interest in take-up of lifespan extending interventions, and motivations influencing these intentions are examined. Structured interviews were conducted with 31 adults in Queensland aged 50+. Participants believed that technological advances would increase life expectancy, but questioned the value of quantity over quality of life. Life in itself was not considered valuable without the ability to put it to good use. Participants would not use technologies to extend their own lifespans unless the result would also enhance their health. While these findings may not be generalisable to the general public, they provide the first empirical evidence on the plausibility of common assumptions about public interest in "anti-ageing" interventions. Surveys of the views of representative samples of the population are needed to inform the development of a research agenda on the ethical, legal and social implications of lifespan extension. (RH)

ISSN: 14406381

From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

2005

Age at retirement and long term survival of an industrial population: prospective cohort study; by Shan P Tsai, Judy K Wendt, Robin P Donnelly (et al).

British Medical Journal, vol 331, no 7523, 29 October 2005, pp 995-997.

There is a widespread perception that early retirement is associated with longer life expectancy, and that later retirement is associated with early death. No consensus has been reached on the comparative survival or mortality of people who retire early or late. Subjects of this long-term study were past employees of Shell Oil in the US who retired at ages 55, 60 and 65 between 1973 and 2003. Those who retired early at 55 and who were still alive at 65 had a significantly higher mortality than those who retired at 65. Mortality was also significantly higher for subjects in the first 10 years after retirement at 55 compared to those who continued working. After adjustment, mortality was similar between those who retired at 60 and those who retired at 65. Mortality did not differ for the first 5 years after retirement at 60 compared with continuing work at 60. Thus, based on the evidence for this American cohort of petrochemical industry employees, early retirement at 55 or 60 is not associated with increased survival. (RH)

ISSN: 09598138

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

Biodemography and longevity; by Kenneth Howse (ed), Oxford Institute of Ageing. Oxford: Oxford Institute of Ageing, Autumn/Winter 2005, pp 1-5.

Ageing Horizons, 2006, no 3, Autumn/Winter 2005, pp 1-5.

The number of centenarians in Japan increased almost one hundred-fold from 154 in 1963 to more than 13,000 at the beginning of the 21st century, and is projected to increase to almost 1 million by 2050. Although most people in the developed world still die in their 70s and 80s, extreme longevity is becoming much less uncommon. The possibility of a future in which extreme longevity becomes the common experience of mankind is now being taken very seriously. The likelihood of such a future, and its implications for policy, is the theme of this issue of Ageing Horizons. (RH)

From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

Broken limits to life expectancy; by James W Vaupel, Kristin G v Kistowski, Max Planck Institute for Demographic Research, Germany; Oxford Institute of Ageing. Oxford: Oxford Institute of Ageing, Autumn/Winter 2005, pp 6-13.

Ageing Horizons, 2006, no 3, Autumn/Winter 2005, pp 6-13.

Life expectancy has increased at a steady pace in industrialised countries over the last 160 years and a slowdown is not evident. Since 1950, the number of people celebrating their 100th birthday has at least doubled each decade. Survival is increasing as a result of progress in economic developments, social improvements, and advances in medicine. Despite a widespread belief that old-age mortality is intractable, life expectancy is not approaching a limit. Rather, the evidence suggests that ageing is plastic, and that survival can be extended by various genetic changes and non-genetic interactions. Increases in human life expectancy are largely attributed to improvements in old-age survival. A reasonable scenario would be that life expectancy will continue to rise in the coming decades, fuelled by advances in the prevention, diagnosis and treatment of age-related diseases. If the trend continues, life expectancy in Europe would exceed 90 years in the first half of this century. Many official forecasts, however, have assumed lower figures - possibly with severe consequences both for public and private decision-making. (RH)

From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

The built environment, health, and longevity: multi-level salutogenic and pathogenic pathways; by Andrew V Wister.

Journal of Housing for the Elderly, vol 19, no 2, 2005, pp 49-70.

This paper reviews and integrates interdisciplinary literature that investigates the influence of the built environment on the subjective and objective health of older people that may improve their quality of life and quantity of remaining years of life. The development, expansion and synthesis of person-environment and ecological models provides the theoretical foundation. Central to this discussion is the identification and elaboration of salutogenic and pathogenic pathways (as described by A Antonovsky in "Health, stress and coping", 1979), whereby the built environment may influence health, functioning and longevity. Research and knowledge drawn from literature on relocation, housing characteristics and well-being, the meaning of home, delay of institutionalisation, technological devices, falls and other injuries, and healthy communities is used to demonstrate environmental pathways to health and longevity. (RH)

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From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

Centenarians in Barbados: the importance of religiosity in adaptation and coping and life satisfaction in the case of extreme longevity; by Susan Archer, Farley Brathwaite, Henry Fraser. Binghamton, NY: The Haworth Pastoral Press, Inc, 2005, pp 3-19.

Journal of Religion, Spirituality and Aging, vol 18, no 1, 2005, pp 3-19.

The high prevalence of centenarians in this developing Caribbean nation prompted an investigation of the factors associated with longevity in this culturally unique cohort. This paper presents qualitative data from in-depth interviews with a sub-sample of 25 centenarians selected from the larger census-based centenarian study (n=60). Interview transcripts were coded by assigning labels to segments of text, which were then used to describe major themes. Findings suggest that religion and spirituality were an integral part of respondents' lives. High levels of religiosity were apparently positively related to successful adaptation and coping and high levels of life satisfaction in the lives of these centenarians, which may have in turn, contributed to their longevity. (RH)

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From : The Haworth Pastoral Press, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Comprehensive health status assessment of centenarians: results from the 1999 Large Health Survey of Veteran Enrollees; by Alfredo J Selim, Graeme Fincke, Dan R Berlowitz (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 60A, no 4, April 2005, pp 515-519.

Information on the health status of centenarians provides a means to understanding the health care needs of this growing population. This study uses data from the 1999 Large Health Survey of Veteran Enrollees. 93 American centenarian veteran enrollees returned a completed health survey questionnaire, which included questions about sociodemographic information, age-associated conditions, health behaviours, health-related quality of life as measured by the Veterans SF-36, and change of health status. These centenarians did not perceive much decline in their physical or mental health during the previous year. Despite having a relatively low prevalence of diseases, centenarian veterans are a group with major impairment across multiple dimensions

of health-related quality of life. While they had considerable physical limitations as reflected by their physical health summary scores, their mental health was comparatively good. Compared to younger veterans aged 85-99, centenarians had a lower prevalence of hypertension, angina or myocardial infarction, diabetes and chronic low back pain. These results support future studies of services directed at improvement of function as opposed to those focused solely on the treatment of diseases. (RH)

ISSN: 10795006

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

Compression of morbidity: in retrospect and in prospect; by James F Fries, Alliance for Health & the Future, International Longevity Centre. Paris: Alliance for Health & the Future, 2005, 6 pp.

Issue Brief, vol 2, number 2, 2005, 6 pp.

The author proposed his Compression of Morbidity hypothesis in 1980, which states that by postponing the age at which chronic infirmity begins, disability and morbidity could be compressed into a shorter period of the average human life span. He foresaw a society in which active and vital years of life would increase in length, the disabilities and frailties of ageing would be postponed, and the total amount of lifetime disability and morbidity would increase. The author considers his hypothesis in the light of subsequent studies, and suggests future research to inform health policy. (RH)

From : Download from publications at

website:<http://ns1.siteground169.com/~healthan/healthandfuture/images/stories/Documents/compression%20of%20morbidity.pdf>

Counting the calories: the role of specific nutrients in extension of life span by food restriction; by Matthew D W Piper, William Mair, Linda Partridge.

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 60A, no 5, May 2005, pp 549-555.

Reduction of food intake without malnourishment extends life span in many different organisms. Most of the work in this field has been performed with rodents, showing that both restricting access in the entire diet and restricting individual dietary components can cause life-span extension. Thus, for insights into the mode of action of such interventions, it is of great interest to investigate the aspects of diet that are critical for life span extension. Further studies on the mechanisms of how food components modify life span are well suited to the model organism *Drosophila melanogaster*, because of its short life span and ease of handling and containment. The authors summarise practical aspects of implementing dietary restriction in this organism, and also highlight the major advances already made, delineation of the nutritional components that are critical for life-span extension will help to reveal the mechanisms by which it operates. (RH)

ISSN: 10795006

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

The dependency ratio: what is it, why is it increasing, and what are the implications?; by Anthony Webb, Alliance for Health & the Future, International Longevity Centre. Paris: Alliance for Health & the Future, 2005, 8 pp.

Issue Brief, vol 2, number 1, 2005, 8 pp.

The dependency ratio is the ratio of the number of those aged under 18 or over 64 to the number aged between 18 and 64. The increase in the dependency ratio is projected to increase dramatically in all advanced countries and many developing countries in the next 50 years, and is in part the result in increases in longevity. Concerns about the dependency ratio relate to how pay-as-you-go (PAYG) pensions are financed, and also whether more older workers should participate in the workforce for longer. The author suggests that we should be asking whether we can achieve an even better outcome through measures to facilitate participation in the workforce for those older people who wish to do so, and thus provide financial security for those no longer able to work. (RH)

From : Download from publications at

website:<http://ns1.siteground169.com/~healthan/healthandfuture/images/stories/Documents/the%20dependency%20ratio.pdf>

The influence of social relations on mortality in later life: a study on elderly Danish twins; by Domenica Rasulo, Kaare Christensen, Cecilia Tomassini.

The Gerontologist, vol 45, no 5, October 2005, pp 601-608.

Does the presence of a spouse and frequency of interaction with children, relatives and friends significantly influence the likelihood of dying at an older age? This study uses data for 2147 Danish twins aged 75+ from the Longitudinal Study of Ageing Danish Twins (LSADT) who were followed prospectively from 1995 to 2001. The effect of social ties was modelled using event history analysis. Survival is found to be extended by having a spouse and close ties with friends and the co-twin. However, contact frequency with friends and the co-twin is

significant, respectively, only for women and identical twins. Investigating social relations sheds light on the life span of individuals older than age 75. The importance of social relations beyond the presence of the spouse for survival even at very old ages, is stressed. (RH)

ISSN: 00169013

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

Modified Mediterranean diet and survival: EPIC-elderly prospective cohort study; by Antonia Trichopoulou, EPIC-Elderly Prospective Study Group.

British Medical Journal, vol 330, no 7498, 30 April 2005, pp 991-995.

Small cohort studies have shown that Mediterranean type diets increase longevity. This study was conducted in nine European countries: Denmark, France, Germany, Greece, Italy, the Netherlands, Spain, Sweden and the UK. Participants were 74,607 men and women aged 60+, without coronary heart disease, stroke or cancer at enrolment, and with complete information about dietary intake. Estimates of adherence to a modified Mediterranean diet used a scoring system on a 10-point scale; death from any cause by time of occurrence was modelled through Cox regression. An increase in the modified diet score was associated with lower overall mortality. No statistically significant evidence of heterogeneity was found for countries in the association of the score with overall mortality, even though the association was stronger in Greece and Spain. When dietary exposures were calibrated across countries, the reduction in mortality was 7% (1% to 12%). Thus, a dietary pattern that resembles that of the Mediterranean is associated with lower overall death rate. (RH)

ISSN: 09598138

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

The relationship between increasing life expectancy and healthy life expectancy; by Jean-Marie Robine, Carol Jagger, INSERM, University of Montpellier; University of Leicester; Oxford Institute of Ageing. Oxford: Oxford Institute of Ageing, Autumn/Winter 2005, pp 14-21.

Ageing Horizons, 2006, no 3, Autumn/Winter 2005, pp 14-21.

The continued increase in life expectancy with no obvious deceleration, the proliferation of centenarians and appearance of supercentenarians (those aged 110+) leave us in no doubt that the belief that life expectancy was limited to 85 years is now untenable. Although we may ask how long the limits in life can be pushed, the crucial question is whether the extra years gained year on year in life expectancy are healthy years. This paper begins by reviewing what was historically believed to be the theoretical relationships between life expectancy and healthy life expectancy. The authors debate how current knowledge of mortality rates in the old and the oldest old, the trends in healthy life expectancy, and the gap between genders shed light on these theoretical models, discussing the fact that different models may exist in different cohorts of the same population. The paper closes with some speculations on how we might monitor the revolution of healthy life expectancy more closely, particularly in those countries still early on in the ageing transition. (RH)

From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

Religion and health among African Americans: a qualitative examination; by Loren Marks, Olen Nesteruk, Mandy Swanson (et al).

Research on Aging, vol 27, no 4, July 2005, pp 447-474.

In their study, "Religious involvement and US adult mortality" (Demography, 1999), Hummer and his colleagues found a 13.7 year advantage in longevity for African Americans who attend worship services more than once a week compared to those who never attend. This article responds to the question, "Why do highly religious African Americans live significantly longer?" A purposive sample of highly religious African American adults were interviewed using an in-depth, qualitative approach, to examine the religion-health longevity interface. Six themes relating to the research questions are reported: active faith involvement and the aged; avoiding negative coping; evading violence; the absence of hope; social support; and the power of prayer. The six themes are discussed, and directions for future research are recommended. (RH)

ISSN: 01640275

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

2004

AARP international opinion leader research on global aging: executive summary prepared for AARP; by AARP Global Aging Program; Wirthlin Worldwide. Washington DC: AARP, 2004, 7 pp.

This AARP Global Aging Program research study surveyed opinion leaders from the business, government, nonprofit and labour communities in G7 countries, to better understand how global ageing is impacting on their economies. The study also looked at how the G7 countries compare in their preparation to address the challenges posed by their ageing populations. Wirthlin interviewed a total of 158 opinion leaders in 7 countries

across four audiences beginning on July 8 2004 and ending on October 4 2004. Among the summary of findings is that Italy, Germany, France and Japan will potentially face the greatest challenges. The research was conducted in conjunction with AARP's Reinventing Retirement Conference held in London in November 2004. (KJ/RH)

From : AARP, Office of International Affairs, 601 E Street, NW, Washington DC 20049, USA.
<http://www.aarp.org/international>

AARP international opinion leader study on global aging; by AARP Global Aging Program. Washington, DC: AARP, 2004, 123 pp.

Global ageing is seen as a trend with significant economic implications. Higher costs for social services, pensions and health care, as well as possible labour shortages and other changes resulting from an older workforce are seen likely outcomes of this trend. AARP's objective in conducting this research is to understand the expected impact of global ageing on the economies of the G7 countries (US, Canada, Japan, Germany, Italy, France and the UK), and how a total of 158 opinion leaders see their countries handling and preparing for global ageing. The research was conducted in conjunction with AARP's Reinventing Retirement Conference held in London in November 2004. This report presents findings on: the importance and impact of ageing; preparation for an older workforce; preferred provider of retirement income; quality of life and retirement benefits; changes to public pension systems; and changes to employer-based pension systems. (RH)

From : AARP, Office of International Affairs, 601 E Street, NW, Washington DC 20049, USA.
<http://www.aarp.org/international>

Anti-aging medicine: the hype and the reality: Part I; by S Jay Olshansky, Leonard Hayflick, Thomas T Perls (eds).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 59A, no 6, June 2004, pp 513-586.

Debate in the US on anti-ageing medicine has been prompted by a public hearing in the US Senate on 10 September 2001 entitled "Swindlers, Hucksters and Snake Oil Salesmen: the Hype and Hope of Marketing Anti-Aging Products to Seniors" and a subsequent report published by the General Accounting Office. In this and the next issue of Journals of Gerontology: Biological Sciences, scientists from a broad range of disciplines discuss topics associated with the hype and reality behind anti-ageing medicine. Three main topics are considered: the history of anti-ageing medicine; whether ageing is a disease and whether efforts should be made to modify the biological rate of ageing; and varying aspects of the reality of biological ageing, principally how we measure ageing or determine longevity. (RH)

ISSN: 10795006

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

Does self-rated health predict survival in older persons with cognitive impairment?; by Jennifer D Walker, Colleen J Maxwell, David B Hogan (et al).

Journal of the American Geriatrics Society, vol 52, no 11, November 2004, pp 1895-1900.

A total of 8,697 community-dwelling participants aged 65+ in the Canadian Study of Health and Aging (CSHA) were followed for their survival status from initial interview in 1991 until October 1996. Their cognitive ability was ascertained using the Modified Mini Mental State Examination (3MS). Those with reports of poor SRH were significantly more likely to die during follow-up than those reporting good SRH, after adjusting for relevant covariates. SRH was also related to other measures of health status across levels of cognitive impairment. SRH remained a significant predictor of mortality in those with mild to moderate cognitive impairment, but not those with severe cognitive impairment. These findings highlight the potential role of complex cognitive processes underlying the SRH-mortality relationship. (RH)

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From : <http://www.americangeriatrics.org><http://www.blackwellpublishing.com>

Establishing an appropriate ethical framework: the moral conversation around the goal of prolongevity; by Stephen G Post.

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 59A, no 6, June 2004, pp 534-539.

This article presents a framework for ethical discourse around the biogerontological goal of prolongevity, which might someday become achievable through the deceleration of ageing. The methods are those of the humanities and philosophical analysis. The perspectives of natural law, egalitarian justice, and beneficence are presented in a balanced manner, although the conclusion reached is that the goal of prolongevity through decelerated ageing is ethically valid as a potential means to the beneficent amelioration of the many diseases for which old age is the major unacceptability factor. (RH)

ISSN: 10795006

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

Life extension and history: the continual search for the fountain of youth; by Carole Haber.

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 59A, no 6, June 2004, pp 515-522.

The search for longevity is hardly new. Before recent times, advocates for longevity fell into two general time periods. From the 16th century to the 18th century, individuals worked to extend the lives of older people: they believed that senescence was a time of considerable worth. From the 19th century until the early 20th century, however, anti-age advocates generally depicted old age as a time to be feared and despised, devising myriad procedures in order to eliminate it entirely. While sharing little with the advocates of the early modern period, the recent anti-age movement clearly mirrors more of the beliefs of the longevity advocates of a century ago. Both groups not only see old age as a disease to be eradicated through injections and operations, but also argue that the old constitute an enormous economic burden. These beliefs reveal that the new anti-age movement, like its early 20th century precursor, is based on more than simple hair dyes, hormones, or diet. Rather, their ideas and actions ultimately serve to marginalise the very process of growing old. (RH)

ISSN: 10795006

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

Life long changes in cognitive ability are associated with prescribed medications in old age; by John M Starr, Brian McGurn, Martha Whiteman (et al).

International Journal of Geriatric Psychiatry, vol 19, no 4, April 2004, pp 327-332.

The Scottish Mental Survey of 1932 (SMS1932) tested the mental ability in 87,498 people born in 1921. Results of the Moray House Test (MHT) for 478 of the survivors aged 80 without dementia were compared with those for 1932, along with Hospital Anxiety and Depression Scale (HADS) score, history of disease, and current prescribed medications. Clinically, the degree to which drugs impair cognition in relatively fit, older people may not be apparent. However, in population terms, medication use, particularly polypharmacy, is important. Statins, used as currently indicated for cardiovascular disease, appear promising in ameliorating cognitive decline in older people. However, firm recommendations of their use should await the outcome of ongoing randomised trials. (RH)

ISSN: 08856230

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

Life-long intellectual activities mediate the predictive effect of early education on cognitive impairment in centenarians: a retrospective study; by M Kliegel, D Zimprich, C Rott.

Aging & Mental Health, vol 8, no 5, September 2004, pp 430-437.

90 centenarians from the population-based Heidelberg Centenarian Study were assessed with a modified version of the Mini Mental State Examination (MMSE). The purpose of this study was to examine the hypothesis of whether early education and/or maintaining intellectual activities over the life course have the power to protect against cognitive impairment even in extremely old people. Data about education, occupational status, and life-long intellectual activities in four selected domains were obtained. Results demonstrated that 52% of the sample showed mild-to-moderate cognitive impairment. There was also independent, significant and strong influence of both formal school education and intellectual activities on cognitive status in very late life, even after controlling for occupational status. However, about a quarter of the effect of early education on cognitive status was exerted indirectly via the assessed intellectual activities. In summary, this study provides first evidence for the conclusion that even with regard to cognitive performance in very old age, both early education and life-long intellectual activities seem to be of importance. (RH)

ISSN: 13607863

From : <http://www.tandf.co.uk/journals>

Longevity in the 21st century: presented to the Faculty of Actuaries, 15 March 2004, and to the Institute of Actuaries, 26 April 2004; by R C Willets, A P Gallop, P A Leandro (et al), Faculty of Actuaries; Institute of Actuaries. London: Institute of Actuaries, 2004, 148 pp.

A detailed analysis of mortality change in the UK at the beginning of the 21st century is offered. Starting from an exploration of 20th century mortality trends, focusing in particular on the 1990s, the underlying forces that drive trends in longevity are discussed. These include the "cohort effect" and the "ageing of mortality improvement". The analysis of underlying trends suggests that life expectancy in retirement in the UK is likely to increase rapidly in the early part of the 21st century. A core theme is that future projections should be grounded in as good an understanding of the past as possible. Different methods for projecting future rates of mortality are discussed, and it is noted that emphasis should be placed on the uncertainty surrounding

projections. The financial impact of using different assumptions for future mortality is explored. Significant differences in the cost of an annuity or pension arise from the use of the various projection bases. Thus, actuaries have a vital role in helping to inform the wider debate on life expectancy. (RH)

From : Institute of Actuaries, Staple Inn Hall, High Holborn, London WC1W 7QJ. Website: www.actuaries.org.uk

Wanted dead or alive: implication of death classification on longevity; by Becca R Levy, Suzanne Kunkel, Kathryn Remmes (et al).

Research on Aging, vol 26, no 3, May 2004, pp 317-329.

To determine who is dead or alive, many researchers, policy-makers and corporations in the US have relied on the National Death Index (NDI). This study investigates the impact of using NDI information to establish mortality status on longevity analysis. A community sample of 694 individuals enrolled in the Ohio Longitudinal Study of Aging and Retirement in 1975 participated. The authors compared the survival of two groups of these participants: those for whom death information came from clear matches with NDI, and those for whom death information was based both on NDI information and supplementary information, such as community informants. Those in the expanded group tended to have had significantly shorter survival than those in the strict group. Findings suggest that using limited NDI information alone may falsely increase longevity. Use of NDI offers numerous benefits, but incomplete or inaccurate classification of mortality status may affect study results. (RH)

ISSN: 01640275

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

What forces influence the duration of life?: Data Needs for Planning an Ageing Society Conference, London, 26 April 2004; by S Jay Olshansky, International Longevity Centre UK - ILCUK; British Society for Population Studies, LSE; University of Illinois, Chicago.: Electronic format only, 2004, 6 pp.

One of nine papers given at the Conference. The author is Professor at the School of Public Health, University of Illinois. His paper notes that while there has been an unprecedented rise in life expectancy in many countries in the last century, we must be wary of assuming the this trend will continue indefinitely. (RH)

From : Downloaded document (8/10/04): <http://www.issa.int>

Why care?: how status affects our health and longevity; by Michael Marmot.: International Longevity Centre, Autumn 2004, pp 18-23.

Health & the Future, vol 1, issue 2, Autumn 2004, pp 18-23.

In the early 1990s, the British government was, for the first time, developing a health policy, setting goals for the nation's health, and the means to achieve these goals. The author had been asked to write the background paper on prevention of coronary disease, in which he summarised the strong and consistent evidence on the importance of giving up smoking, improving diet, increasing physical activity, and lowering obesity, blood pressure and cholesterol. This article is an excerpt from his book, "Status syndrome" (Bloomsbury Publishing, 2004). His view is that we should care about inequalities in health where they are the result of unfairness that could be put right. (RH)

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

2003

Adapting health and long term care schemes to the challenges of a long life society; by Stefan Felder, International Social Security Association - ISSA, 4th International Research Conference on Social Security.: Electronic format only, 2003, 8 pp.

Sixth paper in the annual International Research Conference on Social Security held in May 2003, Antwerp, and hosted by the International Social Security Association (ISSA); its theme being "Social security in a long life society". Speakers came from across the European Union. Professor Stefan Felder of Otto von Guericke University, Magdeburg, Germany notes that considerable portions of an individual's health expenditure during his life are determined by his remaining lifetime and not by chronological age. However, a long life society does have an unambiguous impact on the financing of social security systems. This paper includes statistics and graphs as supporting information. (RH)

From : Downloaded document (4/10/04): <http://www.issa.int/pdf/anvers03/keynotes/2felder.pdf>

Communication between identical twins: health behavior and social factors are associated with longevity that is greater among identical than fraternal US World War II veteran twins; by Malcolm D Zaretsky.
Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 58A, no 6, June 2003, pp 566-572.

Multivariate analysis is applied to current mortality data for 26,974 male twins with known zygosity of the US National Academy of Science - National Research Council World War II Veteran Twins Registry. This analysis is applied to their health, social behaviour and personal histories, as collected for two survey questionnaires distributed in 1967 and 1983 (with 14,300 and 9,475 responses respectively). To explain this difference in longevity, social health and personal history factors are re-evaluated for associations with longevity. Survival functions of identical and fraternal twins differed significantly. Median lifetimes were 82 years for identical and 80.5 years for fraternal twins. The correlation between lifetimes of identical twin partners was greater than that of fraternal twins. For identical but not fraternal twins, the risk of mortality was significantly lower for twin partners who communicated one or more times a month, compared to those communicating less frequently. Distributions of communication, exercise level and smoking prevalence were more beneficial with regard to longevity in identical than in fraternal twins as a group. (RH)

ISSN: 10795006

The early 21st century: to be known as "the granny boom years"; by Suzanne Timmons.: Institute of Ageing and Health, West Midlands, 2003, pp 31-34.

Ageing & Health, no 9, 2003, pp 31-34.

Improved longevity is the primary influence on the number of very old people in the UK today. Distant fertility rates and improved childhood survival earlier in the 20th century have had a lesser role to play. This article explores the factors that have influenced the current population age structure and those that may become more significant in the future, such as migration. The important distinction between relative and absolute numbers of older people in the population is discussed. (RH)

ISSN: 13649752

The future aged: new projections of Australia's elderly population; by Heather Booth, Leonie Tickle.

Australasian Journal on Ageing, vol 22.4, December 2003, pp 196-202.

The Low-Carter method of mortality forecasting combines a demographic model of mortality with time-series methods of forecasting. In this article, the method is applied to data for Australian females and males for 1969-2000 to forecast mortality to 2031. These forecasts are used with standard population projection methods to produce projections of the older population. By 2027, forecast life expectancy is 88.1 and 82.9 for females and males, compared with official projections of 85.4 and 81.4 years. Over the period to 2031, the populations aged 65+ and 85+ are forecast to increase by factors of 2.3 and 3.4 respectively. Compared with official projections, the forecast older population is substantially larger and has higher old-age dependency ratios, higher proportions aged 85+ and lower sex ratios. Thus, official projections underestimate the size of the future aged population, especially for women and the oldest-old. (RH)

ISSN: 14406381

From : <http://www.cota.org.au>

Longevity and health care expenditures: the real reasons older people spend more; by Zhou Yang, Edward C Norton, Sally C Stearns.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 58B, no 1, January 2003, pp S2-S10.

In their investigation of the relative contributions of age and time of death to health care expenditure, the authors conducted graphical analysis of data on 25,994 older people from the Medicare Current Beneficiary Survey Cost (MCBS) and Use Files from 1992 to 1998 and the 1993 US National Mortality Followback Survey. Their results indicate that monthly health care expenditures of older people increase substantially with age, primarily because mortality rates increase with age, and health care expenditures increase with closeness to death. Time to death is the main reason for higher inpatient care expenditures, whereas ageing is the main reason for higher long-term care expenditure. Both increases in the absolute numbers of older people and in their longevity will increase future Medicare expenditures. Yet, the expected increase in per person health care expenditures caused by greater longevity of Medicare beneficiaries will be less than expected, because of the concentration at the end of life rather than during extra years of a relatively healthy life. (RH)

ISSN: 10795014

Longevity today: findings of the Heidelberger Hundertjährigen-Studie; by Christoph Rott, BAGSO - Bundesarbeitsgemeinschaft der Senioren-Organisationen. Seniorenreport, no 2, 2003, pp 6-8.

The Heidelberger Hundertjährigen-Studie identified 156 people aged exactly 100 years old in a geographically demarcated area around Heidelberg. While living a successful old age at 100 is seen as difficult in terms of bodily functions and activities of daily life (ADLs), older people's cognitive capacity at that age appears to give them the capacity to maintain a positive outlook. (RH)

From : <http://www.bagso.orgbagso@easynet.be>

The meaning of the future for the oldest old; by Margareta Nilsson, Anneli Sarvimäki, Sirkka-Liisa Ekman. International Journal of Aging and Human Development, vol 56, no 4, 2003, pp 345-364.

Life story interviews were conducted with 15 people (9 women and 6 men aged 85-96), the aim being to highlight the oldest-old people's view for their future from a perspective of philosophy of life. A phenomenological hermeneutic method was used for the analysis, and the interpretation was guided by the conceptual framework of philosophy of life as designated by Jeffner (1988). The following themes emerged: future seen as everyday life; future-oriented values; and thoughts about life and death. The oldest old were found to view their future in ways that ranged from a tangible positive approach via wait-and-see policy to a negative approach. Their perception of their future implied two different time perspectives: their immediate future, and a more long-term perspective of the future. Furthermore, the future was experienced on three different levels: the individual level, the intergenerational level, and the metaphysical level. (RH)

ISSN: 00914150

From : <http://baywood.com>

Morbidity profiles of centenarians: survivors, delayers and escapers; by Jessica Evert, Elizabeth Lawler, Hazel Bogan (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 58A, no 3, March 2003, pp 232-237.

The compression of morbidity hypothesis predicts that, in order to achieve extreme old age, centenarians markedly delay or even escape diseases that would otherwise be lethal at younger ages. The timing of such diseases in centenarians was explored as part of the New England Centenarian Study (NECS). Health history questionnaires were completed by 424 centenarians (age range 97-119) or their proxies, regarding lifetime (to date) diagnoses of 10 major lethal illnesses and one ocular disease (cataracts) befalling this population. Examining the ages of onset of the 10 age-associated diseases (excluding cognitive impairment), three morbidity profiles were identified. Survivors - 24% of males, 43% of females - had had a diagnosis of an age-related illness prior to age 80. Delayers - 44% of males and 42% of females - delayed the onset of age-associated illness until at least age 80. Escapers - 32% of males and 15% of females - attained their 100th year of life without the diagnoses of common age-associated illness. However, only 87% of males and 83% of females delayed or escaped the most lethal diseases: heart disease, non-skin cancer, and stroke. Thus, there may be multiple routes to achieving exceptional longevity.(RH)

ISSN: 10795006

From : www.geron.org

Personal and societal intervention strategies for successful ageing; by Douglas Friedrich.

Ageing International, vol 28, no 1, Winter 2003, pp 3-36.

Contemporary and future options for better personal and societal ageing are explored, in the context of the projected growth in numbers of older people and the onset of ageing of American baby boomers. Although much of ageing-related theory, research and practice remains discipline-specific, an integration of physical, psychological and social ageing domains is suggested as a paradigm for personal and societal intervention. The integrative physical, psychological and social successful ageing paradigm is used to illustrate advantages for the conceptual perspectives of multidimensional, multidirectional adult lifestyles, applied and interdisciplinary research agenda, and intervention strategies for productive ageing. Findings from a number of research programmes emphasising the integrative successful ageing approach are shared. Successful ageing intervention strategies are presented in the context of personal decisions and lifestyles related to societal opportunities and restrictions. Preventive rather than remedial intervention is emphasised. (RH)

ISSN: 01635158

Preferences for prolonging life: a prospect theory approach; by Laraine Winter, M Powell Lawton, Katy Ruckdeschel.

International Journal of Aging and Human Development, vol 56, no 2, 2003, pp 155-170.

Kahneman and Tversky's (1979) Prospect theory was tested as a model of preferences for prolonging life under various hypothetical health statuses. A sample of 394 American older people (263 healthy, 131 frail) living in congregate housing indicated how long (if at all) they would want to live under each of nine hypothetical health conditions (e.g. limited to bed or chair in nursing home). Prospect theory, a decision model which takes into account the individual's point of reference, would predict that frail people would view prospective poorer health conditions as more tolerable and express preferences to live longer in worse health than would currently healthy people. In separate analyses of covariance, the authors evaluated preferences of frail and healthy subjects for continued life under four conditions of functional ability, four conditions of cognitive impairment, and three pain conditions. Frail participants expressed preferences for longer life under more compromised health conditions than did healthy participants. The results imply that such preferences are malleable, changing as health deteriorates. They also help explain disparities between proxy decision makers' and patients' own preferences as expressed in advance directives (living wills). (RH)

ISSN: 00914150

Raising the age of retirement to ensure a better retirement; by Pierre Pestieau, International Social Security Association - ISSA, 4th International Research Conference on Social Security.: Electronic format only, 2003, 10 pp.

Fourth paper in the annual International Research Conference on Social Security held in May 2003, Antwerp, and hosted by the International Social Security Association (ISSA); its theme being "Social security in a long life society". Speakers came from across the European Union. Pierre Pestieau of the University of Liège, Belgium, reminds us that the ageing problem is not only demographic, and attempts to demonstrate that the low level of labour market participation by older people is directly explained by considerations arising from tax policy and social security, and indirectly by collusion between governments, employers and trade unions. He explains why reforms are so difficult, and will try to prove that a well-designed policy to encourage labour force participation among the old, and to raise the age of retirement in line with rising life expectancy, is socially desirable. He contends that a pensions system (or a reform of pensions) should not be influenced by temporary shocks in their basic features. Stock market fluctuations and changes in the labour market are all "part of normal economic life". (RH)

From : Downloaded document (4/10/04): <http://www.issa.int/pdf/anvers03/keynotes/2pestieau.pdf>

Social security in a long life society; by Tony Atkinson, International Social Security Association - ISSA, 4th International Research Conference on Social Security.: Electronic format only, 2003, 4 pp.

Second paper in the annual International Research Conference on Social Security held in May 2003, Antwerp, and hosted by the International Social Security Association (ISSA); its theme being "Social security in a long life society". Speakers came from across the European Union. The Warden of Nuffield College, Oxford concludes that in reforming the pension system to meet new circumstances, sight should not be lost of the circumstances that gave rise to the welfare state in the first place. Atkinson's paper considers the economics of the private pension alternative, and whether people should continue to work. (RH)

From : Downloaded document (4/10/04): <http://www.issa.int/pdf/anvers03/keynotes/2atkinson.pdf>

Successful aging: perceptions of adults aged between 70 and 101 years; by Tess Knight, Lina A Ricciardelli.

International Journal of Aging and Human Development, vol 56, no 3, 2003, pp 223-246.

The researchers used content analysis to investigate older adults' perceptions of successful ageing and the relationship of these perceptions to definitions given in the literature to date. Participants were 18 males and 42 females aged between 70 and 101 living in Melbourne, Australia. Analyses revealed older adults mentioned only one or two criteria of successful ageing, if asked for a definition. However, when prompted, they rated almost all the criteria emerging from the literature as highly important. Participants reported adjusting to the situations they were in by compensating for losses that occurred and selecting activities that best suited their capabilities. Overall, their perceptions of successful ageing were similar to aspects identified in the literature. Not all aspects, however, were seen as important by all participants, and only low to moderate correlations were found between some aspects of successful ageing. (RH)

ISSN: 00914150

What is at stake in the "war on anti-ageing medicine"?; by John Vincent.

Ageing and Society, vol 23, part 5, September 2003, pp 675-684.

The recent debate in the United States' gerontological literature on anti-ageing medicine has profound significance for the discipline of gerontology. This review article discusses three major contributions to the

debate and assesses the meaning of the wider debate for gerontology. The paper, "No truth to the fountain of youth", by S Jay Olshansky, Leonard Hayflick and Bruce A Carnes (Scientific American, May 2002), was aimed at a popular science readership rather than gerontologists, and had an overtly campaigning purpose. Among the many responses, that by Robert H Binstock, "The war on anti-ageing medicine" (The Gerontologist, February 2003), places the concerns expressed by Olshansky et al in an historical context, and draws out its significance for gerontology as a discipline. Also reviewed is a special issue in 2002 of Generations (American Society on Aging journal), "Anti-ageing: are you for it or against it?" The debate represented by these papers is significant not only for biomedical but also social gerontology, and for our understanding of the cultural position of old age in modern society. (KJ/RH)
ISSN: 0144686X

White or prosperous: how much migration does the aging European Union need to maintain its standard of living in the twenty-first century?; by Michael Cichon, Florian Léger, Rüdiger Knop, International Social Security Association - ISSA, 4th International Research Conference on Social Security.: Electronic format only, 2003, 12 pp.

Seventh paper in the annual International Research Conference on Social Security held in May 2003, Antwerp, and hosted by the International Social Security Association (ISSA); its theme being "Social security in a long life society". Speakers came from across the European Union. Three speakers from the International Financial and Actuarial Service of the Social Protection Sector at the International Labour Office (ILO) present a paper assessing the need for replacement migration in the EU under various demographic scenarios. (RH)

From : Downloaded document (4/10/04): <http://www.issa.int/pdf/anvers03/keynotes/2cichon.pdf>

2002

The challenge of longer life : economic burden or social opportunity?: the report of the Working Group on the Implications of Demographic Change; by Working Group on the Implications of Demographic Change, Catalyst Forum. London: The Catalyst Forum, 2002, 38 pp (Catalyst paper 7).

Anxiety about the "demographic time bomb" resulting from increased longevity is having a perverse effect. Instead of welcoming the medical and other developments that have led to people having healthier and longer lives, demographic trends have become a pretext for cutting back pension schemes and worrying about the future cost of social and health provision for older people. Members of the Catalyst Forum, a campaigning think tank of the left, question how far any present predictions of rising dependency ratios could or would be offset by older people working longer and/or by a general increase in the proportion of people of different ages being at work (the support ratio). Budgetary implications are discussed. So far, most industrialised countries have failed to adjust appropriately to the extension of healthy life expectancy. An ageing population is not without its problems, if the current form of age-related customs and policies persist. The measures and actions taken over the last quarter century have been in the wrong direction. (RH)

ISBN: 0904508022

Price: £5.00

From : The Catalyst Forum, 150 The Broadway, London SW19 1RX.

Do older adults expect to age successfully?: the association between expectations regarding aging and beliefs regarding healthcare seeking among older adults; by Catherine A Sarkisian, Ron D Hays, Carol M Mangione. Journal of the American Geriatrics Society, vol 50, no 11, November 2002, pp 1837-1843.

The Expectations Regarding Aging Study (ERA-38) was used to question 429 randomly selected community-dwelling adults aged 65-100 in Greater Los Angeles regarding their ageing expectations and health care seeking beliefs. More than 50% of the participants felt it was an expected part of ageing to become depressed, to become more dependent, to have more aches and pains, to have less ability to have sex, and to have less energy. After adjusting for sociodemographic and health characteristics using multivariate regression, older age was independently associated with lower expectations regarding ageing, as was having lower physical and mental health-related quality of life. Having lower expectations regarding ageing was independently associated with placing less importance on seeking health care. Thus, most of the older people in this sample did not expect to achieve the model of successful ageing in which high cognitive and physical functioning is maintained. (RH)

ISSN: 00028614

Health expectations for older women: international perspectives; by Sarah B Laditka (ed).

Journal of Women & Aging, vol 14, no 1/2, 2002, 191 pp (whole issue).

This volume explores international trends in health and longevity with a special focus on older women. Demographic trends play a large role in shaping the world. They influence government policies and many non-government organisations, as well as the plans we all make for old age. Contributors explore active life

expectancy, and gender differences in life expectancy free from disability or impairment. Contributions also include country studies on the Netherlands, Canada, Japan and Fiji, as well as wider European or global perspectives. (KJ/RH)

ISSN: 08952841

From : Haworth Delivery Service Centre, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Health expectations for older women: international perspectives; by Sarah B Laditka (ed). Binghamton, NY: Haworth Press, 2002, 191 pp.

International trends in health and longevity are explored, with a special focus on older women. Demographic trends play a large role in shaping the world and influence government policies and many other non-government organisations, as well as individual plans made to provide for older age. All these aspects are explored. This book has been co-published simultaneously as *Journal of Women & Aging*, vol 14, nos 1/2, 2002. (RH)

ISBN: 0789019272

From : The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Life at 85 plus: a statistical review; by Judith A Davey, Susan Gee, New Zealand Institute for Research on Ageing (NZiRA), Victoria University of Wellington. Wellington: Victoria University of Wellington, 2002, 36 pp.

By 2005, there will be around 59,000 people in New Zealand aged 85 and over, and by 2050 this will have increased to almost 300,000 (or 6% of all New Zealanders). This statistical review is presented in the context of "ageing in place" (that is, older people remaining in their own homes until the end of their lives), which is linked to "positive ageing". Information comes from a wide range of New Zealand official data collected from public sector and quasi-governmental agencies. Chapters cover: individuals, households and housing; incomes and financial resources; activities; health; and security and well-being. (RH)

ISBN: 0475110021

From : New Zealand Institute for Research on Ageing (NZiRA), Victoria University of Wellington, PO Box 600, Wellington, New Zealand. email: ageing-institute@vuw.ac.nz website: www.vuw.ac.nz/ageing-institute

Longitudinal selectivity in aging populations: separating mortality-associated versus experimental components in the Berlin Aging Study (BASE); by Ulman Lindenberger, Tania Singer, Paul B Baltes.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 57B, no 6, November 2002, pp P474-P483.

The authors examined 3.7 year selectivity in the the Berlin Aging Study (BASE) by comparing the T1 parent sample (n=516) with the T3 sample (n= 206). Selectivity was partitioned into a mortality-associated component, reflecting the degree to which individuals still alive at T3 (T3 survivors, n=313) differ from the T1 parent sample from which they originated, and an experimental component, reflecting the degree to which the T3 sample of 206 differs from T3 survivors. Across 40 variables representing medical, sensorimotor, cognitive, personality-related, and socioeconomic domains, the mortality-associated component accounted for 64% of total selectivity, and the experimental component for 36%. Except for age and intelligence, experimental selectivity effects regarding means and prevalence rates were generally small. Partitioning selectivity into mortality-associated and experimental components is a useful tool in the longitudinal study of ageing. (RH)

ISSN: 10795014

The mortality experience of people admitted to nursing homes; by Julie E Raines, Jeremy Wight.

Journal of Public Health Medicine, vol 24, no 3, September 2002, pp 184-189.

A retrospective cohort study of survival analysis of 841 people admitted as local authority funded long-stay residents to Wakefield nursing homes between April 1993 and December 1997 compared 535 admitted from hospital to 306 from the community, and changes in mortality over the period. The study indicates that the mortality experience of nursing home admissions from hospital was no worse than that of admissions from the community. Survival of people admitted to nursing homes in Wakefield also improved over the 5-year period of the study. (RH)

Nutrition and longevity; by Hiroshi Shibata, Shu Kumagai.

Reviews in Clinical Gerontology, vol 12, no 2, May 2002, pp 97-108.

Many studies on the relationship of nutrition and ageing have been concerned with efforts to use nutritional interventions to prolong the maximal lifespan. This article reviews investigations on the relationship of nutritional status, as assessed by food intake or biomarkers, to overall mortality or life expectancy. Studies on food intake cover total energy, fat, protein and alcohol intakes, while body mass, serum cholesterol, and serum albumin are the nutritional biomarkers investigated. (RH)

ISSN: 09592598

2001

Does engagement with life enhance survival of elderly people in Sweden?: the role of social and leisure activities; by Carin Lennartsson, Merrill Silverstein.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 56B, no 6, November 2001, pp S335-S342.

Survival was investigated with respect to activities that involved social integration, physical mobility, or neither physical nor social aspects. Factor analysis of baseline data from the Swedish Panel Study of Living Conditions of the Oldest Old (aged 77+) in 1992 was used to measure participation in 10 leisure activities. Cox proportional hazard regression analysis was used to measure the relative effects of activity factors and other independent variables on the logged hazard rate of mortality up to 1996. Analyses revealed 4 domains of activities along two basic dimensions: solitary-social and sedentary-active. For men, only participation in activities that were both solitary and active was significantly associated with reduced mortality risk when health variables were controlled. For women, none of the activity domains were significant where health variables were controlled. For the entire sample, greater participation in solitary-active activities significantly reduced risk of mortality when all other activity domains and health factors were controlled. (RH)

ISSN: 10795014

Factors affecting survival of elderly nursing home residents; by Mark C Dale, Alistair Burns, Lindsay Panter (et al).

International Journal of Geriatric Psychiatry, vol 16, no 1, January 2001, pp 70-76.

A large representative sample of 1,557 residents in 59 nursing homes in Manchester confirms the clinical impression that some homes appear to have higher mortality rates than others. However, this is explained by the characteristics of the residents admitted to particular homes, and not by any measurable characteristic of the home environment. Registration and inspection teams should bear this in mind by examining death rates in individual homes. If league table nursing home care were to be introduced, admission characteristics of individual residents should be taken into account when interpreting mortality rates. The identification of particular risk factors such as pressure sores and poor appetite may allow resources to be targeted at these problems in new admissions. (RH)

ISSN: 08856230

Functional status and self-rated health in 2,262 nonagenarians: the Danish 1905 cohort survey; by Hanne Nybo, David Gaist, Bernard Jeune (et al).

Journal of the American Geriatrics Society, vol 49, no 5, May 2001, pp 601-609.

The Danish 1905 cohort survey is the largest and the only nationwide survey of the whole birth cohort of nonagenarians, based on 2,262 fairly non-selected participants. The level of both self-reported disability and functional limitations measured by physical performance tests was high. Despite their lower mortality, women were more disabled than men, and did not perform as well as men in the physical performance tests. Nevertheless, the majority of participants considered their health to be good and were satisfied with their lives. (RH)

ISSN: 00028614

Have the oldest old adults ever been frail in the past?: a hypothesis that explains modern trends in survival; by Anatoli I Yashin, Svetlana V Ukraintseva, Giovanna De Benedictis (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 56A, no 10, October 2001, pp B432-B442.

Recent demographic studies of ageing and survival reveal three important features characterising mortality rates and survival dynamics in populations of developed parts of the world. These are the deceleration of the age-specific mortality rate at old ages; the age pattern of mortality and survival improvement; and the decline in old age mortality observed in the second half of the 20th century. In this paper, the authors show that all these results can be explained, using a model with a new type of heterogeneity associated with individual differences in adaptive capacity of people or organisms. (RH)

ISSN: 10795006

Healthy aging among inner-city men: third place winner, 2001 IPA research awards in psychogeriatrics; by George E Vaillant, Robin J Western.

International Psychogeriatrics, vol 13, no 4, 2001, pp 425-438.

This study has followed a cohort of 332 inner city Americans for 60 years or until death, from adolescent boyhood. Complete physical examinations were carried out every 5 years, with psychosocial data obtained every 2 years. Predictor variables assessed before age 50 include 6 variables reflecting uncontrollable factors: parental social class, environmental strengths, number of family problems, major depression, ancestral longevity, and premorbid physical health at age 50. A further 6 variables reflect (at least) some personal control: alcohol abuse, smoking, marital stability, body mass index (BMI), coping mechanisms, and education. Multivariate analysis suggests that positive ageing at 70 could be predicted by variables assessed prior to age 50. More hopeful still, if the six variables under some personal control were controlled, depression was the only uncontrollable variable that affected the quality of subjective and objective ageing. The authors find that for this group, psychiatric rather than sociological predictors appeared more important. (RH)

ISSN: 10416102

Healthy centenarians do not exist, but autonomous centenarians do: a population-based study of morbidity among Danish centenarians; by Karen Anderson-Ranberg, Marianne Schroll, Bernard Jeune.

Journal of the American Geriatrics Society, vol 49, no 7, July 2001, pp 900-908.

276 Danes celebrated their 100th birthday between 1 April 1995 and 31 May 1996. Of these, 207 participated in the Longitudinal Study of Danish Centenarians (LSDC), and were visited at home for interview and clinical examination. Cardiovascular diseases was present in 149 (72%), osteoarthritis in 54%, hypertension in 52%, dementia in 51%, and ischaemic heart disease in 28%. The mean number of illnesses was 4.3. Only one subject was identified as being free from any chronic condition or illness. 60% had been treated for illness with high mortality. Thus, because they have a high prevalence of several common diseases and chronic conditions, Danish centenarians are not healthy. However, a minor proportion was identified as being cognitively intact and functioning well. (RH)

ISSN: 00028614

Longevity of screenwriters who win an academy award: longitudinal study; by Donald A Redelmeier, Sheldon M Singh.

British Medical Journal, vol 323, no 7327, 22 December 2001, pp 1491-1495.

Many studies have shown that high occupational achievement is related to better health. The present study aimed to determine whether the link between high success and longevity extends to academy award winning screenwriters. A total of 850 writers had ever been nominated; the median duration of follow-up from birth was 68 years, and 428 writers had died. On average, winners were more successful than nominees, as indicated by a 14% longer career, 34% more total films, and 62% more nominations. However, life expectancy was 3.6 years shorter for winners than for nominees (74.1 vs 77.7 years), equivalent to a 37% relative increase in death rates. Additional wins were associated with a relative 22% increase in death rates. Additional nominations and additional other films in a career otherwise cause no significant increase in death rates. This paradox may reflect writers' unusual lifestyles, where success is not linked to exemplary conduct or control: it underscores the importance of behaviour. (RH)

ISSN: 09598138

Longitudinal cohort study of childhood IQ and survival up to age 76; by Lawrence J Whalley, Ian J Deary.

British Medical Journal, vol 322, no 7290, 7 April 2001, pp 819-822.

The association between childhood IQ and mortality over the normal lifespan is examined in this study of all 2,792 children in Aberdeen born in 1921, attending a school on 1 June 1932, and who sat a mental ability test as part of the Scottish mental survey 1932. 79.9% (2,230) of the sample was traced. Childhood mental ability was positively related to survival to age 76 for both women and men, though it should be noted that men who died during active service in World War II had a relatively high IQ. Overcrowding in a school catchment area was weakly related to death. Possible sources of bias are only covered briefly. (RH)

ISSN: 09598138

Public Policy and Aging Report on living longer, living better; by Marilyn Moon, Timothy M Smeeding, Fay Lomax Cook (et al), National Academy on an Aging Society.: National Academy on an Aging Society, Spring 2001, 24 pp.

Public Policy and Aging Report, vol 11, no 3, Spring 2001, 24 pp.

This issue of Public Policy and Aging Report comprises a series of analyses directed at how expected increases in longevity in older Americans might also be accompanied by improved well-being in late life. Four interrelated policy themes are discussed: economic well-being; health status; work and retirement alternatives;

and new family structures. Earlier versions of these papers were presented as a Congressional Briefing, in conjunction with the Gerontological Society of America's Annual Meeting in November 2000. (RH)
ISSN: 10553037

The quest for immortality: science at the frontiers of aging; by S Jay Olshansky, Bruce A Carnes. London: W W Norton & Company, 2001, 254 pp.

Medical intervention has made it possible to "manufacture time" and extend human lives, but is it possible to extend our lives indefinitely? The authors of this book do not expect the human life span to increase much beyond 85 years during this century. They argue that there are certain biological limits to how old people are able to get. Written for a general readership, this book explains how and why ageing occurs, so that we can make informed decisions about our health, longevity and quality of life. A clear differentiation is also made between science and pseudoscience, the message being: stop wasting money and effort on false hopes and food supplements; rather, focus on quality of life. (RH)

ISBN: 0393048365

Price: £19.95

From : W W Norton & Company Ltd., 10 Coptic Street, London WC1A 1PU.

2000

Accelerated dysfunction among the very oldest-old in nursing homes; by Brant E Fries, John N Morris, Kimberly A Skarupski (et al).

Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 55A, no 6, June 2000, pp M336-M341.

The over 65 population is often analysed in three categories: young-old (65-74), middle-old (75-84) and oldest old (85+). This may blind heterogeneity within the oldest category. New, large data sets allow examination of the very oldest old (e.g. aged 95+) and contrasts with those who are younger. The authors determined the annual change of prevalence of physical and cognitive function, and of disease problems in the old to the very oldest-old, using data from existing Resident Assessment Instrument records from nursing homes in seven US states during 1992-1994. They used data from 193,467 residents aged 80 or older, including 6,556 aged 100 or older. They compared prevalence, by age, of physical and cognitive function, disease, problem behaviour, mood disturbance, restraint use, falls, weight loss, eating less, body mass index (BMI), chewing and swallowing problems, incontinence (bowel and bladder), catheter use, and selected diagnoses. Prevalence of all measures of physical and cognitive dysfunction increased most rapidly with each year of age among the very oldest old, with change accelerating most from 95 to 100 years of age. Such changes are less pronounced or not seen in measures of disease prevalence. (RH)

ISSN: 10795006

Ageing and learning disability; by A J Holland.

The British Journal of Psychiatry, vol 176, January 2000, pp 26-31.

Ageing is a continuation of the developmental process and is influenced by genetic and other biological factors as well as personal and social circumstances. This selected review considers whether the biological process of ageing and its social and emotional consequences differ for people with learning disabilities. The author argues that there is a convergence in later life between people with a learning disability and those without, owing to the reduced life expectancy of people with more severe disabilities. People with Down's syndrome have particular risks of age-related problems relatively early in life. The improved life expectancy of people with learning disabilities is well established, however, there is a lack of concerted response to ensure that the best possible health and social care is provided for people with learning disabilities in later life. (AKM)

ISSN: 00071250

Building for longevity: Abbeyfield Lecture 2000; by Peter Phippen, Abbeyfield Society. St Albans: Abbeyfield Society, 2000, 26 pp.

Peter Phippen presented his lecture as if writing a letter to the audience from his future self in 2020, still as an architect, but also as an ageing man coping with the circumstances of old age. His letter takes us through a review of the early years of the 21st century, recounting his experiences, ideas and "design encounters", and those of two friends whose needs and tastes differ widely. There are a number of key factors in building for longevity, beginning with designers and providers must satisfy the end user. Like all businesses, professionals and health providers of all types must respond to the needs of the market. Technological innovation will increase the possibilities for independent living and enable most people to stay at home for longer: the Well House is described as an example. Because there is a global market, specialist technology appropriate to older people's needs will become affordable. There is no single housing solution: a variety of living options are

necessary. Consumers can be as knowledgeable as experts, who must in turn adapt to meet changing circumstances. (RH)

ISBN: 1872380441

Price: £5.50

From : Abbeyfield Society, 53 Victoria Street, St. Albans, Herts., AL1 3UW.

Does private religious activity prolong survival: a six-year follow-up study of 3,851 older adults; by Hughes M Helm, Judith C Hays, Elizabeth P Flint (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 55A, no 7, July 2000, pp M400-M405.

Data from the Duke University Established Populations for Epidemiologic Studies of the Elderly (Duke/EPESE) in North Carolina was used to test the hypothesis that older people who participated in private religious activity would survive longer than those who did not. During a median 6.3 year follow-up period, 1,137 subjects (29.5%) died. Those reporting rarely or never participating in private religious activity had an increased relative hazard of dying over more frequent participants, but this hazard did not remain significant for the sample as a whole after adjustment for demographic and health variables. When divided into activity of daily living (ADL) impaired and unimpaired, the effects did not remain significant for the ADL impaired group. However, the increased hazard remained significant for the unimpaired ADL group. Thus, older people who participate in private religious activity before onset of ADL impairment appear to have a survival advantage over those who do not. (RH)

ISSN: 10795006

The effects of physical activity on mortality in the Jerusalem 70-Year-Olds Longitudinal Study; by J Stessman, Y Maaravi, R Hammerman-Rozenberg (et al).

Journal of the American Geriatrics Society, vol 48, no 5, May 2000, pp 499-504.

The Study is of a representative sample of 456 residents of the western part of Jerusalem born in 1920-1921 (and aged 70 in 1990-1991). An extensive social and medical profile was developed by interview and ancillary examination. Medical diagnoses were established and subjects reported their level of regular physical activity. Unadjusted mortality at 6-year follow-up was significantly greater for those reporting no regular exercise than for those walking as little as 4 hours weekly. Logistic regression analysis demonstrated the survival advantage to be independent of gender, smoking, subjective economic hardship, or pre-existing medical conditions (hypertension; diabetes; coronary, artery, cerebrovascular, renal, and respiratory diseases; anaemia; and malignancy). Increased regularity of activity correlated with declining mortality. The results suggest that regular physical activity confers increased survival in older people, who should be encouraged to engage in regular, moderate physical activity. (RH)

ISSN: 00028614

Exceptional familial clustering for extreme longevity in humans; by Thomas Perls, Maureen Shea-Drinkwater, Jennifer Bowen-Flynn (et al).

Journal of the American Geriatrics Society, vol 48, no 11, November 2000, pp 1483-1485.

Four US families highly clustered for extreme longevity are described, representing the first report of clustering for this phenotype. Such families may help our further understanding of the genetic contribution to achieving exceptional longevity. (RH)

ISSN: 00028614

Healthy life expectancy in Great Britain, 1980-96, and its use as an indicator in United Kingdom government strategies; by Sue Kelly, Allan Baker, Sunjai Gupta.

Health Statistics Quarterly, 07, Autumn 2000, pp 32-37.

There has been a dramatic increase in life expectancy over the last century, but are the extra years gained lived in good health? Health expectancy is a single index, that combines mortality and morbidity, which can be used to help answer this question. This article presents time trends for Great Britain, using morbidity data from the General Household Survey (GHS) and data from the 1991 Census (question on limiting long-standing illness - LLI). These are compared with trends in life expectancy. Both life expectancy and healthy life expectancy increased between 1980 and 1996. However, healthy life expectancy did not increase by as much as total life expectancy, with the result that both men and women are living more years in poor health or with a limiting long-standing illness. (RH)

ISSN: 14651645

The long goodbye; by Jenny Bryan.

Health Service Journal, vol 110, no 5686, 6 January 2000, pp 16-18.

Reaching a 100th birthday will soon become a commonplace event. But the centenarians of the new millennium will not be the chronic sick and long-stayers of managers' worst nightmares. (RH)

ISSN: 09522271

Longevity of atomic-bomb survivors; by John B Cologne, Dale L Preston.

The Lancet, vol 356, no 9226, 22 July 2000, pp 303-307.

Conflicting claims have been made regarding biological and health consequences of exposure to low doses of radiation. Studies have suggested that certain low-dose exposed atom bomb survivors live longer than their peers. Earlier studies in other radiation-exposed populations demonstrated life shortening from mortality from cancer, but lacked dosimetry and relied on comparison groups which may introduce bias because of lack of comparability. The authors have re-examined the effect of radiation on life expectancy in one cohort of 120,331 survivors of the atomic bombings of Hiroshima and Nagasaki, Japan. The study encompasses 45 years of mortality follow-up with radiation-dose estimates available for most cohort members. Median life expectancy decreased with increasing radiation dose at a rate of about 1-3 years per Gy, but declined more rapidly at high doses. Median loss of life at estimated doses below 1 Gy was about 2 months, but among a small number with estimated doses of 1 Gy or more it was 2-6 years. Median loss of life among all with greater-than-zero dose estimates was about 4 months. These results are important in the light of the recent finding that radiation significantly increases mortality rates for causes other than cancer. The results do not support claims that survivors exposed to certain doses of radiation live longer than comparable unexposed individuals. (RH)

ISSN: 01406736

Morbidity and comorbidity in relation to functional status: a community-based study of the oldest old (90+ years); by Eva von Strauss, Laura Fratiglioni, Matti Viitanen (et al).

Journal of the American Geriatrics Society, vol 48, no 11, November 2000, pp 1462-1469.

A part of the Kungsholmen Project in Stockholm, Sweden, this study of 698 over 90s found an unexpectedly low prevalence of mortality (only 14% had died, and 19% had no disease at all) and disability (73% were functionally independent). Dementia was the most prevalent disease among women (42.2%), and cardio- and cerebrovascular diseases were most frequent among men (42.4%). The article notes some of the study's limitations, for example the focus on Alzheimer's disease (AD) and other dementia disorders. (RH)

ISSN: 00028614

Nonagenarians: a qualitative exploration of individual differences in wellbeing; by Pernilla K Hillerås, Penelope Pollitt, Jo Medway (et al).

Ageing and Society, vol 20, pt 6, November 2000, pp 673-698.

This paper focuses on the subjective experience of extreme old age for 12 people scoring high and low respectively, on wellbeing measures. The purpose was to illustrate and expand upon the quantitatively derived findings from the Kungsholmen, Stockholm over nineties wellbeing study, using a qualitative approach inspired by grounded theory. The results suggest that outlook on life, social and emotional ties, engagement with the outside world and physical capability are important contributors to subjectively experienced well-being in this age group. (KJ/RH)

ISSN: 0144686X

Older people in the European Union : facts and figures; by Eurolink Age. London: Eurolink Age, 2000, A5 foldout leaflet.

This leaflet briefly outlines the major differences between older people in the 15 European Union (EU) member countries, in the following areas: longevity; employment; retirement ages; pensions and incomes; health; family patterns of caring and consumer spending. Statistics used mainly originate from Eurostat. (KJ) (AKM)

Price: FOC

From : Eurolink Age, 1268 London Road, London SW16 4ER.

The protective effect of social engagement on mortality in long-term care; by Dan K Kiely, Samuel E Simon, Richard N Jones (et al).

Journal of the American Geriatrics Society, vol 48, no 11, November 2000, pp 1367-1372.

Previous research suggests that social relationships may have a protective effect on mortality for people living at home, but this has not been established for those in long-term care. This longitudinal study of 927 residents of a long-term care facility used the Minimum Data Set (MDS) including psychosocial items comprising an internally reliable scale to measure social engagement (SE), and mortality risk measurements. Increased levels

of SE were associated with longer survival independent of mortality risk factors. SE may be a modifiable risk factor for death among long-term care residents. (RH)
ISSN: 00028614

Reproductive longevity and increased life expectancy; by Jacob A Brody, Mark D Grant, Lawrence J Frateschi (et al).

Age and Ageing, vol 29, no 1, January 2000, pp 75-78.

Female life expectancy in developed countries has increased by 30 years in the twentieth century. The authors analysed age-specific fertility data from birth statistics for the USA, Canada, Japan, France, Sweden, the UK and Australia. Since 1940, birth rates for women aged 35 and over have declined. Among women aged 50 and over, there has been no increase in births. Fertility rates in 1990 were 0.0 to 0.044 per 1000 women, with total numbers ranging from 0 to 60 births per 1000. The fertile years have not been prolonged in the cohort of women whose life expectancy has increased so dramatically in the 20th century. This suggests that reproductive senescence is tightly controlled and not extended by factors that enhance female longevity. Other physiological mechanisms may also be fixed within narrow age limits. (RH)

ISSN: 00020729

Social factors and the outcome of dementia; by Martin Orrell, Rob Butler, Paul Bebbington.

International Journal of Geriatric Psychiatry, vol 15, no 6, June 2000, pp 515-520.

Previous studies have linked reduced survival in dementia with male sex, longer duration of illness and increased severity of cognitive impairment. However, little is known of potential social factors on the outcome of dementia. 60 recently admitted patients from the Maudsley catchment area in south east London (27 inpatients and 33 day patients) were given detailed psychiatric and social assessments; there was also a 3-year follow-up on outcome. The hypothesis was that adverse life events and lack of social support would be associated with reduced survival. 48% of patients died during the follow-up period. The study did not find an association between adverse life events and reduced survival in people with dementia. Social isolation may be associated with reduced survival in dementia. Having meals on wheels may be a marker for social isolation and reduced survival, while attending a day centre and having support from relatives were associated with increased survival. Larger studies with control groups are needed to further examine the complex relationship between social factors and the outcome in dementia. (RH)

ISSN: 08856230

1999

Ageing beyond the millennium; by Robert N Butler, Nuffield Trust; Age Concern Cymru. London: The Nuffield Trust, 1999, 8 pp (Nuffield Trust notes, no 3).

Nearly 25% of the 25 year extension of life has resulted from reductions in death after the age of 65. This lecture considers the revolution in longevity; compares social policy in the US and UK; and examines how we challenge traditional assumptions about old age and reinforce support for older people. Employment and educational opportunities, coupled with a fairer allocation of resources among the generations, are suggested. Age Concern Cymru Wales initiated and hosted Robert Butler's visit to Wales to deliver the inaugural lecture of what is hoped will become an ongoing series. The event was co-sponsored by the Welsh Institute for Health and Social Care. (RH)

ISBN: 1902089170

From : The Nuffield Trust, 59 New Cavendish Street, London W1N 7RD.

Aging successfully until death in old age: opportunities for increasing active life expectancy; by Suzanne G Leveille, Jack M Guralnik, Luigi Ferrucci (et al).

American Journal of Epidemiology, vol 149, no 7, 1999, pp 654-664.

The factors associated with living to an advanced old age and then dying with little or no disability are examined. Participants were men and women aged 65 and over from the Established Populations for Epidemiologic Studies of the Elderly (EPESE) conducted between 1981 and 1991, and from East Boston, Massachusetts, New Haven, Connecticut, and Iowa. 1,097 people who died late in old age with known disability status within 15 months of death were studied for predictors of dying without disability at the last follow-up interview prior to death. The probability of a non-disabled 65 year old man's surviving to age 80 and then being non-disabled prior to death was 26%, and for a non-disabled 65 year old woman, the probability of surviving to age 85 and being non-disabled before death was 18%. Physical activity was a key factor predicting non-disability before death. There was a nearly twofold increased likelihood of dying without disability among the most physically active group, compared with sedentary adults. These findings provide encouraging evidence

that disability prior to death is not an inevitable part of a long life, but may be prevented by moderate physical activity. (RH)

Cognitive and sociodemographic risk factors for mortality in the Seattle Longitudinal Study; by Hayden B Bosworth, K Warner Schaie, Sherry L Willis.

The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, vol 54B, no 5, September 1999, pp P273-282.

The relationship between cognitive function and survivorship was examined in a community-dwelling sample from the Seattle Study. Survival analysis was used to examine how level of change in intellectual functioning, verbal memory, perceptual speed, perceived speed, and psychomotor speed were related to mortality in a sample of 601 individuals who subsequently died (mean age 73.81 years), and a control group of 609 survivors of similar ages and levels of education. Those in the lowest 25th percentile of performance had significant risk for subsequent mortality compared to those in the highest 25th percentile. However, after adjusting for demographic variables and psychomotor speed, only perceived speed remained a significant risk factor for mortality. Significant 7-year declines (lowest 25th percentile) in measurements of Verbal Meaning, Spatial Ability, Reasoning Ability, and Psychomotor Speed were risk factors for subsequent mortality relative to those who had least amount of decline. Decrease in cognitive performance tended to be a better predictor of subsequent mortality than was level of cognitive performance. (RH)

ISSN: 10795014

Does religious attendance prolong survival?: a six-year follow-up study of 3,968 older adults; by Harold G Koenig, Judith C Hays, David B Larson (et al).

The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 7, July 1999, pp M370-376.

3,968 community-dwelling adults aged 63 to 101 were identified for this study in 1986 from the Duke University, North Carolina site of the National Institutes of Health-sponsored Established Populations for the Epidemiologic Studies of the Elderly (EPESE). Attendance at religious services and a wide variety of sociodemographic and health variables were assessed at baseline. Vital status of members was determined over the next six years, and time to death was analysed using a Cox proportional hazards regression model. During a median 6.3 year follow-up period, 1,777 died (29.7%) Of those attending religious services once a week or more in 1988 (frequent attenders), 22.9% died compared to 37.4% of those attending less than once a week. Overall, older people, particularly women, who attended religious services at least once a week appear to have a survival advantage over those attending service less frequently. However, the factors examined are not sufficient to explain the relationship between religious attendance and longer survival. Replication of these findings is required. (RH)

ISSN: 10795006

Dynamic paradigms for human mortality and aging; by Kenneth G Manton.

The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 6, June 1999, pp B247-254.

Hazard models are often applied to mortality data of humans and other species so that parameter estimates made for those models can be used to make inferences about the biology, and comparative biology, of ageing processes. There is now enough longitudinal data on physiological and functional changes in humans to know that the age trajectory of people's physiological state is multi-dimensional, stochastic and plastic. In order to fully assess the biological significance of existing longitudinal data on human ageing and mortality processes, multivariate stochastic process models must be developed that are biologically detailed and valid. This requires assessing genetic mechanisms controlling human longevity and rates of ageing, developing models of how these traits may have evolved, and developing statistical methods for identifying gene environment interactions. This article examines the theoretical basis for such models and the biological rationale of their parametric structure. Some examples are given. (RH)

ISSN: 10795006

Evolutionary theories of aging: 1. The need to understand the process of natural selection; by L Keller, M Genoud.

Gerontology, vol 45, no 6, November/December 1999, pp 336-338.

In a previous article in Gerontology (LeBourg, 1998), recent tests of evolutionary theories of ageing were criticised, and the author of the article suggested alternative explanations for the long life span of ant queens and the positive relationship between body size and lifespan in mammals. In this paper, the authors suggest that many of LeBourg's arguments reveal a misunderstanding of the process of natural selection, and some of the arguments reflect a lack of knowledge of evolutionary theories of ageing. (AKM)

ISSN: 0304324X

Evolutionary theories of aging: 2. The need not to close the debate; by E Le Bourg, G Beugnon.
Gerontology, vol 45, no 6, November/December 1999, pp 339-342.

The authors of an article published in this issue of Gerontology (Keller and Genoud, 1999) argue that a previous article of LeBourg (1998) is an inappropriate criticism of evolutionary theories of ageing. In this article, LeBourg and Beugnon answer that the article was not devoted to criticism of evolutionary theories of ageing, but, rather, to the sometimes fast tackling of these theories on what is observed in the wild. Some of the specific points in the article by Keller and Genoud are also addressed, including longevity of ants, reproduction in mammals, and the case of the human species. The authors conclude that the debate about evolutionary theories of ageing should continue. (AKM)

ISSN: 0304324X

Health, valuation of life, and the wish to live; by Miriam Moss, Christine Hoffman, Richard Grant (et al).
The Gerontologist, vol 39, no 4, August 1999, pp 406-416.

Research has shown that a smaller number of years of better quality of life is more valuable than simply living longer for many older people. This research investigated the relationship of an affective-cognitive schema, valuation of life (VOL), to older people's responses to a set of health utility (years of desired life) questions. Six hundred healthy and chronically ill people aged 70 years and over were interviewed to measure quality of life (QOL), mental health and VOL. Valuation of life was significantly correlated with longer years of desired life under 8 of 10 health conditions when background, health, QOL, and mental health states were controlled. The study concluded that VOL is an internal representation of the many positive and negative features of the person and his or her everyday life that is necessary to comprehend how people may cling to life or welcome its end. (AKM)

ISSN: 00169013

The importance of genetic and environmental effects for self-reported health symptoms: a 30 year follow-up considering survival and selection effects; by Nancy L Pedersen, Birgitta Steffensson, Stig Berg (et al).
Journal of Aging and Health, vol 11, no 4, November 1999, pp 475-493.

In 1963, the self-reported health status was evaluated for 5,229 pairs of twins from the Swedish Twin Registry,

and in 1993 for a sub-sample of 351 pairs surviving to age 80. Structural equation modelling evaluated genetic and environmental contributions to total variance and change in variance. For men but not for women, the genetic and environmental influences on health symptoms differed between survivors and non-survivors. Total variance increased, reflecting an increase in environmental variance across the 30 years for both genders. Genetic variance decreased longitudinally for men. The increase in variation from the mid-50s to the mid-80s appears to be due to an accumulation in environmental variation. There are gender differences that deserve further exploration. (RH)

ISSN: 08982643

Living better longer through technology; by Gary W Small.

International Psychogeriatrics, vol 11, no 1, March 1999, pp 3-6.

With advances in medical technology, the world's developed countries are "greying", or rather living longer, a trend which will continue in the 21st century. This guest editorial asks whether we are living better as well as longer, as age-related diseases diminish quality of life for too many people. Reference is made to studies of age-related diseases, where genetic components or cognitive impairment have been identified as contributory factors. (RH)

ISSN: 10416102

Narrative intelligence and the novelty of our lives; by William Lowell Randall.

Journal of Aging Studies, vol 13, no 1, 1999, pp 11-28.

One definition offered of narrative intelligence is the capacity to formulate a story - be it true, anecdotal or fictional. The author's argument is that narrative intelligence is essential to making meaning across the lifespan. His article is in four parts. First, the notion of novelty in our lives is highlighted. The second attempts a definition of narrative intelligence and outlines its origin in childhood. The third sketches its dynamics in terms of familiar story conventions. The last speculates on ways our experience and expression of it might change with advancing age, affecting how we "story" our lives in later life. (RH)

ISSN: 08904065

Population based study of social and productive activities as predictors of survival among elderly Americans; by Thomas A Glass, Carlos Mendes de Leon, Richard A Marottoli (et al).

British Medical Journal, vol 319, no 7208, 21 August 1999, pp 478-483.

It is suggested that an exclusive focus on physical activity obscures the health benefits that may be associated with other, non-physical activities. The authors examined the relation between survival and three types of activities separately: social (including church attendance, visits to cinema, day trips, participation in social groups); productive (gardening, preparing meals, shopping, community work); and fitness (active sports or swimming, walking and physical exercise). Participants were from the New Haven, CT site of the Established Populations for Epidemiological Studies of the Elderly (EPESE), studied for mortality over 13 years. Social and productive activities that involve little or no enhancement of fitness are found to lower the risk of all cause mortality as much as fitness activities do. This suggests that in addition to increased cardiopulmonary fitness, activity may confer survival benefits through psychological pathways. Social and productive activities that require less physical exertion may complement exercise programmes and constitute alternative interventions for frail older people. (RH)

ISSN: 09598138

Predictors of mortality among demented elderly in primary care; by Martina Schäufele, Horst Bickel, Siegfried Weyerer.

International Journal of Geriatric Psychiatry, vol 14, no 11, November 1999, pp 946-956.

Sociodemographic, neurological and clinical variables were examined as to whether they predict mortality in a representative sample of 3,721 demented older people in Mannheim, Germany. A 3-stage survey was conducted. At Stage I, their cognitive status was assessed by their general practitioner (GP). At stage II, a stratified random sample underwent a standardised research interview, including cognitive testing and assessment of mental status, physical illness, sensory impairment and motor disability. After a mean interval of 28 months, all patients were recontacted. For deceased patients, a close reference person was interviewed and data of death recorded (Stage III). 53 of the 117 demented patients had died. Mortality risk increased steeply with the degree of severity of dementia. By controlling for this variable, only age and motor disability contributed significantly to prediction of mortality. The influence of other clinical features which often have been hypothesised as indicators of specific subgroups of dementia was mainly due to their relationship to the disease severity. (RH)

ISSN: 08856230

Smoking, physical activity, and active life expectancy; by Luigi Ferrucci, Grant Izmirlian, Suzanne Leveille (et al).

American Journal of Epidemiology, vol 149, no 7, 1999, pp 645-652.

Population-based samples of people aged ≥ 65 years from the East Boston, Massachusetts, New Haven Connecticut, and Iowa sites of the Established Populations for Epidemiologic Studies of the Elderly (EPESE) were assessed between 1981 and 1983, and followed for mortality and disability over six annual follow-ups. A total of 8,604 people without disability at baseline were classified as "ever" or "never" smokers and doing "low", "moderate" or "high" level physical activity. Active and disabled lifestyle expectancies were estimated using a Markov chain model. Compared with smokers, men and women non-smokers survived 1.6-3.9 and 1.6-3.6 years longer, respectively, depending on level of physical activity. When smokers were disabled and close to death, most non-smokers were still non-disabled. Physical activity, from low to moderate to high, was significantly associated with more years of life expectancy in both smokers (9.5, 10.5, 12.9 years in men and 11.1, 12.6, 15.3 in women at age 65). and non-smokers (11, 14.4, 16.2 in men and 12.7, 16.2, 18.4 in women at age 65). Higher physical activity was associated with fewer years of disability prior to death; and refraining from smoking predicts a longer and healthier life. (RH)

Staying alive: a handbook produced to support Carlton's campaign for a longer, healthier life; by Carlton Television; Research into Ageing. London: Carlton Television, 1999, 35 pp (Staying Alive series).

This resource guide was produced to support a television series by Carlton, which was shown in the summer of 1999. The series looked at the ageing process and the steps that can be taken to improve the quality of a prolonged life. The guide contains a comprehensive list of contact organisations, relevant websites and suggestions for further reading, organised by the following subject areas: general health, medical conditions, lifestyle, education and employment, counselling and support, reading, and using the Internet. (KJ)(AKM)

Price: FOC (sae)

From : Staying Alive, Carlton Television, PO Box 22, London NW10 7WU.

Survival in a population-based cohort of dementia patients: predictors and causes of mortality; by Froukje Boersma, Wim van den Brink, Dorly J H Deeg (et al).

International Journal of Geriatric Psychiatry, vol 14, no 9, September 1999, pp 748-753.

102 demented subjects from a prevalence study of dementia in over 65s in a rural area of the Netherlands were subjects of this study. Survival analysis was performed using the Realised Probability of Dying as a measure of survival time. Adjustment for duration and severity at study entry was employed in all analyses. A substantial excess mortality was present among demented subjects as compared with their non-demented birth cohort. Disorders related to dementia - such as cachexia, dehydration and pneumonia - were major causes of death. Variables related to severity of functional impairment, aphasia and a shorter duration at study entry predicted a shorter survival in the study population. (RH)

ISSN: 08856230

Time of our lives: the science of human ageing; by Tom Kirkwood. Paperback ed London: Phoenix, 1999, 277 pp.

Human ageing is at the forefront of scientific, medical and social research and of political thinking as never before. In "Time of our lives", a leading researcher into the science of ageing overturns the common belief that ageing is either necessary or inevitable. The author explains why we age, how ageing happens, why some parts of the human body last longer than others, and why women live longer than men. The reader does not have to have any training in science, rather an interest to know. The book is also written for those whose daily work brings them into contact with older people; it should also be read by policy-makers who need to understand issues concerned with ageing. (RH)

ISBN: 0753809206

Price: £7.99

From : Orion Books, Orion House, 5 Upper St Martin's Lane, London WC2H 9EA.

Validity of reported age and centenarian prevalence in New England; by Thomas T Perls, Kathreen Bochen, Melissa Freeman (et al).

Age and Ageing, vol 28, no 2, March 1999, pp 193-197.

The age reported by or on behalf of centenarians may be suspect unless proven correct. In this US study, there were 289 potential centenarians reported by the censuses in the eight towns participating in the New England Centenarian Study. Of these, 186 (64%) had died at the time centenarian prevalence was determined. Of the 80 still alive, 13 (16%) had incorrect birth years recorded by the censuses. The specificity of the censuses for stating the number of centenarians still alive and living in the sample was 28-31%. Using additional sources, only four more centenarians were located. There was an 83% success rate in obtaining proof of age in those families interviewed. In all instances, age and birth order of children were an important source of corroborative evidence, and no cases of inconsistencies with families' reported ages were detected. Poor specificity of the census (about 30%) - mainly because of deaths not being notified - underscores the importance of doing population-based studies, and of seeking verification of birth dates in studies of very old people. (RH)

ISSN: 00020729

What determines longevity?: the challenge of biology; by Thomas B L Kirkwood.

Working with Older People, vol 3, no 1, January 1999, pp 16-18.

Life expectancy has increased over the last two centuries, chiefly as a result of improvements in public health, housing, nutrition and general living standards. Basic research into the science of human ageing should be pursued urgently, if we are to develop a scientific basis for extending quality of life in old age. (RH)

ISSN: 13663666

World views and narrative gerontology: situating reminiscence behavior within a lifespan perspective; by Jeffrey Dean Webster.

Journal of Aging Studies, vol 13, no 1, 1999, pp 29-42.

The field of gerontology has been described as data rich but theory poor. The same can be said for the sub-area of reminiscence research, with little attention paid to the superordinate metamodels framing reminiscence work. Thus, the metatheoretical assumptions and limitations of the dominant approach to reminiscence research remain virtually unknown. This article identifies three "world hypotheses" or metamodels (i.e. the mechanistic, organismic, and contextual) appropriated by developmental psychology because of their heuristic utility, and summarises key strengths and weaknesses of each. The author argues that most reminiscence research has been conducted under the rubric of only one metamodel, namely organicism. He discusses what reminiscence research conducted within each perspective might look like. He provides examples to argue for the advantages of a contextual metamodel and its derivative lifespan for future reminiscence research. (RH)

1998

Aging everywhere - Global Aging report; by American Association of Retired Persons - AARP. Washington, DC: AARP, 1998, 38 pp.

To mark the United Nations Year of Older Persons 1999, AARP has compiled "Aging everywhere", which gives an overview of major trends affecting ageing populations around the world. It examines the implications of living longer, such as changing patterns of long-term care and caregiving. It also considers changes in patterns of work, the role of lifelong learning, maintaining financial support in old age, and attitudes about ageing. (RH)

Price: subscription

From : AARP Global Aging Report, 601 E Street, NW, Washington DC 20049, USA.

Can parental longevity and self-rated life expectancy predict mortality among older persons?: results from an Australian cohort; by Carol van Doorn, Stanislav V Kasl.

The Journals of Gerontology Series B: Psychological sciences and social sciences, vol 53B, no 1, January 1998, pp S28-S34.

This study examined the effects of parental longevity and self-rated life expectancy on mortality, building upon the established model of self-rated health predicting mortality. A community sample of Australians aged 70 years and over were surveyed in 1992 and 1995. The associations of interest were examined separately by sex using weighted multiple logistic regression. Parental ages at death were not associated with mortality for either men or women. In multivariate models, self-rated life expectancy had an independent effect on men's mortality and did not reduce the effect of self-rated health on mortality. The findings are consistent with results from other countries; the effect of self-rated health on mortality is stronger for men than for women. The study also found that the effect of self-rated life expectancy on mortality was stronger for men than for women.

ISSN: 10795014

The effect of genetic factors for longevity: a comparison of identical and fraternal twins in the Swedish Twin Registry; by Birgit Ljungquist, Stig Berg, Jan Lanke (et al).

The Journals of Gerontology Series A: Biological sciences and medical sciences, vol 53A, no 6, November 1998, pp M441-M446.

A sample of 3,656 identical and 6,849 same-sex fraternal twin pairs in the Swedish Twin Registry was studied regarding mortality rates and within-pair similarity for age and death. Genetic and environmental contributions to variations in longevity, expressed by integrated mortality rates, were estimated from a subsample of 1,734 twin pairs reared together and 130 twin pairs reared apart from the cohorts born 1886 to 1900. The intra-class correlation coefficients suggested that the genetic effect was small, and for males, perhaps absent. Among pairs in which both twins died relatively young and among pairs in which both twins lived until very old age, the variance in age at death seemed to have no genetic component. Model fitting procedures based on twins reared apart and twins reared together indicated that most of the variance in longevity was explained by environmental factors. Over the total age range examined, a maximum of around one third of the variance in longevity is attributable to genetic factors, and almost all remaining variance is due to non-shared, individual specific environmental factors. The evidence that genetic factors play a minor role depending on age at death merits further examination. (RH)

ISSN: 10795006

Effects of walking on mortality among nonsmoking retired men; by Amy A Hakim, Helen Petrovitch, Cecil M Burchfiel (et al).

The New England Journal of Medicine, vol 338, no 2, 8 January 1998, pp 94-99.

The potential benefit of low-intensity activity in terms of longevity among older men has not been clearly documented. The authors studied 707 non-smoking retired men aged 61 to 81 who were enrolled in the Honolulu Heart Program. They recorded the distance walked (miles per day) at baseline examination between 1980 and 1982. Data on overall mortality (from any cause) were collected over a 12-year follow-up period: there were 208 deaths. After adjustment for age, the mortality rate for those who walked less than 1 mile per day was nearly twice that among those who walked more than 2 miles per day. The cumulative incidence of death after 12 years for the most active walkers was reached in less than 7 years among the least active. The distance walked remained inversely related to mortality after adjustment for overall measures of activity and other risk factors. Older people should be encouraged of the benefits to health of physical activity such as walking. (RH)

ISSN: 00284793

Evolutionary theories of aging: handle with care; by Eric Le Bourg.
Gerontology, vol 44, no 6, November-December 1998, pp 345-347.

Evolutionary theories are considered by a growing number of gerontologists as providing a basis for understanding why ageing occurs. In such conditions, a risk could exist to favour evolutionary explanations rather than non-evolutionary ones, even when both equally fit the data. A recently published paper on longevity in ants is analysed, and a study of fertility and longevity in human beings is used to illustrate this risk. In the two cases, evolutionary and concurrent hypotheses may apply to the same data. When both kinds of explanations may be applied, the way to solve the problem is not to favour one explanation by relying on a priori preferences, particularly if the favoured hypothesis is still controversial. (RH)
ISSN: 0304324X

Factors associated with successful ageing; by Anthony F Jorm, Helen Christensen, A Scott Henderson (et al).
Australasian Journal on Ageing, vol 17, no 1, February 1998, pp 33-37.

The prevalence of successful ageing and associated factors was assessed by means of a cross-sectional survey of 1,045 people aged 70 and over living in Canberra or Queanbeyan, Australia. Successful ageing was defined as living in the community without disability, with excellent or good self-rated health, and a high score on a cognitive screening test. The prevalence of successful ageing declined steeply from age 70-74 to age 80 and over. Men had a higher prevalence than women. In both men and women, successful ageing was associated with higher verbal intelligence. For women, there were also associations with lower neuroticism, not smoking, and lower frequency of strenuous activity earlier in life. While the ageing of the population may lead to a higher prevalence of age-related disease, increasing intelligence test scores in future cohorts of older people may lead to countervailing positive effects on successful ageing. (RH)
ISSN: 07264240

Health values of hospitalized patients 80 years or older; by Joel Tsevat, Neal V Dawson, Albert W Wu (et al).
JAMA, (Journal of the American Medical Association) vol 279, no 5, February 1998, pp 371-375.

Would an older person who is frail and ill prefer living as long as possible over a shorter but healthy life? Such health values are often incorporated into clinical decisions and health care policy when issues of quality versus length of life arise, but little is known about health values of the very old. This American study ascertained the health values and preferences vis-à-vis quantity vs quality of life (known as time trade-off) of a group of 414 in-patients aged 80 to 98 years. In most cases, those who could be interviewed were able to have their health values assessed using the time trade-off technique. Most were unwilling to trade much time for excellent health, but preferences varied greatly. Because proxies and multivariable analyses cannot gauge health values of older in-patients accurately, health values of the very old should be elicited directly from the patient.
ISSN: 0393554X

Increasing longevity: medical, social and political implications; by Raymond Tallis (ed), Royal College of Physicians of London. London: Royal College of Physicians of London, 1998, 138 pp.

This book contains the paper presented at a conference of the Royal College of Physicians in December 1996, which discussed the medical, social and political implications of rapid population ageing and increasing longevity. Topics covered include the following: recent and future growth of the older population in the United Kingdom (UK); ageing, ill health and disability; economic implications of increasing longevity; advances in understanding the concept of biological ageing; new technology and the older patient; priority setting in health care; age-relative moral claims; ageing in developing countries; intergenerational equity; research on medicine and older age; genetics and human longevity; and the medical response to an ageing society. (AKM)

ISBN: 1860160778

Price: £15.00

From : Royal College of Physicians of London, 11 St Andrews Place, London NW1 4LE.

Left-truncated data with age as time scale: an alternative for survival analysis in the elderly population; by Rosa Lamarca, Jordi Alonso, Guadalupe Gómez, (et al).

The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 53A, no 5, September 1998, pp M337-M343.

The standard approach for survival analysis of an older population is to define the survival time as the elapsed time from study entry until death, and to adjust by age using stratification and regression procedures. However, our interest is in studying the ageing process and its related risk factors, not the use of time-on-study as the time scale. In this study, 1,315 over 65s in Barcelona were interviewed in 1986, of whom 805 (61.2%) were documented as alive at follow-up in October 1994, 452 (34.4%) had died, and 58 (4.6%) were lost or not traced. To illustrate the usefulness of age as time scale (alternative approach) instead of time-on-study in analysing the surviving population, both methods were used to assess the relationship between functional capacity at baseline

and mortality. Using the alternative approach, it was observed that 50% of the sample died at age 80.6 years; this information could not be estimated using the standard approach. Although use of standard survival analysis generally produces correct estimates, the use of age as time scale is deemed more appropriate for analysing survival of older people. (RH)
ISSN: 10795006

Life is sweet: candy consumption and longevity; by I-Min Lee, Ralph S Paffenbarger Jr.

British Medical Journal, vol 317, no 7174, 19 December 1998, pp 1683-1684.

Subjects in this US study of candy (sugar confectionary and chocolate) consumption were from the Harvard Alumni Health Study of some 7,841 men who were undergraduates between 1916 and 1950. They had responded to a health survey in 1988, providing information about their consumption of sweets. Death certificates were obtained for those who had died up to the end of 1993. Consumers and non-consumers differed as regards body mass index, smoking habits, alcohol consumption, red meat, vegetables, and use of vitamin or mineral supplements. In this study, sweet consumption was associated with greater longevity. Men who indulged lived almost a year longer, up to age 95, than did abstainers. However, greater consumption of sweets was not associated with progressively lower mortality. Mortality was lowest among those consuming sweets 1-3 times a month and highest among those indulging three or more times a week. Non-consumers of sweets, however, still had the highest mortality overall. The authors conclude that moderation seems to be paramount. (RH)

ISSN: 09598138

Lifestyle and 15-year survival free of heart attack, stroke, and diabetes in middle-aged British men; by S Goya Wannamethee, Gerald Shaper, Mary Walker (et al).

Archives of Internal Medicine, vol 158, 7/21 December 1998, pp 2433-2440.

The relationship between modifiable lifestyle factors (smoking, physical activity, alcohol intake and body mass index - BMI) and the likelihood of 15-year survival free of cardiovascular end points and diabetes was examined in 7142 middle-aged men (aged 40-59) from the British Regional Heart Survey. During the 15-year follow-up, there were 1064 deaths from all causes, 770 major heart attacks, 247 stroke events and 252 cases of diabetes. The risk of the combined end point (death or having a heart attack, stroke, or diabetes) went up significantly with increasing smoking levels and from BMI levels of 26 kg per sq metre, and decreased significantly with increasing levels of moderate activity with no further benefit thereafter. Light drinking (vs occasional) showed a relatively small but significant reduction of risk. The estimated probability of surviving 15 years free of cardiovascular events and diabetes in a man aged 50 ranged from 89% in a moderately active man at BMI levels of 20-24 who had never smoked, to 42% in an inactive smoker with BMI levels of 30 or higher. Modifiable lifestyles in middle-aged men play an important role in long-term survival free of cardiovascular disease and diabetes, and are relevant to health promotion. (RH)

ISSN: 00039926

Longevity and gray hair, baldness, facial wrinkles, and arcus senilis in 13,000 men and women: the Copenhagen City Heart Study; by Peter Schnohr, J_rgen Nyboe, Peter Lange (et al).

The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 53A, no 5, September 1998, pp M347-M350.

The authors have reported previously that men who look older than their contemporaries have a significantly higher risk for myocardial infarction. In the Copenhagen City Heart Study of some 20,000 men and women, that in addition to cardiovascular risk factors, data on other signs of ageing have been recorded: extent of grey hair, baldness, facial wrinkles, and arcus senilis (a line of opacity close to the border of the cornea). During 16 years of follow-up, 1,656 women and 2,283 men had died. Using the Cox regression model, the authors found no correlation between mortality and the extent of greying of the hair, baldness or facial wrinkles in either sex, irrespective of age. A single exception was observed in a small sub-group of men with no grey hair. They had a slightly, but significantly, lower mortality than the rest. The presence of arcus senilis was significantly correlated with a shorter life span in women. For men, the same tendency was found, but the correlation was not statistically significant. (RH)

ISSN: 10795006

The longevity strategy: how to live to 100 using the brain-body connection; by David Mahoney, Richard Restak. Chichester: John Wiley, 1998, 250 pp.

Older people aged 85 years and over now constitute the fastest-growing population in the United States (US), with a substantial increase in the number of centenarians. The authors of this book gives advice on how people can develop and enhance their longevity potential by focusing on the brain-body connection, which is the interaction among three factors: health of the brain; attitudes and thought patterns; and physical health. In

particular, the importance of handling stress, lifelong education, mental activity, social relationships, and physical exercise are highlighted as key factors for longevity. (AKM)

ISBN: 0471248673

Price: £17.99

From : John Wiley & Sons Ltd, Baffins Lane, Chichester, West Sussex PO19 1UD.

Prescription for long life: essential remedies for longevity; by Mitchell Kurk, Morton Walker. New York: Avery, 1998, 207 pp.

In this book, the authors aim to provide information and advice on how to increase longevity through different types of diets and therapies. Part one explains how various factors can lead to premature ageing, including free radicals, stress, and brain allergies. In part two, various ways of increasing longevity are explored, covering the following: minerals and health; vitamin and co-enzyme Q10; niacin, vitamin C; fibre; natural laxatives and internal cleansers for bowel health; the longevity potential of yoghurt; the use of chelation therapy to promote longevity and to treat Alzheimer's disease; herbal remedies; intravenous hydrogen peroxide; dehydroepiandrosterone (DHEA); and the gerovital secret of longer life. (AKM)

ISBN: 0895297906

Price: US\$12.95

From : Avery Publishing Group, 120 Old Broadway, Garden City Park, New York 11040, USA.

Quality of life and longevity: a study of centenarians; by Marirosa Dello Buono, Ornella Urciuoli, Diego De Leo.

Age and Ageing, vol 27, no 2, March 1998, pp 207-216.

The aim of the study was to examine the quality of life of centenarians in the Veneto region of Italy both quantitatively and qualitatively. The study was conducted between October 1992 and July 1995, and used data collected using two questionnaires: the Profile of Elderly Quality of Life (PEQOL), and the LEIPAD (Leiden and Padua) quality of life assessment instrument developed to measure self-perceived functioning and well-being. Three groups each of 38 older people were compared: centenarians, and subjects aged 75-85, and 86-99. The centenarians complained less spontaneously about their health (maintained in part by medical treatments), but declared having greater functional disability. Their cognitive function appeared reasonably well preserved, and they had lower scores for anxiety and depression than younger age groups. They considered themselves religious, satisfied with their financial situation, but no longer interested in sex or recreational activities. They reported greater satisfaction with life and with social and family relations than the less elderly age groups. (RH)

ISSN: 00020729

Siblings of centenarians live longer; by Thomas T Perls, Ellen Bubrick, Carrie G Wager (et al).

The Lancet, vol 351, no 9115, 23 May 1998, p 1560.

While conducting a population-based study of centenarians, the authors were struck by the large number who also had long-lived siblings. Comparing the survival rates of siblings of centenarians and siblings of a similar birth cohort who died in their early 70s, they found that the siblings of their centenarians had a four times greater chance of surviving to their early 90s. Supporting evidence is also provided by studies of old genealogies. Previous work suggests that genes may play an increasingly important role in achieving age beyond average life expectancy; however, further work is required to elucidate the contribution of genes to the familial component of extreme longevity. (RH)

ISSN: 01406736

Towards understanding successful ageing: patterned change in resources and goals; by Nardi Steverink, Siegward Lindenberg, Johan Ormel.

Ageing and Society, vol 18, part 4, July 1998, pp 441-467.

In this paper it is argued that the problem of formulating a comprehensive theory of successful ageing - and thereby of finding good criteria or success - may be attributed to the lack of a suitable multidisciplinary framework that meets at least three basic theoretical requirements. These requirements are explicated, and some existing theories and approaches of successful ageing are discussed in the light of these requirements. An alternative theoretical framework is presented which can accommodate a number of existing insights, and which is used as the basis of a new theory of successful ageing, including theory-guided criteria for success. (AKM)

ISSN: 0144686X

1997

Added years, onus or bonus?; by Ruth Bonita.

The Lancet, vol 350, no 9085, 18 October 1997, pp 1167 (Ageing today and tomorrow).

Are gains in longevity reducing inequalities globally, and are they matched by improvements in quality of life? The pace of ageing is such, that in poor, developing countries, the proportion of the population aged 60 and over will double in a matter of decades. Information on trends in quality of life are required, but there is no measure of healthy life expectancy which allows cross-national comparisons. This article looks at the appropriateness of methods of measurement.

ISSN: 01406736

Ageing: genetic and environmental influences; by Cindy S Bergeman. London: SAGE Publications, 1997, 144 pp (Individual Differences and Development Series, volume 9).

This book examines the reasons why people age differently. Beginning with an overview of how familial factors and studies of twins contribute to behavioural genetic research, the author examines topics including: longevity and health; cognitive functioning, personality and psychopathology; social support, life events, and measures of family environment; and gerontological behavioural genetics.

ISBN: 0803973780

Price: £17.50 pbk [£39.00 hbk]

From : Sage Publications Ltd., 6 Bonhill Street, London EC2A 4PU.

Ageing and human longevity; by Marie-Françoise Schulz-Aellen. Boston: Birkhauser, 1997, 283 pp.

This book combines a scientific and medical description of ageing, with a critical review of ways to prolong life. It gives an overview of the mechanisms and determinants of ageing, including variability of life span between species, environmental and genetic factors, and the consequences of ageing on cells and tissues. The second part of this book looks at how the physiological and psychological effects of ageing can be slowed down. The roles of diet, lifestyle, vitamins, hormones, medication and surgery are discussed.

ISBN: 0817639640

Price: SFr 58

From : Birkhauser Verlag AG, Klosterberg 23, PO Box 133, CH-4010 Basel, Switzerland.

Characteristics of long-surviving men: results from a nine-year longitudinal study; by P J Maxson, C Hancock Gold, S Berg.

Ageing: Clinical and Experimental Research, vol 9, no 3, June 1997, pp 214-220.

Although life expectancy of men is commonly less than that of women, previous analyses of a longitudinal data set revealed a sub-sample of older men whose survival curves over 20 years are similar to those of women in the sample. The main purpose of this Swedish research is to identify factors which differentiate this group of 'successful' males from other males in the sample. Data from two groups of males (and two groups of females) in Gothenburg, Sweden, were examined using analysis of variance, chi squared analysis, and survival analysis. Data include measures in a variety of biomedical, functional, behavioural, and psychological areas collected during in-home and hospital examinations. Results show that 'successful' males have significantly higher scores in both cognitive abilities and health, initially and at longitudinal follow-ups. The combination of overall high scores in the multiple domains evidently gives this group of men an advantage over the others. The results emphasise the importance of recognising the sub-groups in the ageing population with different developmental patterns, and tailoring both research and services to the uniqueness of these groups. (RH)

ISSN: 03949532

The consequences of longevity; by Michèle Lachowsky.

Maturitas, vol 27, no 2, 1997, pp 101-104.

Longevity is living longer, but do we want it at any price, and whatever the condition?

ISSN: 03785122

Culture and longevity; by Keiko Nakamura, World Health Organization - WHO. Geneva: WHO, July/August 1997, pp 14-15.

World Health, 50th year, no 4, July/August 1997, pp 14-15.

A cultural transition that is positive about three-generation families, and that places greater value on family ties results in close-knit social networks that support the health of older people. This article reports on an international study conducted in 1990 in Germany, Japan, the Republic of Korea, the United Kingdom (UK), and the United States (US), the aim of which was to elucidate differences in the way older people live in different countries. (RH)

ISSN: 00438502

Customary physical activity and survival in later life: a study in Nottingham, UK; by Kevin Morgan, David Clarke.

Journal of Epidemiology and Community Health, vol 51, April 1997, pp 490-493.

Ten-year mortality was predicted using data for the 1,042 people aged 65 and over in 1985 from the Nottingham longitudinal study of activity and ageing (NLSAA). On the basis of factor scores derived from the interview questionnaire, activity levels were graded as "high", "intermediate", or "low". In Cox regression models controlling for age, health status, and cigarette smoking at the time of the activity assessment, these gradings were significantly related to 10-year survival. Relative to the "high" activity groups, the risk of dying was significantly increased in both the "intermediate" and "low" groups for women, and in the "low" group for men. Since the survival model controlled for age, health status, and cigarette smoking, it is unlikely that the activity gradings used here are simple proxies for physical health. Within the older population, recall based survey assessments covering a wide range of customary or habitual physical activities can provide indices showing both cross-sectional utility and predictive validity. (RH)

ISSN: 0143005X

Eugeria, longevity and normal ageing; by Karen Ritchie.

The British Journal of Psychiatry, vol 171, no 12, December 1997, p 501.

The notion of 'successful ageing' was probably first described by Aristotle. He used the term 'eugeria', which he defined as living a long and happy life, without suffering, and without being a burden to others. This short article about Jeanne Calment, who died on 4 August 1997 aged 122 years and was considered to be the oldest human being in history, considers the reasons for her longevity; she may well have achieved eugeria.

ISSN: 00071250

Growing taller, living longer?: anthropometric history and the future of old age; by Bernard Harris.

Ageing and Society, vol 17, part 5, September 1997, pp 491-512.

In recent years, economic and social historians have made increasing use of anthropometric records (mainly, records of human height and weight) to investigate changes in human health and well-being. This paper summarises some of the main findings of this research, and demonstrates the remarkable increases in human height which have occurred in the 20th century. It examines the relationship between changes in average height and changes in life expectancy. Although most of the evidence assembled by anthropometric historians has been derived from records relating to schoolchildren and young adults, their work has profound implications for the study of health in old age. The relevance of this work to debates on the decline of mortality, the 'compression of morbidity', and the future of social policy is examined.

ISSN: 0144686x

Healthy population ageing: [the Brasilia Declaration on Ageing, 1-3 July 1996]; by Gloria M Gutman, World Health Organization - WHO. Geneva: WHO, July/August 1997, pp 20-21.

World Health, 50th year, no 4, July/August 1997, pp 20-21.

Never before have the nations of the world known such numbers of older people, especially in the very old category (age 85+). The Brasilia Declaration on Ageing proposes ways of meeting the needs of today's and tomorrow's older people. The Declaration's ten guiding principles for achieving a healthy population ageing are stated. The Declaration takes into account the UN International Vienna Plan of Action on Ageing, and is constituent with conventions signed in Cairo, Copenhagen and Beijing, with the Ottawa Charter on Health Promotion. (RH)

ISSN: 00438502

Impact of mild cognitive impairment on survival in very elderly people: cohort study; by J Gussekloo, R G J Westendorp, E J Remarque (et al).

British Medical Journal, vol 315, no 7115, 25 October 1997, pp 1053-1054 (BMJ Aging issue).

Severe cognitive impairment is associated with increased mortality, but the impact of mild cognitive impairment on survival remains unclear. Although there is doubt whether a simple test such as the Mini-Mental State Examination (MMSE) has sufficient discriminatory power to detect mild cognitive impairment in older people, the authors determined the impact of borderline scores in this particular examination in the Netherlands of survival in very old people. The MMSE seems to be useful as a screening instrument for mild cognitive impairment, and its scores may act as an important predictor of survival in very old people.

ISSN: 09598138

In search of the clues to a healthy old age; by Kay-Tee Khaw.
MRC News, no 75, Autumn 1997, pp 10-13.

Modest changes in our lifestyle and diets could help us make the most of our longer life expectancy. Research being conducted for EPIC (the European Prospective Investigation into Cancer and Nutrition) on the links between diet and health, is looking at a wide range of age-related diseases in Norfolk. Information on some 25,000 men and women aged between 45 and 74, from rural and urban areas is being collected to pinpoint key determinants of health. The adverse and protective roles played by particular foods and vitamins are indicated.
ISSN: 01430130

Is the best yet to be?; by Michael Gordon.

The Lancet, vol 350, no 9085, 18 October 1997, pp 1166 (Ageing today and tomorrow).

The past 100 years have seen substantial increases in life expectancy at birth. Health care costs are being targeted for reduction, resulting in the tendency of rationing for older people, the argument being that the young would be deprived of resources. The author considers the arguments for and against rationing, and concludes that to consider care primarily as an economic 'problem' will ultimately compromise the cultural and ethical values of a society.

ISSN: 01406736

Life beyond 85 years: the aura of survivorship; by Colleen L Johnson, Barbara M Barer. New York: Springer Publishing Company, 1997, 267 pp (Springer series on life styles and issues on ageing).

Those aged 85 years and over - the oldest old - are now the fastest growing age group in the United States. This book examines not only how very old individuals adapt to daily challenges, but also how they maintain a positive outlook as they face losing linkages with the outside world. These linkages refer not only to social network connections with family and friends, but also to physical, sensory and cognitive connections with their environment. The authors demonstrate how, over time, most of the very old continue to view their health as good, and to express contentment with their lives. The question asked is: By what means are they able to sustain well-being, despite seemingly insurmountable odds?

ISBN: 0826195407

Price: \$44.95

From : Springer Publishing Company, 536 Broadway, New York, NY 10012-3955.

Longer, healthier lives; by Toshihito Katsumura, Adrian D Hinman, World Health Organization - WHO. Geneva: WHO, July/August 1997, pp 31-32.

World Health, 50th year, no 4, July/August 1997, pp 31-32.

In the 21st century, a physically active lifestyle will be a main contributor to maintaining a high quality of life in old age, and help us to see our later years as a time of well-being. Increased life expectancy in Japan has been achieved by, among other things, physical activity and exercise promotion in preference to other types of preventive medicine. This culminated in the opening of the Tokyo Metropolitan Health Promotion Centre in 1993 and the establishment of other centres throughout Japan. (RH)

ISSN: 00438502

Men and women age differently; by Astrid Stuckelberger, World Health Organization - WHO. Geneva: WHO, July/August 1997, pp 8-9.

World Health, 50th year, no 4, July/August 1997, pp 8-9.

Women everywhere are living longer than men, but the longevity of women is offset by a higher sickness rate than that of men, with women suffering more from non-lethal diseases. This article looks at mortality rates and calculations of life expectancy. It notes that whereas in 1997, 61% of the world's women age 80+ live in developed countries, by 2025 most of them will be living in developing countries. (RH)

ISSN: 00438502

Physical activity, physical fitness and longevity; by I-M Lee, R S Paffenbarger, C H Hennekens.

Ageing: Clinical and Experimental Research, vol 9, no 1/2, February/April 1997, pp 2-11.

Many studies have consistently shown that higher levels of physical activity are associated with decreased risks of coronary heart disease, cerebrovascular disease, hypertension, non-insulin dependent diabetes mellitus, colon, and, possibly, breast cancer, as well as osteoporosis. The biological processes proposed to explain these inverse associations are highly plausible. If physical activity does reduce the risk of developing these chronic diseases, we would also expect physical activity to delay mortality and enhance longevity. In this article, the authors review major epidemiological studies worldwide that have examined the association between physical activity or physical fitness and all-cause mortality. Data from these studies indicate that physical activity is effective in postponing mortality and enhancing longevity. Public health professionals worldwide should emphasise the

need to increase activity levels during leisure time, as well as the need to incorporate physical activity into daily activities of life. (RH)

ISSN: 03949532

Predictors of loneliness in centenarians: a parallel study; by Peter Martin, Bo Hagberg, Leonard W Poon.

Journal of Cross-Cultural Gerontology, vol 12, no 3, September 1997, pp 203-224.

The purpose of this study was to evaluate predictors of loneliness in centenarians in the United States (US) and in Sweden. It was hypothesised that cognition, personality, social support and physical health would predict loneliness. Data from centenarian participants of the Swedish Centenarian Study and the Georgia Centenarian study were used. Results indicated that personality, social support and physical health were good predictors of loneliness in the US sample, while cognition and social support were the strongest predictors in the Swedish sample. Social support predicted loneliness negatively in the US sample, but was positively associated with loneliness in Sweden.

ISSN: 01693816

Rectangularization of the survival curve in the Netherlands: an analysis of underlying causes of death; by Wilma J Nusselder, Johan P Mackenbach.

The Journals of Gerontology Series B: Psychological sciences and social sciences, vol 52B, no 3, May 1997, pp S145-S154.

This study analysed the contribution of selected causes of death to rectangularisation of the survival curve of Dutch men and women aged over 60 in the 1980s, and determined why this took place in the 1980s but not in the 1970s. The contribution of causes of death was determined by means of a decomposition analysis, using mortality data on underlying causes of death, sex, and age from Statistics Netherlands. Results show that mortality reductions from ischaemic heart disease, cerebrovascular diseases, and lung cancer (men only) and mortality increases from chronic obstructive pulmonary diseases (men only) and mental disorders (women only) contributed to rectangularisation in the 1980s. Comparison with the 1970s, in addition, demonstrated that in particular changes in mortality at advanced ages (i.e. smaller mortality reductions and mortality increases) were responsible for the reversal from a decreasingly rectangular shape of the survival curve in the 1970s to a rectangularisation in the 1980s. The combination of increased survival to advanced ages and reduced survival at advanced ages explains why rectangularisation of the survival curve took place recently in the Netherlands. (RH)

ISSN: 10795014

Reflections: success and disappointment - octogenarians' current and retrospective perceptions; by G Clare Wenger.

Health Care in Later Life, vol 2, no 4, November 1997, pp 213-226.

This article is based on the responses of 52 well people aged 81 years and over, who were living in the community in 1995, to a guided interview eliciting their attitudes to their experiences of life. The interviewees were participants in the Bangor Longitudinal Study of Ageing. It focuses on salient life domains and conceptions of successful ageing and draws attention to variations in responses, including those associated with gender and marital status. The findings show some areas of consensus and others that demonstrate a wide range of response, but the importance of health and mobility was paramount.

ISSN: 13587390

The secrets of longevity; by Stanislaw Talalaj, Janusz Talalaj. Melbourne: Hill of Content, 1997, 134 pp.

There is a growing interest in increasing longevity through natural or alternative methods. This book looks at various ways people can extend their lives. Topics covered include: diet and longevity; longevity agents in food; lifestyle and longevity; life-shortening medications; and life prolonging therapies, including certain medications, herbs and spices. (AKM)

ISBN: 0855722754

From : Hill of Content Publishing Ltd, 86 Bourke Street, Melbourne 3000, Australia.

Total cholesterol and risk of mortality in the oldest old; by Annelies W E Weverling-Rijnsburger, Gerard J Blauw (et al).

The Lancet, vol 350, no 9085, 18 October 1997, pp 1119-1123.

The impact of total serum cholesterol as a risk factor for cardiovascular disease decreases with age, which casts doubt on the necessity for cholesterol-lowering therapy in older people. The authors assessed the influence of total cholesterol concentrations on specific and all-cause mortality in people aged 85 and over in the Netherlands. They found that high total concentrations in this age group are associated with longevity, owing to lower mortality from cancer and infection. The effects of cholesterol-lowering therapy have yet to be assessed.

ISSN: 01406736

Why we age: what science is discovering about the body's journey through life; by Steven N Austad. Chichester: John Wiley & Sons, 1997, 256 pp.

The author explains the ageing process by reference to developments in evolutionary biology, comparative zoology, anthropology, and medical research. He attempts to answer questions as to whether ageing has changed over time, why ageing happens, whether ageing is genetic, and what processes cause ageing. Reproductive ageing and menopause, and slowing ageing and extending life are also covered.

ISBN: 0471148032

Price: £19.99 (pbk £13.99)

From : John Wiley and Sons Ltd., Baffins Lane, Chichester, West Sussex PO19 1UD.

1996

The advancing frontier of survival: life tables for old age; by Väinö Kannisto, Aging Research Unit, Centre for Health and Social Policy, Odense University Medical School. Odense, Denmark: Odense University Press, 1996, 143 pp + annex tables (Monographs on population aging, 3).

Measurements of longevity and changes in mortality are examined, predominantly for European countries but also for a few other developed countries. Annexes present data for topics including: population aged 80+ by age and sex for 1950-1990 by country; decennial life tables by country; and life expectancy at age 80. The focus is on the oldest-old. (RH)

From : Odense University Press, 55 Campusvej, DK-3230 Odense M. E-mail: Press@forlag.ou.dk

Cross pressures on middle-aged adults: a broader view; by Beth J Soldo.

The Journals of Gerontology Series B: Psychological sciences and social sciences, vol 51B, no 6, November 1996, pp S271-S273.

This article looks at some demographic methods and sources which focus on family structure, and which can be used to measure the extent to which dependencies of the youngest and oldest kin vie for the middle generation's resources in three-generation families.

ISSN: 10795014

Curiosity and mortality in aging adults: a 5-year follow-up of the Western Collaborative Group Study; by Gary E Swan, Dorit Carmelli.

Psychology and Aging, vol 11, no 3, September 1996, pp 449-453.

Research suggests that curiosity in older people is associated with maintaining the health of the ageing central nervous system. The authors examined the relationship of curiosity in 1,118 community-dwelling older men to subsequent survival over a 5-year period. Curiosity was measured when the participants were a mean age of 70.6 years. Initial levels of trait and state curiosity were higher in survivors than those who subsequently died. After adjustment for other risk factors, the state curiosity-mortality association remained significant in the Cox regression model. Ancillary analysis in 1,035 older women (mean age at initial examination 68.6 years) confirmed the pattern found in the men. State curiosity in these women was significantly associated with survival after adjusting for other risk factors. This is the first study to identify a predictive role for curiosity in the longevity of older adults.

ISSN: 08827974

The defeat of aging versus the importance of death; by Richard S Kane.

Journal of the American Geriatrics Society, vol 44, no 3, March 1996, pp 321-325.

Discusses some of the negative aspects of expanding the maximum human life expectancy, and looks at some of the ethical issues facing the medical profession.

ISSN: 00028614

Determinants of survival: an analysis of the effects of age at observation and length of predictive period; by B Ljungquist, S Berg, B Steen.

Aging: Clinical and Experimental Research, vol 8, no 1, February 1996, pp 22-31.

This is part of a gerontological and geriatric population investigation in Göteborg (Gothenburg), Sweden, which is a longitudinal study based on a large random sample of those born in 1901/1902. They were first examined at age 70, and re-examined at ages 75 and 79. As physical health is highly correlated to survival, the sample was split into two subgroups, one consisting of those with few health problems, the other less healthy. Analyses were performed on each gender separately as well as on each health subgroup. Age at examination and length of predictive period proved to be very important in identifying determinants of survival. Lung capacity, measured

by peak flow, was the only variable, among those selected for this study, that had predictive power for both genders, in both health groups and at each of the three observation ages.

ISSN: 03949532

Differentials in active life expectancy in the older population of the United States; by Eileen M Crimmins, Mark D Hayward, Yasuhiko Saito.

The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, vol 51B, no 3, May 1996, pp S111-S120.

Describes the process by which mortality and disability interact to determine differences in active life expectancy by age, sex, race and education for people aged 70 years and older in the United States.

ISSN: 10795014

Health sector reforms and the implications for later life from a comparative perspective; by Kasturi Sen.

Health Care in Later Life, vol 1, no 2, May 1996, pp 73-83.

Ageing is a global phenomenon, despite differences in the rate and pace of ageing in different regions. This article considers the impact of recent economic and health sector reforms on ageing populations, focusing on developing countries. The health transitions that have taken place in developing countries has resulted in greater longevity, however, this is mediated by what appears to be a greater burden of morbidity. Evidence suggests that the cost of treating long-term sickness may have severe consequences for the economic viability of the family as a unit. These consequences are exacerbated by the privatisation of health care services and other services. Long term health and social policy issues are raised as a consequence of the rapidity of ageing, which will compound unresolved structural issues such as the unequal distribution of resources.

ISSN: 13587390

How and why we age; by Leonard Hayflick. New York: Ballantine Books, 1996, 377 pp.

Explains the biological, physical and psychological effects of ageing and dispels some of the myths surrounding ageing, longevity and illness.

ISBN: 0354401557

Price: US\$ 14.00

From : The Ballantine Publishing Group, 201 East 50th Street, New York, NY 10022, USA.

How can we live forever?; by Tom Kirkwood.

British Medical Journal, vol 313, no 7072, 21-28 December 1996, p 1571.

The basis for this short article is considerable recent discussion of the idea that the span of human life might be extended. To further our understanding, we need to look at knowledge of the biology of ageing and in particular, the role of genetics. The article is accompanied by an extract from Jonathan Swift's "Travels into several remote nations of the world. Lemuel Gulliver": immortality is overrated.

ISSN: 09598138

Longevity in the United States: age and sex-specific evidence on life span limits from mortality patterns 1960-1990; by Kenneth G Manton, Eric Stallard.

The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 51A, no 5, September 1996, pp B362-B375.

The authors examined changes in the US white male and female extinct cohort life tables and age at death distributions. Data did not support the hypothesis on biological limits being a constraint on mortality reductions. Current estimates could be exceeded under plausible scenarios (e.g. mortality reductions were not proportional over age).

ISSN: 10795006

The oldest man ever?: a case study of exceptional longevity; by John Wilmoth, Axel Skytthe, Diana Friou, Bernard Jeune.

The Gerontologist, vol 36, no 6, December 1996, pp 783-788.

This article summarises recent findings in the case study of CM, a resident of San Rafael, California, who was 114 years old in August 1996, and is the first properly verified case of a 114 year old man in human history (although a few women have been known to live longer). The authors' investigation of CM continue as they attempt to gather additional information about his life, family history, and current condition. This article considers the authenticity of the case and its significance in the history of human longevity. It records characteristics of the man's life that may provide clues about the causes of his exceptional survivorship.

ISSN: 00169013

Personality, longevity, and successful aging among Tokyo metropolitan centenarians; by Yoshiko Shimonaka, Katsuharu Nakazato, Akira Homma.

International Journal of Aging and Human Development, vol 42, no 3, 1996, pp 173-187.

This article compares 82 centenarians (37 men and 45 women) with 605 people aged 60-89, in which personality and successful ageing were measured. The authors found that androgeny was not more prominent among centenarians than masculinity, femininity or undifferentiated. Their hypothesis that behaviour not displaying characteristics of hostility, anger, harassment, cynicism and suspiciousness is related to longevity was supported. They observed lower self-esteem for femininity than for either masculinity or androgeny; and that anxiety was lower for femininity than masculinity but higher than androgeny among women. The relationship of particular types of behaviour to successful ageing differs between men and women.

ISSN: 00914150

Rectangularization of the survival curve in the Netherlands, 1950-1992; by Wilma J Nusselder, Johan P Mackenbach.

The Gerontologist, vol 36, no 6, December 1996, pp 773-782.

Rectangularisation is defined as a trend toward a more 'rectangular' shape of the survival curve, due to increased survival and concentration of deaths around the mean age of death. Using mortality and population data for the Netherlands, measures in the variability in the age at death were analysed, based on Keyfitz' H and the standard deviation, both life table based. The implications of recent rectangularisation at older ages for achieving compression of morbidity are discussed.

ISSN: 00169013

Stop ageing now!: the ultimate plan for staying young and reversing the ageing process; by Jean Carper. London: Thorsons, 1996, 354 pp.

Suggests ways of slowing down or reversing the ageing process through vitamin supplements and diet changes.

ISBN: 0722531877

Price: £12.99

From : Harper Collins Publishers, 77/85 Fulham Palace Road, Hammersmith, London W6 8JB.

Survival in the oldest old: death risk factors in old and very old subjects; by Anastasius S Dontas, Nektaria Toupadaki, Anastasia Tzonou, Popi Kasviki-Charvati.

Journal of Aging and Health, vol 8, no 2, May 1996, pp 220-237.

Presents findings from a study which examined a variety of factors possibly affecting survival in older people aged between 68 and 92. Factors studied include blood pressure, mobility status, weight, and behavioural and socioeconomic factors.

ISSN: 08982643

1995

Active life expectancy among elderly Japanese; by Ichiro Tsuji, Yuko Minami, Akira Fukao, Shigeru Hisamichi (et al).

The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 50A, no 3, May 1995, pp M173-M176.

Examines whether Japanese older people live longer at the expense of the quality of their lives.

ISSN: 10795006

Assessing biological age: reality?; by Denis Bellamy.

Gerontology, vol 41, no 6, November - December 1995, pp 322-324.

Examines the value of clinical tests to predict the longevity of groups and individuals.

ISSN: 0304324X

Effect of dietary restriction on aging - an update; by B J Merry.

Reviews in Clinical Gerontology, vol 5, no 3, 1995, pp 247-258.

Investigates the effect of diet or calorie restriction on ageing and longevity.

ISSN: 09592598

Exercise intensity and longevity in men: the Harvard Alumni Health Study; by I-Min Lee, Chung-cheng Hsieh, Ralph S Paffenbarger.

JAMA, (Journal of the American Medical Association), vol 273, no 15, 19 April 1995, pp 1179-1184.

Investigates the relative merits of vigorous and moderate exercise and their associations with premature mortality in older men.

ISSN: 0393554X

Health expectancy and its uses; by Margaret R Bone, Andrew C Bebbington, Carol Jagger, Kevin Morgan (et al). London: HMSO, 1995, 90 pp.

The measurement of health expectancy provides a means of measuring the state of public health in general or of particular population groups which is independent of the age structure. This book reviews existing methods of calculating health expectancy, looks at the policy applications, and sets out recommendations for its adoption as an indicator in the UK.

ISBN: 0117020052

Price: £14.00

From : HMSO Publications Centre, PO Box 276, London SW8 5DT.

Influences on health and longevity: a study of centenarians in Glasgow; by Ann Megan Kerr.: unpublished, 1995, 87 pp.

Dissertation for Masters Degree in Public Health. Presents the findings from a study of the health and life history of a small sample of centenarians in Glasgow, and compares them with findings from other studies to establish whether factors which influence longevity in Scotland differ from those elsewhere in the UK.

Life-styles and longevity; by H S Wasir.: HelpAge India, June 1995, pp 15-24.

Research & Development Journal, vol 1, no 3, June 1995, pp 15-24.

Looks at the effects of diet, smoking, alcohol and lack of physical activity on longevity.

ISSN: 09720227

Mental status examination of an exceptional case of longevity: J C aged 118 years; by Karen Ritchie.

The British Journal of Psychiatry, vol 166, no 2, February 1995, pp 229-235.

Documents the mental status examination of an extreme case of longevity in France of a woman aged 118 years and 9 months, which found no evidence of progressive neurological disease. Concludes that a high level of intellectual ability may have been a protective factor in this case.

ISSN: 00071250

Prolonging life in elderly people: a worthwhile goal of medical care; by C J Bulpitt, A E Fletcher.

Aging: Clinical and Experimental Research, vol 7, no 5, October 1995, pp 402-406.

The authors consider whether or not older people are approaching a 'cap' on survival, and think that they are not. They conclude that preventive medicine in older people should aim to prolong survival and prevent morbidity. It is uncertain whether morbidity can be prevented more than mortality or vice versa. The concept of compressing morbidity at the end of life is an attractive concept, but data are lacking to support this idea.

ISSN: 03949532

1994

Health behaviors and survival among middle-aged and older men and women in the NHANES I Epidemiologic follow-up study; by Maradee A Davis, John M Neuhaus, Deborah J Moritz (et al).

Preventive Medicine, vol 23, 1994, pp 369-376.

Since the 1960s, there has been a decline in mortality rates for older US adults, suggesting the importance of examining the role of prevention and health promotion in improving the health and survival of older adults. Epidemiological studies of age and gender differences in the impact of health behaviours on survival for older US adults are needed to provide information for intervention and health promotion efforts for older Americans. The authors examined whether health behaviour risk factors (smoking, drinking, physical activity, and body weight) for mortality vary by age and gender in 6,109 adults aged 45-74 in the National Health and Nutrition Examination Survey 1971-1975 (NHANES I) who were traced in the 1982/84 follow-up survey. In middle-aged men (aged 45-54) and older men (aged 65-74), smoking and non-recreational physical activity were both predictors of survival time. For older men, drinking and low body mass index (BMI) were associated with shorter survival time. Among women, there was less consistency of associations across age groups; as with men, non-recreational physical activity and low BMI were associated with shorter survival time among older women. Specific behavioural risk factors may vary by age and gender. (RH)

ISSN: 00917435

Improving health: measuring effects of medical care; by John P Bunker, Howard S Frazier, Frederick Mosteller. *Milbank Quarterly*, vol 72, no 2, 1994, pp 225-258.

Examines the role of screening, immunisation and medical care in improving quality of life and in extending life.

Of ageism, suicide, and limiting life; by Elizabeth Hughes Schneewind.

Journal of Gerontological Social Work, vol 23, nos 1/2, 1994, pp 135-150.

Reviews the debate about increased longevity, medical technology, rationing and euthanasia.

ISSN: 01634372

From : Haworth Document Delivery Center, Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904, USA

1993

Aged disability and community care in Australia: issues for southern Africa; by J McCallum, C Mathers.

Southern African Journal of Gerontology, vol 2, no 2, October 1993, pp 10-16.

Reviews trends in disability, expectation of health, demand for services and community care, and examines whether improvements in life expectancy have been accompanied by a decrease in morbidity and disability.

ISSN: 10198016

The ageing world: longevity, culture and the individual; by Clare Wenger.

Generations Review, vol 3, no 3, September 1993, pp 2-5.

The extent of increased life expectancy on social patterns and expectations.

ISSN: 09652000

Aging, health and competence: the next generation of longitudinal research; by Johannes J F Schroots (ed). Amsterdam: Elsevier, 1993, 412 pp.

Examines new theoretical developments and insights into the determinants of healthy ageing, and outlines the issues of the next generation of longitudinal research from a biomedical, epidemiological, behavioural, psychological and social perspective.

ISBN: 0444893407

Price: US \$225.00/ Dfl. 360.00

From : Elsevier Science Publishers BV, PO Box 211, 1000 AE Amsterdam, The Netherlands.

The association of changes in physical activity level and other lifestyle characteristics with mortality among men; by Ralph S Paffenbarger, Robert T Hyde, Alvin L Wing (et al).

The New England Journal of Medicine, February 25 1993, pp 538-545.

Recent trends toward increasing physical exercise, stopping smoking, and avoiding obesity may increase longevity. Harvard College alumni (men aged 45-84 in 1977) and reporting no life-threatening disease on questionnaires completed in 1962 or 1966 and again in 1977 were classified according to changes in lifestyle characteristics between questionnaires. Changes in their level of physical activity, smoking, blood pressure, and body weight, and the relation of these factors to mortality between 1977 and 1985 were analysed. Of the 10,269 men, 476 died during this period (totalling 90,650 man-years of observation). Beginning moderately vigorous sports activity was associated with a 23% lower risk of death than not taking up moderately vigorous sport. Stopping smoking was associated with a 41% lower risk than continuing, but with a 23% higher risk than never having smoked. Men with recently diagnosed hypertension had a lower risk of death than those with long-term hypertension. Maintenance of lean body mass was associated with lower mortality rate than long-term, recent or previous obesity. Associations between changes in lifestyle and mortality were independent and largely undiminished by age. (RH)

ISSN: 00284793

Family network and mortality: survival chances through the lifespan of an entire age cohort; by Gillis Samuelsson, Ove Dehlin.

International Journal of Aging and Human Development, vol 37, no 4, 1993, pp 277-295.

This study examined the link between marital status and mortality. It concluded that for both men and women marital status was the strongest predictor for survival.

ISSN: 00914150

Health practices and disability: some evidence from Alameda County, [California]; by Lester Breslow, Norman Breslow.

Preventive Medicine, vol 22, 1993, pp 86-95.

With greater longevity, people are increasingly concerned about how to avoid disability during their longer lives. Policy decisions concerning ways to extend health as well as life have become part of the health agenda in the US. Opportunity to examine this issue has arisen in the Alameda County Human Population Laboratory. Earlier studies there established seven health practices as risk factors for higher mortality: excessive alcohol consumption; smoking cigarettes; being obese; sleeping few hours, or more than 7-8 hours; having very little physical activity; eating between meals; and not eating breakfast. Observations now reveal that, taking account of age, gender and physical health status and social network index in 1965, the occurrence of disability was only about half as great among the cohort of survivors in 1974 who reported good health practices in 1965 as among those with poor health practices. Those with an intermediate level of health practices experienced about two-thirds the relative disability risk of those with poor health practices. Essentially similar relationships prevailed for the 1982/83 survivors of the original (1965) cohort, who, on being questioned, had been free of disability in 1974. (RH)

ISSN: 00917435

The healthy aging imperative; by Mark H Beers, Susan W Youdovin. New Jersey: Merck, 1993, 15 pp.

Considers the implications of population ageing and longevity on future health care resources in the United States, and suggests a strategy which would help people to remain healthy and active as they age.

From : Harcourt Brace & Co. Ltd, Fooks Cray High Street, Sidcup, Kent DA14 5HP.

Human longevity; by David W E Smith. Oxford: Oxford University Press, 1993, 175 pp.

Describes the history, present status and future of human longevity, and looks at questions such as causes of death, biological, behavioural and societal determinants of longevity, and the reasons why women live longer than men.

ISBN: 019508313X

Price: £27.50

From : Oxford University Press, Walton Press, Oxford OX2 6DP.

Hypothesis: Healthy active life expectancy (HALE) as an index of effectiveness of health and social services for elderly people; by J Grimley Evans.

Age and Ageing, vol 22, no 4, July 1993, pp 297-301.

Discusses a method of measuring the effectiveness of health and social services for older people, using life expectancy as a performance indicator.

ISSN: 00020729

Nutritional and non-nutritional factors for "healthy" longevity; by A R P Walker, B F Walker.

Journal of the Royal Society of Health, vol 113, no 2, April 1993, pp 75-80.

Looks at the various reasons for increased longevity, including the role of diet, physical activity, and smoking and alcohol consumption.

ISSN: 02640325

1992

Health and living conditions of centenarians in Lazio (Italy); by V Marigliano, C Bauco, F Campana, M Cacciafesta, E Bagagnini, E Ettore.

European Journal of Gerontology, vol 1, no 8, Nov-Dec 1992, pp 471-474.

Puts forward the belief that longevity and successful ageing should be regarded as normal and non-pathological. Many of the centenarians surveyed for this report preserved a functioning level suitable to the modified needs of old age.

ISSN: 11319054

Improvements in survival at various ages: comparisons among selected nations; by Anthony M Warnes.: International Institute on Ageing (United Nations - Malta), August 1992, pp 13-17.

BOLD, vol 2, no 4, August 1992, pp 13-17.

Examines improvements in mortality rates in various countries.

ISSN: 10165177

Societies in transition: the impact of longevity on generations; by Otto van Mering.
Educational Gerontology, vol 18, no 2, March 1992, pp 123-134.
Discusses the implications of longevity for family patterns, work and attitudes toward older people.
ISSN: 03601277

Strategies for reduction of morbidity; by James F Fries.
American Journal of Clinical Nutrition, vol 55, 1992, pp 1257S-1262S.
The future health of an increasingly ageing population in the US depends on the interrelationship between two critical points: the onset time of the first major disease, infirmity or disability, and the time of death. Reduction of morbidity requires the average period between these points to be compressed and the average level of morbidity to be reduced during this period. The goal of compression of morbidity is being achieved in some areas. Life expectancy increases in the US over age 65 have reached a plateau, with further increases becoming more difficult to achieve. Some major chronic diseases, such as atherosclerosis and lung cancer, now occur later in life. Work disability prevalence has begun to decline. Intergenerational comparisons demonstrate improved health at specific ages. Randomised controlled trials of primary prevention have failed to decrease total mortality in risk subjects, while markedly decreasing the morbidity experienced by the same subjects. Compression has been documented for higher socio-economic class sub-populations. These observations have major implications for health policy and initiatives directed at prevention of disability and infirmity. (RH)

1991

Heart disease risk factors as determinants of dependency and death in an older cohort: the Rancho Bernardo study; by Elizabeth Barrett-Connor, Deborah L Wingard.
Journal of Aging and Health, vol 3, no 2, May 1991, pp 247-261.
Assesses the impact of traditional heart disease risk factors, such as blood pressure, cholesterol and smoking, and selected social factors, on future dependency and life expectancy in older people.
ISSN: 08982643

Predictors of successful aging: a twelve-year study of Manitoba elderly; by Noralou P Roos, Betty Havens.
American Journal of Public Health, vol 81, no 1, January 1991, pp 63-68.
In Manitoba, Canada, a representative cohort of 3573 older people aged 65 to 84 were interviewed in 1971, and the survivors were reinterviewed in 1983. This analysis assesses the determinants of successful ageing: whether or not an individual will live to an advanced age, continue to function well at home, and remain mentally alert. Over 100 separate indicators of demographic and socio-economic status, social supports, health and mental status in 1971 were available as potential predictors of successful ageing. Indicators of access to health care over the period 1970-1982 and indicators of diseases over this period were also available as predictors. Those who aged successfully were shown to have greater satisfaction with life in 1983, and to have made fewer demands on the health care system than those who aged less well. Despite the large number of potential predictors of successful ageing which were examined, only age, four measures of health status, two measures of mental status, and not having one's spouse die or enter a nursing home were shown to be predictive of successful ageing. (RH)
ISSN: 00900036

Survival in a residential home: an eleven-year longitudinal study; by Anastasius S Dontas, Anastasia Tzonou, Popi Kasviki-Charvati (et al).
Offprint: Journal of the American Geriatrics Society, vol 39, 1991, pp 641-649.
The length of survival and various risk factors were studied in 408 residents (141 men, 267 women) of a large residential home in the US. They were aged 68 years and over at entry on admission between 1978 and 1983, and were physically independent, continent and non-diabetic. They were followed until the end of 1988, by which time 78% had died. Data obtained from multivariate proportional hazard analysis highlight the relative importance of specific factors associated with people's survival in residential homes. The presence of mild impairment of mobility at entry is by far the strongest predictor of early death, while smoking and lower haematocrit (volume of red cells in the blood) also exert important adverse effects. Certain 'risk factors', i.e. elevated systolic blood pressure and serum cholesterol, have a minimal protective effect, if any, in this age group. (RH)
ISSN: 00028614

We live too short and die too long: how to achieve and enjoy your natural 100-year plus life span; by Walter M Bortz. London: Bantam Books, 1991, 351 pp.

The author is a former Co-Chairman of the AMA-ANA Task Force on Aging, US. He draws on research into the human life-span, to show that America's thousands of centenarians are living healthy, active and natural lives. This study on longevity includes a programme of eight directives that will purportedly help achieve a lifespan of 120 years. (KJ/RH)

ISBN: 0553351931

1987

Social network ties and mortality among the elderly in the Alameda County Study; by Teresa E Seeman, George A Kaplan, Lisa Knudsen (et al).

American Journal of Epidemiology, vol 126, no 4, 1987, pp 714-723.

17-year mortality data from the Alameda County Study are used to examine the relative importance of social ties as predictors of survival at different ages, ranging from 38-98 years at baseline. Previous analyses of Alameda County data by Berkman and Syme (American Journal of Epidemiology, 1979) have shown that such ties are significant predictors of lower 9-year mortality risk for those aged under 70 at baseline. Proportional hazard analyses indicate that social ties are also significant predictors of lower 17-year mortality risks for those aged 70 and over after adjusting for age, sex, race, baseline health status, perceived health, depression, and health practices (relative hazard=1.49 for Berkman-Syme Social Network Index; 95% confidence interval (CI)=1.09-2.05). Comparisons of the relative importance of four types of social ties reveal an interesting shift across the age groups. Marital status assumes primary importance for those aged under 60. However, ties with close friends and/or relatives assume greater importance for those aged 60 and older (relative hazard=1.17 comparing those reporting five or more contacts per month to the more socially isolated who report less than 5 such contacts per month; 95% CI= 0.98-1.89). (RH)

1984

Male longevity and age differences between spouses; by Dorothy Foster, Laurel Klinger-Vartabedian, Lauren Wispe.

Journal of Gerontology, vol 39, no 1, Jan 1984, pp 117-120.

Men aged 70-79 married to younger women tend to live longer than men married to older women.

ISSN: 00221422

1983

Why is socialist man, if not his wife, hurrying to the grave?.

Economist, 1 Oct 1983, pp 63-64.

Life expectancy in 35 'industrialised' countries.

1982

The old, old, very old Charlie Smith; by Joseph T Freeman.

The Gerontologist, vol 22, no 6, Dec 1982, pp 532-536.

An article on the widespread claims of extreme longevity.

ISSN: 00169013

Predictors of the longevity difference: a 25 year follow-up; by Erdman B Palmore.

The Gerontologist, vol 22, no 6, Dec 1982, pp 513-518.

22 variables were found to be significant predictors of longevity among 252 panellists in a 25 year longitudinal study of ageing.

ISSN: 00169013

1981

Predicting longevity: the role of physical and psychical activities as potential predictors; by Robert J van Zonneveld.: unpublished, 1981, 4pp.

Paper presented at Conference on Advances of Preventive Geriatrics, Czechoslovakia, 20-22 July 1981.