

Centre for Policy on Ageing  
Information Service

Selected Readings

**Sensory loss in older age**

January 2018

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## Centre for Policy on Ageing

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2017

Ageing with a unique impairment: a systematically conducted review of older deafblind people's experiences; by Peter Simcock.: Cambridge University Press, September 2017, pp 1703-1742.

Ageing and Society, vol 37, no 8, September 2017, pp 1703-1742.

Little is known about the experiences of people ageing with impairments; social gerontology has largely focused on those ageing into disability, rather than those ageing with disability. This paper synthesises existing knowledge to determine what is known about the experiences of those ageing with deafblindness. A comprehensive literature search was undertaken between April 2013 and May 2014. The review method was informed by systematic review principles. A total of 24 references were identified for inclusion. No studies examining deafblind people's experience of ageing and old age specifically were found, suggesting that those ageing with deafblindness are an under-studied sub-group within the deafblind population. However, deafblind people describe ageing experiences in studies exploring their lives generally, and in personal accounts of living with the impairment. Practitioner-authored material also explores the topic. Similarities in experience were identified between those ageing with deafblindness and those ageing with other impairments: ongoing change and consequent need for adaptation; a particular relationship between ageing and impairment; a sense that whilst one can learn adaptive strategies having lived with impairment for many years, it does not necessarily get easier; and a particular relationship with care and support services. These experiences illustrate the unique nature of ageing with impairment, and challenge gerontologists to engage in further research and theorising in the field of disability in later life. (RH)

ISSN: 0144686X

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

Demonstrating the sensory changes of dementia; by Mark Banham, Luis Soares.: Hawker Publications, May/June 2017, pp 26-29.

Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 26-29.

Dementia can result in sensory impairment, the effects of which are not always understood by care staff. The authors have developed a workshop based on experiential learning which has resulted in changes in practice. They outline ways in which hearing, sight, taste, smell and touch can be impaired, and describe exercises that have been developed to counter such problems. In the case of taste and smell, for which no such experiential exercise could be offered, participants at the workshop were asked for their observations of changes of taste and smell for the people in their care. (RH)

ISSN: 13518372

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

A randomized feasibility pilot trial of hearing treatment for reducing cognitive decline: results from the Aging and Cognitive Health Evaluation in Elders Pilot Study; by Jennifer A Deal, Marilyn S Albert, Michael Arnold (et al).

Alzheimer's and Dementia: Translational Research and Clinical Interventions, Vol 3, No 3, September 2017, pp 410-415.

Although hearing loss (HL) is prevalent and independently related to cognitive decline and dementia, there has never been a randomised trial to test whether HL treatment could reduce cognitive decline in older adults. A 40-person (aged 70-84 years) pilot study in Washington County, MD, was conducted. Participants were randomised 1:1 to a best practices hearing or successful ageing intervention and followed for 6 months (clinicaltrials.gov Identifier: NCT02412254). The Aging and Cognitive Health Evaluation in Elders Pilot (ACHIEVE-P) Study demonstrated feasibility in recruitment, retention and implementation of interventions, with no treatment-related adverse events. A clear efficacy signal of the hearing intervention was observed in perceived hearing handicap (mean of 0.11 to -1.29 standard deviation [SD] units; lower scores better) and memory (mean of -0.10 SD to 0.38 SD). ACHIEVE-P sets the stage for the full-scale ACHIEVE trial (N = 850, recruitment beginning November 2017), the first randomised trial to determine efficacy of a best practices hearing (vs. successful ageing) intervention on reducing cognitive decline in older adults with HL. (OFFPRINT) (RH)

ISSN: 23528737

From : <http://www.sciencedirect.com/science/article/pii/S2352873717300410>

2016

Age, hearing, and speech comprehension: special issue; by Jonathan E Peelle (ed.): Taylor and Francis, January-February 2016, pp 1-127.

Experimental Aging Research, vol 42, no 1, January-February 2016, pp 1-127.

Articles in this special issue of Experimental Aging Research were presented at a symposium at Brandeis University, Massachusetts, in honour of Professor Arthur Wingfield. Topics range from basic speech perception to higher levels of complex interaction, reflecting Wingfield's areas of expertise. Subjects covered in the eight articles include: effects of vocal emotion on memory in younger and older adults; how spoken language comprehension is achieved by older listeners in difficult learning situations; issues concerning word recognition in noise for older adults with hearing loss; age differences in language segmentation; effects of age, acoustic challenge and verbal working memory on recall of narrative speech; and social coordination in older adulthood. (RH)

ISSN: 0361073X

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

Best practice for providing social care and support to people living with concurrent sight loss and dementia: professional perspectives; by Simon Chester Evans, Jennifer Bray.: Emerald, 2016, pp 86-93.

Working with Older People, vol 20, no 2, 2016, pp 86-93.

Some 100,000 people in the UK aged 75 and over have concurrent dementia and sight loss, but current understanding of their experiences, needs and preferences is limited. This paper reports on a research project that explored the provision of social care and support for older people with both conditions. The project was a collaboration between the universities of York, Worcester, Bournemouth and Cambridge, supported by the Thomas Pocklington Trust and the Housing and Dementia Research Consortium. Data were drawn from focus groups held in 2013 involving 47 professionals across the dementia, sight loss and housing sectors across three geographical regions of England. Thematic analysis identified five main barriers to providing high-quality, cost-effective social care and support: time constraints; financial limitations; insufficient professional knowledge; a lack of joint working; and inconsistency of services. The requirements of dementia and sight loss often conflict, which can limit the usefulness of equipment, aids and adaptations. Support and information needs to address individual needs and preferences. However, unless professionals consider dementia and sight loss together, they are unlikely to think about the impact of both conditions and the potential of their own services to provide effective support for individuals and their informal carers. Failing to consider both conditions together can also limit the availability and accessibility of social care and support services. There are growing numbers of people living with concurrent dementia and sight loss, many of whom wish to remain living in their own homes. There is limited awareness of the experiences and needs of this group, and limited provision of appropriate services aids/adaptations. Among measures that should be implemented to support independence and well-being for people living with both conditions and their family carers are: increased awareness, improved assessment, more training, and greater joint working. People living with dementia or sight loss are at high risk of social isolation, increasingly so for those with both conditions. Services that take an inclusive approach to both conditions can provide crucial opportunities for social interaction. Extra care housing has the potential to provide a supportive, community-based environment that can help residents to maintain social contact. (RH)

ISSN: 13663666

From : [www.emeraldgroupublishing.com/wwop.htm](http://www.emeraldgroupublishing.com/wwop.htm)

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

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

The challenges experienced by very old individuals and their consequences for well-being and mental health are examined. In order to capture unique issues experienced in very old age, 75 participants of the population-based Fordham Centenarian Study answered open-ended questions on everyday challenges. Theme-based coding was then used to categorise and quantify responses. The challenges mentioned most often were challenges faced in the functional (e.g. physical health or activities of daily living restrictions, mobility, sensory impairment), psychological (e.g. loss of well-liked activity, dependency, negative emotions, death), and social (e.g. family loss) life domains. Functional challenges were negatively associated with ageing satisfaction and positively associated with loneliness. Psychological challenges were positively linked to ageing satisfaction. Social challenges were marginally related to loneliness. Notably, challenges were not related to depression. In conclusion, the challenges experienced in very old age are multidimensional and multifaceted, unique in nature, and have differential relations to mental health. Functional, psychological and social challenges affect very old individuals' lives, and therefore need to be better understood and addressed. Given their consequences, it is

imperative for policy makers to develop an awareness for the different types of challenges faced by centenarians, as there may be unique policy implications related to each. (RH)

ISSN: 08959420

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

Happy living in darkness!: Indoor lighting in relation to activities of daily living, visual and general health in 75-year-olds living at home; by Grethe Eilertsen, Gunnar Horgen, Tor Martin Kvikstad, Helle K Falkenbert.: Taylor and Francis, April-June 2016, pp 199-213.

Journal of Housing for the Elderly, vol 30, no 2, April-June 2016, pp 199-213.

Lighting has been identified as a significant environmental attribute for promoting vision and general health among older people, enabling successful ageing at home, but it has received little attention in the literature. Indoor lighting levels, self-reported vision and general health, and activities of daily life were measured in 114 healthy 75-year-old Norwegians. Despite very low levels of indoor lighting, the subjects were happy and healthy. There is a large discrepancy between self-assessed health and recommended lighting levels, and low awareness of the effect of lighting on age-related vision loss or daily living in the future. Knowledge of how to utilise indoor lighting to ensure healthy and safe ageing for those living in their own homes is needed. (RH)

ISSN: 02763893

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

How can innovative technologies improve the quality of life for people suffering from hearing loss?; by Patrick D'Haese.: European Observatory on Health Systems and Policies, 2016, pp 37-39.

Eurohealth, vol 22, no 2, 2016, pp 37-39.

In Europe, around 20% of women and 30% of men have a degree of hearing loss by age 70. Untreated hearing loss puts pressures on Europe's already struggling health and social care systems, partly because it risks the onset of other diseases. Innovative technologies such as cochlear implant offer a real solution for the individual with a hearing loss too high to benefit from a hearing aid. Action from European policy-makers is called for to help realise awareness of the condition, facilitate access to these technologies where appropriate, and share best practice amongst Member States. (RH)

ISSN: 13561030

From : <http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth>

Meeting the needs of visually impaired people living in Lifetime Homes; by Cliona Rooney, Karim Hadjri, Mairin Rooney (et al).: Taylor and Francis, April-June 2016, pp 123-140.

Journal of Housing for the Elderly, vol 30, no 2, April-June 2016, pp 123-140.

The authors explore perceptions on the suitability and effectiveness of Lifetime Homes standards (LTHS) for those with visual impairment in Northern Ireland. LTHS are a series of mandatory United Kingdom public-sector housing design interventions, providing a model for ensuring accessible and adaptable homes throughout an occupant's life span. An ageing demographic with increasing incidence of diabetes has led to rising numbers of older, visually impaired people wanting to remain in their homes for longer. Qualitative semi-structured interviews were conducted with 13 key stakeholders and thematically analysed. Although findings show that employing LTHS offers benefits to visually impaired residents, shortcomings were also identified. Evidence indicates a need for policy makers, health-care professionals and housing associations to modify practices, to better meet the housing needs of visually impaired people. Findings may also be applicable to those with other impairments and disabilities in relation to housing for older residents. (RH)

ISSN: 02763893

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

The needs and aspirations of older people with vision impairment: report for the Thomas Pocklington Trust; by Sheila Peace, Jeanne Katz, Caroline Holland, Rebecca Jones, Faculty of Health and Social Care, Open University; Thomas Pocklington Trust. Milton Keynes; London: Open University; Thomas Pocklington Trust, October 2016, 79 pp.

There is a growing body of national and international literature concerning vision impairment (VI) and growing older. This report summarises the views of older people with vision impairment living in a variety of domestic environments across England. They were recruited through contacts in VI voluntary organisations, including those supporting people from Black and Asian minority ethnic groups. The focus is on the everyday experiences of those with more complex vision impairment alongside other health and welfare issues that can be disabling in later life. The report's findings cover housing and living arrangements (including adaptations to accommodation and use of assistive technology); coping with activities of daily living (ADLs) and spending the day at home; getting out and about and a vision-friendly environment; formal and informal support; health and well-being and quality of life. (RH)

From : [http://www.pocklington-trust.org.uk/wp-content/uploads/2016/11/Full-Report\\_Understanding-the-Lives-of-Older-People-with-Vision-Impairment.pdf](http://www.pocklington-trust.org.uk/wp-content/uploads/2016/11/Full-Report_Understanding-the-Lives-of-Older-People-with-Vision-Impairment.pdf)

Self-reported hearing, vision and quality of life: older people in New Zealand; by Shiran Zhang, Simon Moyes, Chris McLean ... (et al.): Wiley, June 2016, pp 98-105.

Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 98-105.

The aim of this New Zealand study was to establish associations between sensory-related disability and quality of life (QOL). 3,817 people aged 75 years and older, including 173 Maori aged 61 years and older, were surveyed. Measures included: sociodemographic and health factors; World Health Organization quality of life (WHOQOL)-BREF for QOL; and self-rated hearing- and vision-related disability. Hearing disability was reported by 866 (51%) men and 736 (36%) women. A total of 974 (26% of all, 61% of hearing disabled) used hearing aids. A total of 513 (30%) men and 618 (30%) women reported vision disability. Vision and hearing disability were both independently associated with lower QOL, with hearing difficulty affecting physical and social domains more, and the environmental domain least. Vision difficulty impacted the environmental domain most and the social domain least. QOL impact was higher for those with both hearing and visual disability (631, 17%). Overall the study concluded that hearing and vision disability are associated with poorer QOL. (JL)

ISSN: 14406381

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

Understanding dementia: effective information access from the deaf community's perspective; by Alys Young, Emma Ferguson-Coleman, John Keady.: Wiley Blackwell, January 2016, pp 39-47.

Health and Social Care in the Community, vol 24, no 1, January 2016, pp 39-47.

This study concerns older Deaf sign language users in the UK. Its aim was to explore how to enable effective information access and promote awareness and understanding of dementia from a culturally Deaf perspective. A purposive sample of 26 Deaf people without dementia participated in one of three focus groups facilitated directly in British Sign Language (BSL) without an intermediate interpreter. The sample was differentiated by age, role in the Deaf community, and diversity of educational attainment and professional experience. A phenomenological approach underpinned the thematic analysis of data. The findings demonstrate: (i) translation into (BSL) is a necessary but not sufficient condition to support understanding. Attention to culturally preferred means of engagement with information is vital; (ii) the content of information is best presented utilising structures and formats which cohere with Deaf people's visual cognitive strengths; and (iii) the importance of cultural values and cultural practices in raising awareness and building understanding of dementia. These include collective rather than individual responsibility for knowledge transfer and the pan-national nature of knowledge transfer among Deaf people(s). The discussion demonstrates how these specific features of effective information access and awareness building have universal implications relevant to public engagement and the promotion of general knowledge consistent with the National Dementia Strategy (England). (RH)

ISSN: 09660410

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

Understanding the lives of older people with vision impairment; by Thomas Pocklington Trust. London: Thomas Pocklington Trust, October 2016, 8 pp (Research findings, 53).

This Research Findings brief presents the key findings of a study aimed at garnering diverse views from some of the oldest old and those from a variety of cultural backgrounds, showing how everyday lives are personally and socially interdependent. It summarises research commissioned by Thomas Pocklington Trust to investigate the needs and aspirations of older people with various eye conditions living in community settings in England. The research was conducted by Sheila Peace, Jeanne Katz, Caroline Holland and Rebecca L Jones from the Open University. A large print version (14 pp) of this report is also available. (RH)

From : <http://www.pocklington-trust.org.uk/project/understanding-lives-older-people-vision-impairment/>

"Why would I want to go out?": age-related vision loss and social participation; by Debbie Laliberte Rudman ... (et al.): Cambridge University Press, December 2016, pp 465-478.

Canadian Journal on Aging, vol 35, no 4, December 2016, pp 465-478.

Social participation, a key determinant of healthy ageing, is often negatively impacted by age-related vision loss (ARVL). This grounded theory study aimed to understand social participation as a process negotiated in everyday life by older adults with ARVL. Interviews, audio diaries and life space maps were used to collect data with 21 older adults in two Ontario cities. Inductive data analysis resulted in a transactional model of the process of negotiating social participation in context. This model depicted how environmental features and resources, skills and abilities, and risks and vulnerabilities transacted with values and priorities to affect if and how social participation occurred within the context of daily life. The findings pointed to several ways that research and

services addressing the social participation of older adults with ARVL need to expand, particularly in relation to environmental features and resources, risk and the prioritisation of independence. (JL)

ISSN: 07149808

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

## 2015

Correlates of attitudes toward personal aging in older assisted living residents; by Nan Sook Park, Yuri Jang, Beom S Lee ... (et al.): Taylor and Francis, April 2015, pp 232-252.

Journal of Gerontological Social Work, vol 58, no 3, April 2015, pp 232-252.

This study explored factors contributing to older adults' self-perceptions about their own ageing in assisted living (AL) communities. Data analysis was completed based on interviews with 150 older residents from 17 AL communities in the United States. The study examined the effect of objective factors (health-related variables/negative life events) and subjective factors (satisfaction with facility/social support) on residents' attitudes toward personal ageing and assessed whether health perception mediated the relationship between health-related variables/negative life events and residents' attitudes toward personal ageing. Multiple regression analyses found that functional disability and hearing impairment negatively affected attitudes toward personal ageing among AL residents, and satisfaction with social support positively influenced attitudes. Health perception mediated attitudes toward personal ageing. Findings suggest the importance of social workers helping older AL residents recognise social support as a means of promoting their positive self-regard. (JL)

ISSN: 01634372

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

Dementia friendly communities: supported learning and outreach with the deaf community; by Heather Lundy, Alice Johnston, Gwen Nisbet, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, December 2015, pp.

Findings, 3170, December 2015, pp.

There is a strong link between hearing loss and dementia. People with mild hearing loss have nearly twice the chance of going on to develop dementia as people without any hearing loss. Research from the Deaf from Dementia project suggested that awareness of dementia in the deaf community is low, as is the uptake of dementia support. This report focuses on a programme of dementia awareness for deaf people which aimed to break down barriers people in the deaf community face in accessing dementia support. From January 2014 until July 2015, bespoke resources for the deaf community were developed and delivered collaboratively by Alzheimer's Society in Northern Ireland and British Deaf Association. (NH)

ISSN: 09583084

From : <https://www.jrf.org.uk/report/dementia-friendly-communities-supported-learning-and-outreach-deaf-community>

A sharper focus on older people; by Sense; University of Chester.: Sense, Spring 2015, pp 32-34.

Talking Sense, vol 60, no 1, Spring 2015, pp 32-34.

New research commissioned by Sense has explored the experiences of older people with failing sight and hearing - and the different ways that they have tried to cope with this. The Late life Acquired Dual Sensory Impairment Project offers many insights and makes timely recommendations for the future. Among recommendations from this qualitative research was the importance of early intervention - that is, receiving help at an early stage. A full summary of this research is also available on the Sense website(see: <https://www.sense.org.uk/content/funded-projects>). (RH)

ISSN: 13674604

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

## 2014

Alone in the crowd: loneliness and diversity; by Campaign to End Loneliness; Calouste Gulbenkian Foundation. London: Campaign to End Loneliness; Calouste Gulbenkian Foundation, 2014, 52 pp.

Anyone can become lonely, but some circumstances and some characteristics seem to leave us particularly vulnerable to loneliness. There are some common transitions - for example relationship breakdown, redundancy, retirement, or decline in health - which can trigger a sudden change in circumstances and a downward spiral into loneliness. This collection of ten essays is written by the leaders of organisations working with groups who are at increased risk of loneliness: alcoholics; carers; people diagnosed with cancer; older lesbians, gays and bisexuals (LGBs); care home residents; minority ethnic groups; people with dementia or mental health problems; and older disabled people such as those with sight problems. The essays aim to help us

understand better who experiences loneliness, what particular challenges they may face, and how the loneliness of these individuals could be alleviated. (RH)

From : Calouste Gulbenkian Foundation UK, 50 Hoxton Square, London N1 6PB.

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

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

With advancing old age comes increased risk of chronic physical or mental impairment and resulting disability, with many potential paths to adaptation. An understanding of the types of resources older adults may utilise to adapt to disability, and how they move through disablement and adjustment processes, can assist professionals as they work with disabled older adults to achieve optimal outcomes. This article reviews characteristics and disability trends in older adults, research and treatment issues in disability, and both clinical and public policy implications regarding disability. The example of dealing with vision loss due to age-related eye disease is used to exemplify chronic impairment, which can be accompanied by comorbid depression with resulting functional disability, and the types of resources available. Disability is considered in the context of older adults' health, personal factors and external factors representing their life circumstances. (JL)

ISSN: 07317115

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

Commission on Hearing Loss: final report; by Sally Greengross (Chair), International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, July 2014, 38 pp.

For too long, hearing loss has been ignored, overlooked and disregarded, despite the millions of people experiencing hearing loss and the devastating consequences that it can have on individuals, their families and society as a whole. This report presents new data to show not only the predicted growth in the number of people with hearing loss, which is set to account for almost 20% of the total population by 2031, but also highlights a £25 billion loss to the UK economy in potential economic output. The terms of reference of the Commission on Hearing Loss were to consider the extent of the challenges posed by age-related hearing loss in the UK and how it can be tackled. The report considers the rising social cost of hearing loss; makes recommendations on an alternative model of delivering hearing services involving earlier detection of hearing loss by national screening; and looks at ways in which society could become more adaptable to hearing loss. This report has been supported by Boots Hearingcare. (RH)

From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download:

[http://www.ilcuk.org.uk/index.php/publications/publication\\_details/commission\\_on\\_hearing\\_loss\\_final\\_report](http://www.ilcuk.org.uk/index.php/publications/publication_details/commission_on_hearing_loss_final_report)

Dementia and the deaf community: knowledge and service access; by Emma Ferguson-Coleman, John Keady, Alys Young.: Taylor and Francis, 2014, pp 674-682.

Aging and Mental Health, vol 18, no 6, 2014, pp 674-682.

This study concerns culturally deaf people in the United Kingdom who use British Sign Language (BSL). It explores how deaf people's knowledge about dementia and access to services is mediated by their seemingly minority cultural-linguistic status. Twenty-six members of the deaf community participated in one of three deaf-led focus groups in BSL corresponding with the sample of: deaf people over the age of 60 without dementia; deaf people aged 18-60 working in professional roles unconnected with dementia services; and ordinary members of the deaf community aged 18-60. Data were subjected to a thematic content analysis. Participants' concerns about their poor levels of knowledge and understanding of dementia were augmented by their awareness that, without sustained social contact in BSL, opportunities for earlier recognition of dementia would be lost. Although primary care services were identified as the first port of call for dementia-related concerns, there was widespread mistrust of their effectiveness because of failures in communication and cultural competence. Confirmed diagnosis of dementia was not viewed as a gateway to services and support, because deaf organisations, dementia-related organisations and mainstream adult services were perceived to be ill-equipped to respond to the needs of Deaf people with dementia. Locating problems of late diagnosis within the deaf community's poor awareness and knowledge of dementia fails to recognise the structural barriers deaf people face in timely access to services and accurate recognition of dementia-related changes. (RH)

ISSN: 13646915

From : <http://tandfonline.com>

Factors that influence intent to adopt a hearing aid among older people in Italy; by Nicola Cobelli, Liz Gill, Fabio Cassia, Marta Ugolini.: Wiley Blackwell, November 2014, pp 612-622.

Health and Social Care in the Community, vol 22, no 6, November 2014, pp 612-622.

Hearing loss is one of the most prevalent health impairments associated with ageing in developed countries, and it can result in social, emotional and communication dysfunction. Hearing loss in Italy is increasing; yet, despite



the availability of free hearing aids and access to qualified community-based health professionals specialising in audiology services, their uptake remains low (about 15%-20%). This paper presents an investigation of the possible reasons why older people in Italy resist adopting a hearing aid. The authors used the literature to identify factors influencing people with hearing loss's decision-making, and drew on the theory of reasoned action to create an explanatory model. They applied a cross-sectional design to test their hypotheses. They developed a questionnaire including 13 items related to adopting a hearing aid. Health professionals identified 400 people aged 60-90 who were candidates for a free hearing aid. Those willing to participate were sent a copy of the questionnaire and telephoned between August and September 2009; a total of 243 responded (response rate 60.8%). Linear regression analysis highlighted that a person's intention to adopt a hearing aid was positively related to attitude towards its adoption, but negatively linked to perceived subjective norms. It was found that trust in the health professional does not moderate the relationship between a person's attitude and the intention to adopt a hearing aid. However, trust does mitigate the relationship between the individual's perceived subjective norms and intentions. These findings underline the importance of the potential role that the healthcare professional could play in reducing the uncertainty created by external social pressures. For this purpose, stronger collaboration between the various health professionals involved in hearing aid provision, from diagnosis to fitting, is recommended. (RH)

ISSN: 09660410

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

Hearing loss and dementia: an exploratory study of the views of audiologists; by Nicola Wright, Theodore Stickley, Imran Mulla (et al.): Emerald, 2014, pp 220-231.

Quality in Ageing and Older Adults, vol 15 no 4, 2014, pp 220-231.

An online survey was distributed to audiologists working in the UK NHS and private sector via their professional organisations in order to explore their views and experiences of working with older adults with dementia. 312 audiologists took part in the survey, which collected both quantitative and qualitative data. Basic descriptive statistics summarised the quantitative responses. The qualitative data were analysed using conventional thematic approaches. The quantitative data demonstrated that the vast majority of audiologists (96%) had treated someone with dementia. Despite this, 65% of respondents did not feel adequately supported to help this service user population. Four overarching themes were used to explain the qualitative data: integrated and individualised care; formal (including training) vs experiential knowledge; the interaction between dementia and hearing; and using the technology. Given the anticipated increase in rates of dementia within the population and the potential for hearing impairment to exacerbate the symptoms, this study highlights the unique role audiologists have. The need for more training and development for this professional group is also identified. The self-selecting nature of the sample is a limitation which needs to be taken into account when considering the transferability and implications of the findings. (RH)

ISSN: 14717794

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

Older people: evidence-based review; by Royal National Institute of Blind People - RNIB. London: RNIB, 2014, 20 pp.

This evidence-based review is one of a series produced by RNIB researchers which brings together key research about blind and partially sighted people of different age groups. This review looks in more detail at the experience of older blind and partially sighted people in the UK. It includes a profile of this group (age 65+), the policies that govern their access to health, social care, and other services, and a commentary on what the evidence tells us. Some of the statistics presented relate to people aged over 85: this is the fastest growing age group in the UK, and the incidence of sight loss significantly increases for people aged over 85. A "Sight loss data tool" ([rnib.org.uk/datatool](http://rnib.org.uk/datatool)) produced by RNIB provides local and regional facts and figures about blind and partially sighted people and those at risk of sight loss. (RH)

From : Download at:

[https://www.rnib.org.uk/sites/default/files/RNIB\\_Evidence\\_based\\_review\\_older\\_people.pdf](https://www.rnib.org.uk/sites/default/files/RNIB_Evidence_based_review_older_people.pdf) RNIB, 105 Judd Street, London WC1H 9NE.

Social prescription and the role of participatory arts programmes for older people with sensory impairments; by Nicholas Vogelpoel, Kara Jarrold.: Emerald, 2014, pp 39-50.

Journal of Integrated Care, vol 22, no 2, 2014, pp 39-50.

The purpose of this paper was to describe the benefits of a social prescribing service for older people with sensory impairments experiencing social isolation. The paper drew on the findings from a 12-week programme run by Sense, a voluntary sector organisation, and illustrated how integrated services, combining arts-based participation and voluntary sector support, could create positive health and wellbeing outcomes for older people. The research took a mixed-methodological approach, conducting and analysing data from interviews and

dynamic observation proformas with facilitators and quantitative psychological wellbeing scores with participants throughout the course of the programme. Observations and case study data were also collected to complement and contextualise the data sets. The research found that participatory arts programmes could help combat social isolation amongst older people with sensory impairments and could offer an important alliance for social care providers who were required to reach more people under increasing financial pressures. The research also highlighted other benefits for health and wellbeing in the group including increased self-confidence, new friendships, increased mental wellbeing and reduced social isolation. The research was based on a sample size of 12 people with sensory impairments and therefore may lack generalisability. However similar outcomes for people engaging in participatory arts through social prescription are documented elsewhere in the literature. The paper includes implications for existing health and social care services and argues that delivering more integrated services that combine health and social care pathways with arts provision have the potential to create social and medical health benefits without being care/support resource heavy. (JL)

ISSN: 14769018

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

### 2013

Age-related visual impairments and perceiving linguistic stimuli: the rarity of assessing the visual abilities of older participants in written language research; by Victoria A McGowan, Kevin B Paterson, Timothy R Jordan.: Taylor & Francis, January-February 2013, pp 70-79.

Experimental Aging Research, vol 39, no 1, January-February 2013, pp 70-79.

It is well established that declining visual abilities are widespread amongst older adults (aged 65 years and over) and are known to have profound effects on processing a range of visual stimuli. However, the incidence of assessing the visual abilities of older adults participating in written language research using visually presented linguistic stimuli (text, words, letters) is unknown. The authors examined all 240 articles investigating perception of visually presented linguistic stimuli (text, words, letters) by older participants, published 2000-2010 in the three foremost journals in ageing research: Experimental Aging Research; Journals of Gerontology, Series B; and Psychology and Aging. The majority of articles (68.0%) made no mention at all of participants' visual abilities (59.2%), or relied merely on participants' self-report (8.8%). Other articles (17.9%) reported participants' visual abilities without mentioning any assessment, and only 14.2% reported participants' visual abilities following appropriate assessment. The indications are that appropriate assessments of visual abilities are rarely used in language research investigating perception of visually presented linguistic stimuli by older participants. Much greater use and reporting of these assessments is needed to help reveal the processes underlying perception of written language in older populations. (RH)

ISSN: 0361073X

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

The assessment of cognition in visually impaired older adults; by Alison Killen, Michael J Firbank, Daniel Collerton ... (et al): Oxford University Press, January 2013, pp 98-102.

Age and Ageing, vol 42, no 1, January 2013, pp 98-102.

Visual and cognitive impairments are common in later life, however there are very few cognitive screening tests for the visually impaired. The objective of the present study was to screen for cognitive impairment in the visually impaired. The research used a case-control study including 150 older participants with visual impairment and a control group without visual impairment using vision-independent cognitive tests and cognitive screening tests. The tests consisted of MMSEs (mini mental state examinations) and clock drawing tests (CDTs), the latter being in part vision dependent. Results showed that the scoring of the two groups did not differ in the vision-independent cognitive tests. Visually impaired patients performed poorer than controls in the vision-dependent items of the MMSE and CDT. No group difference was found when vision-independent items were added to MMSE and CDT. The test score gain by the use of vision-independent items correlated with the severity of visual impairment. The authors conclude that visually impaired patients benefit from cognitive tests which do not rely on vision. The more visually impaired the greater the benefit. (JL)

ISSN: 00020729

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

Deafblind UK expands operations in Northern Ireland to further reduce isolation and enhance the lives of deafblind people; by Becky Lamont.: Emerald, 2013, pp 164-169.

Working with Older People, vol 17, no 4, 2013, pp 164-169.

The need for services catering for older deafblind people in Northern Ireland (NI) is highlighted, as is how Deafblind UK is responding, supported by funding from the Big Lottery Fund. This paper provides an overview of deafblindness in NI. Supported by research and case studies, it explains the current situation, highlights the

issues of this disability, the unique response required, and how Deafblind UK's Connections NI project is meeting these needs. It confirms older deafblind people as a highly vulnerable group; yet there was a severe lack of services in the region catering for their specific needs. Based on work elsewhere in the UK and initial feedback, Deafblind UK's Connections NI project has been designed to support older deafblind people in the region to give them control over their life choices and retain independence as far as possible. The project was only launched in April 2013. Although results have been achieved by Deafblind UK elsewhere in the country, it could take some time for similar results to be seen in NI, particularly when considering the nature of the work. Deafblind UK will work alongside agencies and in the community to raise awareness of deafblindness, helping to create clearer classification of the disability and associated issues, and deliver more targeted services that reach a higher proportion of older deafblind people in the region. (RH)

ISSN: 13663666

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

How gender and ageing affect the elderly; by Yesim Gokce Kutsal, Dilek Aslan.: International Institute on Ageing, Malta, May 2013, pp 17-23.

Bold, vol 23, no 3, May 2013, pp 17-23.

In the 21st century, ageing is a prominent feature both in developing and developed countries. Challenging social and economic conditions in daily life, and the increase in the number and severity of health problems in older age, this rationale ends with the perception that ageing is a "problematic" phase of life, although it is only a biological process. Among social, economic, cultural, demographic determinants, gender plays a crucial role in the ageing process; and there are many differences in the health/disease patterns between the two sexes. Many indicators easily show the differences between men and women as being due to gender issues. For example, the Gender Inequality Index (GII) shows women's disadvantaged situations in reproductive health, empowerment and the labour market. As the development status of a country and its population increases, gender-based inequalities decrease globally. Disease patterns differ according to the country's development status. In developed countries, heart disease and stroke, cancer (lung and breast), diabetes and nutritional problems (anaemia and obesity), chronic disabling conditions (arthritis and osteoporosis), multiple conditions, minor conditions, sensory impairment (hearing loss), mental illness (depression, dementia) are prevalent. In developing countries, heart disease and stroke, cancer (cervical), communicable diseases (tuberculosis and pneumonia), diabetes and nutritional problems (anaemia and obesity), chronic disabling conditions (arthritis and osteoporosis), multiple conditions, minor conditions, sensory impairment (poor vision caused by cataracts), mental illness (depression and dementia) are more frequent. Recommendations of well-being with gender perspective basically are that national political measures should be developed and applied. These should influence individual, familial and social responsibilities, and the participation of women in working life and decision mechanisms should be supported. Older women must have more freedom and the patriarchal structure of the family should be changed. Education, income and occupation are key factors that determine social position as well as access to and control over power and resources. (RH)

ISSN: 10165177

From : [www.inia.org.mt](http://www.inia.org.mt)

In sight: a review of the visual impairment sector; by Abigail Rotheroe, Sally Bagwell, Iona Joy, New Philanthropy Capital. London: New Philanthropy Capital, November 2013, 75 pp.

The number of people with sight loss is expected to double by 2050 as the population ages and underlying causes such as diabetes and obesity increase. This report, commissioned by the Clothworkers' Foundation, reviews the visual impairment sector and medical research, considers the main issues for older people, and makes recommendations for funding. An accessible version (134 pp), developed according to RNIB's Clear Print design guidelines, is also available (<http://www.thinknpc.org/wp-content/uploads/2013/11/IN-SIGHT-CLEAR-PRINT-REPORT.pdf>). (RH)

From : [http://foundation.clothworkers.co.uk/ClothworkersFoundation/media/Publications/IN-SIGHT-REPORT-FINAL-\(2\).pdf](http://foundation.clothworkers.co.uk/ClothworkersFoundation/media/Publications/IN-SIGHT-REPORT-FINAL-(2).pdf)

Older people's views on what they need to successfully adjust to life with a hearing aid; by Timothy B Kelly, Debbie Tolson, Tracy Day ... (et al.): Wiley Blackwell, May 2013, pp 293-302.

Health and Social Care in the Community, vol 21, no 3, May 2013, pp 293-302.

This article reports a study exploring what older people believe would enable them to adjust to and gain maximum benefit from wearing a hearing aid. A mixed methods approach was employed during 2006 involving interviews with key stakeholders, a survey across three Scottish health board areas and focus groups. Nine key stakeholders from six national and local organisations were interviewed about the needs of older people being fitted with hearing aids. In total, 240 older people with three different types of hearing impairment were surveyed: long-term users of hearing aids, new hearing aid users, and those on a waiting list from urban and

rural areas (response rate = 24%). A series of eight follow-up focus groups with 31 audiology patients was held. Study findings revealed that health professionals appear to neglect appropriate provision of information and overly rely on technological interventions. Of 154 older people already fitted with hearing aids, only 52% of hearing aid users reported receiving enough practical help post fitting and only 41% reported receiving enough support. Approximately 40% reported not feeling confident in the use of their aids or their controls. Older people wanted more information than they received both before and after hearing aid fitting. Information provision and attention to the psychosocial aspects of care are key to enabling older people to adjust and optimise hearing aid benefit. (JL)

ISSN: 09660410

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

## 2012

Extra care housing for people with sight loss: lighting and design; by Judith Torrington, Alan Lewis, Thomas Pocklington Trust; School of Architecture, University of Sheffield. London: Thomas Pocklington Trust, 2012, 6 pp (Research findings, no 36).

This publication presents findings from research about the design of extra care housing from the perspective of people with sight loss undertaken by Judith Torrington and Alan Lewis the School of Architecture, University of Sheffield. The study asked 44 people living in 11 extra care housing schemes about their experiences of the buildings they lived in, evaluated their homes, and reviewed data from a previous evaluation of 23 extra care housing schemes. The study produced a new tool for evaluating buildings, EVOLVE (Evaluation of Older People's Living Environments), itself the outcome of research funded by the Engineering and Physical Sciences Research Council (EPSRC). The tool comprises electronic checklists that, when completed, create a new profile of how well a building can support residents. The checklists are designed to be used in a walk-through of a housing scheme. The EVOLVE toolkit is available on the Housing LIN website (at <http://www.housinglin.org.uk> and search for EVOLVE). (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

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

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

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

ISSN: 00020729

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

Home modification guidelines as recommended by visually impaired people; by Abbas Riazi, Mei Ying Boon, Catherine Bridge, Stephen J Dain.: Emerald, 2012, pp 270-284.

Journal of Assistive Technologies, vol 6, no 4, 2012, pp 270-284.

The aim of this study was to gather evidence from the perspective of people with visual impairment due to age-related macular degeneration (AMD) about the home modifications they find useful and would recommend to others with similar visual impairment. Based on the belief that people with impairments may not be aware of their own coping strategies until they are asked, the authors took a qualitative approach using semi-structured individual interviews. These were recorded and then transcribed verbatim into text for thematic analysis using Nvivo 8. In total, 31 individuals (mean age 79.1 years) with AMD and no other ocular diseases were recruited in a metropolitan city in Australia. Interviewees had not received any formal home modification assessment from a government provider. Nevertheless 70 per cent of participants said that they has undertaken home modifications themselves or with the assistance of family and friends. They perceived the most important functional

modifications as: hand rails, non-slip matting, colour contrasting safety stair nosing, single lever taps, slip resistant flooring, lift chairs and motion sensors that activated pathway lighting. Kitchens, steps and bathrooms were seen as hazardous locations. Most participants had difficulties with reading fine-print material on kitchen appliances, washing machines, microwave ovens and remote controls for electronic devices in the home. (JL)

ISSN: 17549450

From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>

Severity of age-related hearing loss is associated with impaired activities of daily living; by Bamini Gopinath, Julie Schneider, Catherine M McMahon ... (et al).

Age and Ageing, vol 41, no 2, March 2012, pp 195-200.

The study aimed to assess the association between hearing impairment and activity limitations as assessed by the Activities of Daily Living (ADL) scale. 1,952 Blue Mountains Hearing Study participants aged 60 years and above had their hearing levels measured using pure-tone audiometry. A survey instrument with questions on functional status as determined by the Older Americans Resources and Services ADL scale was administered. 164 (10.4%) participants reported ADL difficulty. A higher proportion of hearing impaired than non-impaired adults reported difficulties in performing three out of the seven basic ADL and six out of the seven instrumental ADL tasks. After multivariable adjustment, increased severity of hearing loss was associated with impaired ADL. Subjects with moderate to severe hearing loss had a 2.9-fold increased likelihood of reporting difficulty in ADL, compared with those without. Participants aged under 75 years with hearing loss had a twofold higher odds of impaired ADL compared with those without. Having worn or wearing a hearing aid was also associated with a twofold increased likelihood of impaired ADL. The authors conclude that functional status as measured by a common ADL scale is diminished in older hearing impaired adults. The findings suggest that severely diminished hearing could make the difference between independence and the need for formal support services or placement. (JL)

ISSN: 00020729

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

'There's a hell of a noise': living with a hearing loss in residential care; by Helen Pryce, Rachael Gooberman-Hill.

Age and Ageing, vol 41, no 1, January 2012, pp 40-46.

Research with older people in residential care settings has identified a high prevalence of hearing loss and low uptake of hearing aids. Hearing loss in these settings is associated with reduced social engagement. The present study aimed to explore factors affecting communicating with a hearing loss in residential care. An observational study in two residential care homes was carried out including in-depth interviews with 18 residents. Observations explored communication behaviour in everyday interactions, including mealtimes, structured groups and informal group activities. Interviews were informed by the observations and identified reasons for these behaviours and communication preferences. Study findings showed that hearing loss affected whether residents were able to access social opportunities. Two key themes influenced this: (1) contextual issues compounded communication difficulties and (2) environmental noise restricted the residents' communication choices. Problems were observed at every mealtime and during formal and informal group activities. The use of hearing aids and access to hearing services did not improve social engagement. (JL)

ISSN: 00020729

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

## 2011

Assistive technology: a practical guide to assistive technology in the home; by Ros Levenson, Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2011, 15 pp (Good practice guide, 6).

This good practice guide uses recent research funded by the Thomas Pocklington Trust to examine how assistive technology may be used to support people with sight loss to manage the home and work surroundings more effectively and to live more independently. Case studies illustrate the ways in which people use assistive technology gadgets and equipment. The content and style of this publication has been informed by the experiences of Pocklington's service users and staff. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

Deaf with dementia: towards better recognition and services; by Quality Research in Dementia Research Programme (QRD), Alzheimer's Society.: Hawker Publications, May/June 2011, pp 38-39.

Journal of Dementia Care, vol 19, no 3, May/June 2011, pp 38-39.

A 3-year review by the Alzheimer's Society's Quality Research in Dementia (QRD) Research Programme aims to carry out research that will help recognise dementia in deaf people and build culturally relevant service provision and personal support. The Deaf with Dementia project concerns people who use British Sign language (BSL) in the UK.. This article outlines the project's three distinct but interlinked studies: screening and assessment; early experiences; and attitudes and information. (RH)

ISSN: 13518372

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

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

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

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

ISSN: 01640275

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

Home safety checks: helping to maintain older people's independence?; by Sue Cooper, David Clancy, Pauline Jas, Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2011, 7 pp (Research discussion paper, no 9).

Home safety is vital for older people who want to live independently. It is estimated that a third of pensioner households live in sub-standard housing. This paper outlines a pilot project conducted by Thomas Pocklington Trust with support from Birmingham City Council to assess the benefits of individual home safety checks for older people with sight loss. It concluded that checks filled a gap in the support available: they were useful, practicable and helped to maintain people's independence. However, the pilot study was too small to evaluate questions regarding the specific needs of those with sight loss. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

Specific attentional impairments and complex visual hallucinations in eye disease; by G Graham, J Dean, U P Mosimann ... (et al).

International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 263-267.

The study aimed to test the prediction by the Perception and Attention Deficit (PAD) model of complex visual hallucinations that cognitive impairment, specifically in visual attention, is a key risk factor for complex hallucinations in eye disease. Two studies of older patients with acquired eye disease investigated the relationship between complex visual hallucinations (CVH) and impairments in general cognition and verbal attention (Study 1) and between CVH, selective visual attention and visual object perception (Study 2). The North East Visual Hallucinations Inventory was used to classify CVH. In Study 1 there was no relationship between CVH and performance on cognitive screening or verbal attention tasks. In Study 2, participants with CVH showed poorer performance on a modified Stroop task, a novel imagery-based attentional task and picture but not silhouette naming tasks. Performance on these tasks correctly classified 83% of the participants as hallucinators or non-hallucinators. The results suggest that, consistent with the PAD model, complex visual hallucinations in people with acquired eye disease are associated with visual attention impairment. (JL)

ISSN: 08856230

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

## 2010

21st century welfare: response of the Royal National Institute of Blind People to the Department for Work and Pensions consultation paper; by Geoff Fimister, Royal National Institute of Blind People - RNIB; Department

for Work and Pensions - DWP. London: Royal National Institute of Blind People, 14 September 2010, 16 pp (Consultation response).

The RNIB very much welcomes the opportunity to contribute to the debate started by the Department for Work and Pensions (DWP) consultation paper, '21st century welfare' (Cm 7913), which proposes a major re-shaping of means-tested benefits and tax credits. The RNIB comments on the main substance of the paper and on the twelve questions asked, concluding that it hopes that the Government will "build on the positive aspects of these proposals and meanwhile resist the temptation to find further savings at the expense of the wellbeing of disabled people and others vulnerable to low incomes". Disabled people, not least those with sight loss, tend to have lower incomes than does the general population. They are therefore disproportionately likely to qualify for means-tested assistance with essential living costs, including housing, as well as the extra costs of disability. (RH)

From : Geoff Fimister, Campaigns Officer (Independent Living), RNIB. Tel 020 7391 2124. E-mail: [gfimister@rnib.org.uk](mailto:gfimister@rnib.org.uk)

Age related macular degeneration; by Usha Chakravarthy, Jennifer Evans, Philip J Rosenfeld. British Medical Journal, vol 340, no 7745, 6 March 2010, pp 526-530.

Age related macular degeneration affects older people and accounts for about half of all vision impairment or blind registrations in the developed world. This review examines the pathogenesis of age related macular degeneration and recent advances in its management. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com)doi: 10.1136/bmj.c981

All Wales Visual Impairment Database (AWVID); by Barbara Ryan, Tom Margrain, Angela Reidy (et al), Thomas Pocklington Trust; School of Optometry and Vision Sciences, Cardiff University; Epivision. London: Thomas Pocklington Trust, 2010, 7 pp (Research findings, no 28).

Until now, routine information has not been employed to report on the use of services or the social circumstances or the characteristics of people with untreatable sight loss. Thomas Pocklington Trust commissioned a study to look at those using the community-based Welsh Low Vision Service (WLVS). This publication summarises findings from research conducted by Barbara Ryan and Tom Margrain of the School of Optometry and Vision Sciences, Cardiff University, and Angela Reidy and Darwin Minassian of Epivision. Information was analysed on 5817 adults; about 90 were over pensionable age; and about 85% had visual acuity worse than 6/12. These findings note that following assessment, about a quarter of those assessed in the WLVS were referred to one or more other services. The findings question the value of current registration criteria, which appear to have little relevance in determining the need for provision of statutory rehabilitation services for people with sight loss. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

Balancing independence and safety: the challenge of supporting older people with dementia and sight loss; by Vanessa Lawrence, Joanna Murray.

Age and Ageing, vol 39, no 4, July 2010, pp 476-480.

Dementia and visual impairment are common in older adults, and both conditions create a high risk of disability. Care professionals lack evidence on how best to support older adults with both conditions. This study investigated attitudes towards working with older adults with concurrent sight loss and dementia, the challenges involved and suggestions for service development. A qualitative study was conducted comprising 18 in-depth interviews and two focus groups with care professionals within mental health and low vision services. Care professionals were alert to the high levels of risk among patients with joint sight loss and dementia. In-depth interviews revealed that insufficient time and expertise can lead to an overcautious approach that prioritises the reduction of risk rather than the promotion of independence. Focus groups highlighted the role that joint working can play in supporting older adults' valued roles and activities. Barriers to joint working were identified alongside strategies to assist the process. It is essential that care professionals and service providers acknowledge and respond to the complex needs of this population. Joint working was considered key to assessing risks and targeting interventions. The research workshop presented here provides a useful format for improving practice across inter-professional boundaries. (KJ)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi:10.1093/ageing/afq054

Bevacizumab for neovascular age related macular degeneration (ABC Trial): multicentre randomised double masked study; by Adnan Tufail, Praveen J Patel, Catherine Egan (et al).

British Medical Journal, vol [340](#), no 7761, 26 June 2010, p 1398.

Are intravitreal bevacizumab injections better than standard care at improving vision in patients with neovascular age related macular degeneration (AMD)? This summary of a paper published on [bmj.com](#) reports on 131 patients age 50+ (mean age 81) randomised to two intervention groups: 65 eyes of 65 patients to bevacizumab 1.25mg intravitreally and 66 eyes of 66 patients to standard care (pegaptanib sodium, venterporfin, or sham). This study provides the first level 1 evidence supporting use of intravitreal bevacizumab every 6 weeks, resulting in a reduction in hospital visits by a third over conventional monthly dosing while maintaining improvement in vision. (RH)

ISSN: 09598138

From : [www.bmj.com/BMJ2010;340:c2459](http://www.bmj.com/BMJ2010;340:c2459)

Capacity to Communicate: Sense's three-year project training independent mental capacity advocates in communication skills; by Angela Lee-Foster.

The Journal of Adult Protection, vol [12](#), no 1, February 2010, pp 32-42.

Sense, the leading national charity that supports and campaigns for children and adults who are deaf-blind, set up the Capacity to Communicate Project in response to the new role of independent mental capacity advocates created by the Mental Capacity Act 2005 (HM Government, 2005). The project provided training and information, harnessing best practice around communication and advocacy for people who lack capacity and who have little or no formal communication, in particular those with a dual sensory loss. As part of the training, advocates were asked to submit a written assignment. These case studies, including some adult protection cases, have given us valuable information about the nature and process of independent mental capacity advocacy and what can be done to improve this relatively new statutory role, in particular developing better understanding, skills and processes around communication in order to represent and protect vulnerable adults. (KJ)

ISSN: 14668203

From : Website: <http://pierprofessional.metapress.com/content/121398/doi:10.5042/jap.2010.0092>

Communicating in a healthcare setting with people who have hearing loss; by Anna Middleton, Alagaratnam Niruban, Gill Girling (et al).

British Medical Journal, vol [341](#), no 7775, 2 October 2010, pp 726-729.

Many patients with hearing loss find communication in healthcare settings difficult, and this might sometimes affect their care. This article outlines how staff can best communicate with people with hearing loss. It also provides advice and resources on how to meet the communication needs of deaf patients. An increased awareness on the part of healthcare staff of such needs will contribute to improving the quality of care provided to deaf patients. (RH)

ISSN: 09598138

From : [www.bmj.com/doi:10.1136/bmj.c4672](http://www.bmj.com/doi:10.1136/bmj.c4672)

Design guidance for people with dementia and for people with sight loss; by Chris Goodman, Lynn Watson, Thomas Pocklington Trust; Habinteg. London: Thomas Pocklington Trust, 2010, 7 pp (Research findings, no 35).

Habinteg carried out a review focusing on design guidance literature relating to homes and living environments for people with dementia and for people with sight loss. This report summarises the results of the review. The aim was to: assess the degree of convergence between the two sets of guidance; identify areas where they might conflict; and highlight gaps in the scope or context of the guidance. The full project report, 'A comparative review of design guidance for people with dementia and for people with sight loss' is available from Thomas Pocklington Trust. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

Good housing design - lighting: a practical guide to improving lighting in existing homes; by Malcolm Fisk, Peter Raynham, Thomas Pocklington Trust; Wilberforce Trust. London: Thomas Pocklington Trust, 2010, 27 pp (Good practice guide, 5).

This good practice guide explains how to improve lighting to meet the needs of people with sight loss. It builds on a previous publication, 'Housing for people with sight loss' (Good practice guide, 4), and is based on research commissioned by Pocklington and the Housing Corporation led by Professor Julienne Hanson (Bartlett School of Graduate Studies, University College London) and Geoff Cook (University of Reading). It shows that simple improvements to lighting in kitchens, bedrooms and living areas, as well as on staircases and in halls and entrance areas can improve the independence and well-being of those with failing sight. Appendices include



checklists and information on the performance of different types of lamps and light fittings. The content and style of this publication has been informed by housing, support, rehabilitation, occupational therapy, lighting and research professionals, as well as the views of people with sight loss. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

Hearing loss impacts on the use of community and informal supports; by Julie Schneider, Bamini Gopinath, Michael J Karpa (et al).

*Age and Ageing*, vol 39, no 4, July 2010, pp 458-464.

The aim of this Australian study is to estimate the cross-sectional and longitudinal impact of hearing loss on use of community support services and reliance on non-spouse family/friends among older people. Blue Mountains Hearing Study participants (n = 2,956) were assessed for hearing impairment by audiologists in sound-treated booths. Participants were classified as hearing impaired if PTA0.5-4 kHz >25 dB HL. Use of services and non-spouse family/friend support was assessed cross-sectionally. Incident use was assessed among survivors at the 5-year follow-up (n = 1,457). A significant cross-sectional association between hearing loss and use of community support services was observed after adjusting for age, sex, living status, self-rated poor health, self-reported hospital admissions, disability in walking and best-corrected visual impairment. Participants with hearing loss who never used a hearing aid were twice as likely to use formal supports as participants without hearing loss. Hearing loss increased the incident need for non-spouse family/friend support or community services. After adjusting for confounding factors, hearing impairment negatively impacted on the independence of older persons by increasing reliance on community or family support. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi:10.1093/ageing/afq051

Hearing, sound and the acoustic environment for people with dementia; by Maria McManus, Clifford McClenaghan, Dementia Services Development Centre - DSDC, University of Stirling. Stirling: Dementia Services Development Centre, University of Stirling, 2010, 43 pp (Dementia design series).

The quality of the acoustic environment is a vital component of good dementia-friendly design. People need to be able to hear well in order to make sense of it, and in order to function at the highest level possible. It is essential that adaptations which simplify and clarify the acoustic environment, and which reduce discomfort and auditory "clutter" are up in place. Good acoustics can actively contribute to ensuring that people with dementia can communicate and remain included within the community within which they live, whether a care home, supported housing scheme or hospital care. This book considers these issues, and is one of a series published by the Dementia Services Development Centre (DSDC) to assist providers, architects, commissioners and managers to improve the design of buildings which are used by people with dementia. (RH)

From : Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling FK9 4LA.<http://www.dementia.stir.ac.uk>

'My mum's story': a deaf daughter discusses her deaf mother's experience of dementia; by Jacqueline Parker, Alys Young, Katherine Rogers.

*Dementia: the international journal of social research and practice*, vol 9, no 1, February 2010, pp 5-20.

The following paper concerns culturally Deaf people, who are Sign Language users, and who develop dementia. A first person narrative account from a Deaf daughter of her Deaf mother's dementia ('My Mum's Story') is the main focus of the paper. It is preceded by a Foreword designed to equip the reader with the background to Sign Language and Deaf culture, in order better to contextualise the significance of dementia and its effects for this community. Both pieces, from different perspectives, focus on: the problematic nature of recognizing dementia amongst Deaf people; the paucity of appropriate diagnostic, care and support services; the different considerations for Deaf people approaching dementia as patient or carer; the challenges to service providers and researchers. The first person account was originally produced in BSL (British Sign Language) and translated for written publication purposes. (KJ/RH)

ISSN: 14713012

From : <http://dem.sagepub.com>DOI: 10.1177/1471301209353987

The needs of frail older people with sight loss; by Mima Cattán, Gianfranco Giuntoli, Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2010, 7 pp (Research findings, no 34).

The specific needs and aspirations of frail older people with sight loss were explored and detailed in a short report published as an Occasional paper from Thomas Pocklington Trust. These research findings summarise the results, focusing on living in supported accommodation and service provision. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

The opinions of people with sight loss on visual impairment research: study three; by Paul Duckett, Rebekah Pratt, Rosemary Porteous (et al), Thomas Pocklington Trust; Manchester Metropolitan University; University of Edinburgh.: Thomas Pocklington Trust, 2010, 11 pp (Research findings, no 29).

In 1999 and 2000, Thomas Pocklington Trust commissioned a research team at the University of Edinburgh and Manchester Metropolitan University to explore the opinions of people with sight loss on visual impairment. These research findings outline results of a third, more recent study, which asked whether those opinions still had currency. The study was grounded in "disability studies", an approach which addresses social exclusion and promotes the civil and human rights of disabled people. The study was based in Edinburgh and interviewed 30 people (including 6 aged 40-69, and 18 aged 70-98) with sight loss about their opinions on visual impairment research. Participants identified five priority topic: access to the built environment, transport and information; attitudes of those who do and do not have sight loss; daily life and methods of coping; support; and affordability and access to technological aids. They also identified four processes that should be attended to when carrying out research: aims, methods, dissemination, and involvement. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

A pilot study of lighting and low vision in older people; by Bruce Evans, Hannah Sawyerr, Zahra Jessa (et al), Thomas Pocklington Trust; Institute of Optometry. London: Thomas Pocklington Trust, 2010, 6 pp (Research findings, no 31).

Visual impairment is common in older people and major causes include cataract and age-related macular degeneration (AMD). Previous research suggests that people with AMD benefit from increased light levels but this may not be the case with cataract, which causes light scatter inside the eye. This publication summarises findings from research commissioned and funded by Thomas Pocklington Trust and carried out at the Institute of Optometry. The research investigated the influence of lighting on performance of activities of daily living in 24 older people with low vision caused by cataract and/or macular degeneration. The research found that subjects tended to perform better under brighter conditions, but the average results masked large individual variations. It was demonstrated that lighting had a big effect on most participants' performance in at least one task, but the optimal lighting level varied uniquely from one subject to another. The report concludes that the best approach to providing optimal lighting for older people with low vision might be to assess their preference and performance individually at different lighting levels. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

"Quality of life and independence" - why Attendance Allowance is so important to blind and partially sighted people: a briefing based on research undertaken jointly by RNIB and Visionary; by Geoff Fimister, Royal National Institute of Blind People - RNIB; Visionary (formerly: National Association of Local Societies for Visually Impaired People - NALSIVI). London: RNIB and Visionary, August 2010, 42 pp.

Attendance Allowance (AA) and similar benefits can make all the difference to whether or not a blind or partially sighted older person can get along in the community with a reasonable quality of life. This briefing is based on responses from 116 blind and partially sighted AA claimants aged 65+ about what they spend their benefit on and how they would be affected if they did not have it. The briefing highlights the vital role that AA plays in allowing older blind and partially sighted people to live independent and fulfilling lives. It brings together for the first time detailed accounts of how this extra costs benefit is used by people with sight loss to support life in the community. AA has been described as the "original personal budget", so that its importance cannot be overstated in the light of possible changes in the social security system. The report details the methodology of the research; characteristics of claimants in the survey; how AA (and DLAC 65+ - Disability Living Allowance care component) were spent; support (if any) from social services; the policy debate; and other research on the topic. (RH)

From : Geoff Fimister, Campaigns Officer (Independent Living), RNIB. Tel 020 7391 2124 E-mail: [gfimister@rnib.org.uk](mailto:gfimister@rnib.org.uk)

Service use and cost of mental disorder in older adults with intellectual disability; by Andre Strydom, Renee Romeo, Natalia Perez-Achiaga (et al).

British Journal of Psychiatry, vol 196, no 2, February 2010, pp 133-138.

The cost of caring for people with intellectual disability currently makes up a large proportion of healthcare spending in western Europe, and may rise in line with the increasing numbers of people with intellectual disability now living to old age. The aim of this study was to report service use and costs of older people with

intellectual disability and explore the influence of sociodemographic and illness-related determinants. The authors collected data on receipt and costs of accommodation, health and personal care, physical as well as mental illness, dementia, sensory impairment and disability in a representative sample of 212 adults with intellectual disability aged 60 years and older. The average weekly cost per older person was £790 (£41,080 per year). Accommodation accounted for 74%. Overall costs were highest for those living in congregate settings. Gender, intellectual disability severity, hearing impairment, physical disorder and mental illness had significant independent relationships with costs. Mental illness was associated with an additional weekly cost of £202. Older adults with intellectual disability comprise about 0.15-0.25% of the population of England but consume up to 5% of the total personal care budget. Interventions that meet needs and might prove to be cost-effective should be sought. (KJ/RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org/doi/10.1192/bjp.bp.108.060939>

Social inclusion, social circumstances and the quality of life of visually impaired older people; by James Nazroo, Anna Zimdars, Thomas Pocklington Trust; School of Social Sciences, University of Manchester. London: Thomas Pocklington Trust, 2010, 7 pp (Research findings, no 32).

This publication summarises findings from research in respect of well-being for older people with visual impairment. It uses data from the English Longitudinal Study of Ageing (ELSA), which covers those aged 50+ living in private households. It examines whether the self-reported measures of visual impairment in ELSA are accurate. It analyses the relationship between visual impairment and factors such as health, economic position, and housing circumstances to obtain information about the relationship between visual impairment and well-being. A Thomas Pocklington Trust occasional paper (same title) provides more information. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

## 2009

The effects of developing a dual sensory loss on depression in older adults: a longitudinal study; by Michele Capella McDonnall.

Journal of Aging and Health, vol 21, no 8, December 2009, pp 1179-1199.

The effect of developing a dual sensory loss (DSL) on depression over time was determined; and the impact of pre-existing single sensory loss on this effect was evaluated. Multilevel modelling was used to analyse data (N = 2,689) from the US Health and Retirement Study (HRS). A significant increase in depression at the first report of DSL occurred; and depression increased at a significantly faster rate following DSL, in a curvilinear pattern. In addition, those who eventually developed DSL began the study with a depression score significantly higher than those who did not experience sensory loss. A pre-existing single sensory loss did not alter the effect of DSL on depression. Two sources of disparity in depression between those with and without DSL were identified: preexisting differences, and differences that occurred due to the DSL. The relationship exhibited between depression and developing a DSL indicated an adjustment process. (RH)

ISSN: 08982643

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

Emotional support to people with sight loss; by Margot A Gosney, Christina R Victor, Thomas Pocklington Trust; Institute of Health Sciences, University of Reading. London: Thomas Pocklington Trust, 2009, 6 pp (Research findings, no 26).

Adjustment to acquired sight loss can be challenging. To identify the evidence, Thomas Pocklington Trust commissioned and funded a project at the Institute of Health Sciences, University of Reading, to research the needs of people with sight loss for emotional support and the responses to those needs. The aim was to update the existing evidence base by building on a previous literature review and highlighting areas for future research. This publication summarises the research findings regarding the need for emotional support and on interventions to meet emotional support needs. An Occasional Paper (same title) is also available from the Trust. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

The health impact of a hearing disability on older people in Australia; by Anthony Hogan, Kate O'Loughlin, Peta Miller (et al).

Journal of Aging and Health, vol 21, no 8, December 2009, pp 1098-1111.

A series of studies has proposed that hearing loss has adverse effects for other aspects of health. The health effects associated with self-reported hearing disability on older people (aged 55+) were examined using the 2003 Australian Survey of Disability, Ageing, and Carers (n = 43,233), a weighted population-based survey

providing data on self-reported disability and quality of life. Of the estimated 654,113 people reporting hearing disability, 71% experienced limited communication and 60% used hearing aids. Compared with population norms, hearing disability at all levels was associated with poorer physical and mental health scores on the Short Form Health Survey (SF-12) measure, especially for people with severe or profound hearing loss, thus suggesting a threshold effect at advanced levels of disability. The data support emerging literature suggesting a causal relationship between hearing disability and quality of life. Prospective studies to further examine this relationship are indicated. (RH)

ISSN: 08982643

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

Housing for people with sight loss: a practical guide to improving existing homes; by Nikki Joule, Ros Levenson, Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2009, 26 pp (Good practice guide, 4).

This good practice guide is a tool to improve the homes of people with sight loss. It aims to support planned maintenance, replacements and refurbishments of the homes of people with sight loss and one-off adaptations in response to individual needs. The importance of involving people with sight loss in decisions about their homes is stressed. Checklists are included on the different areas of the home (and outdoor areas) that have been discussed in the main text. The content and style of this publication has been informed by people with sight loss and by housing and support staff working in: Coventry City Council, the Extra Care Charitable Trust, Hammersmith and Fulham housing and support services, Westside Shepherds Bush Support Services, and the Wilberforce Trust. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

The needs of older people with acquired hearing and sight loss; by Sue Pavey, Graeme Douglas, Liz Hodges (et al), Thomas Pocklington Trust. London: Thomas Pocklington Trust, June 2009, 19 pp (Occasional paper, no 20).

Evidence of difficult circumstances is highlighted in this report which presents results from a project funded by Thomas Pocklington Trust entitled 'Experiences of people with hearing and sight loss' carried by researchers at the School of Education, University of Birmingham and the University of Cambridge. The aim was to increase the knowledge base concerning the experiences, needs and goals of older people with both sight and hearing loss, with the focus on acquired loss, and to raise awareness of their needs and those working with them. This report looks at the project's two phases. Phase 1 analysed two pre-existing datasets relating to 609 older people with hearing and sight loss. Phase 2 focused on case studies of 20 older people with hearing and sight loss, and drew out 13 broad themes: vision, hearing and other disabilities and health problems; identification; communication and social interaction; leaving the home and getting out and about; activities within and beyond the home; daily living and sources of support; daily living and independent living skills (ILS); accessing information; access to and participation in medical services; social and emotional needs; residential care homes; views of participants' families; and professionals' views of services. Copies of the two reports that inform this publication are available to download (from: <http://www.education.bham.ac.uk/research/victar/research.shtml>). The reports are: 'Secondary analysis with a focus upon the needs of older people with acquired hearing and sight loss: an analysis of the "Network 1000" and "Cambridge" datasets'; and 'The needs of older people with acquired hearing and sight loss: findings from 20 case studies'. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

The needs of older people with acquired hearing and sight loss: [summary report]; by Sue Pavey, Graeme Douglas, Liz Hodges (et al), Thomas Pocklington Trust. London: Thomas Pocklington Trust, June 2009, 7 pp (Research findings, no 23).

This publication summarises findings from a research study funded by Thomas Pocklington Trust entitled 'Experiences of people with hearing and sight loss' carried by researchers at the School of Education, University of Birmingham and the University of Cambridge. The aim was to increase the knowledge base concerning the experiences, needs and goals of older people with both sight and hearing loss, with the focus on acquired loss, and to raise awareness of their needs and those working with them. The project's two phases are outlined. Phase 1 analysed two pre-existing datasets relating to 609 older people with hearing and sight loss. Phase 2 focused on case studies of 20 older people with hearing and sight loss, and drew out 13 broad themes: vision, hearing and other disabilities and health problems; identification; communication and social interaction; leaving the home and getting out and about; activities within and beyond the home; daily living and sources of support; daily living and independent living skills (ILS); accessing information; access to and participation in medical services; social and emotional needs; care homes; views of participants' families; and professionals' views of

services. Copies of the two reports that inform this publication are available to download (from: <http://www.education.bham.ac.uk/research/victar/research.shtml>). The reports are: 'Secondary analysis with a focus upon the needs of older people with acquired hearing and sight loss: an analysis of the "Network 1000" and "Cambridge" datasets'; and 'The needs of older people with acquired hearing and sight loss: findings from 20 case studies'. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

"Out of sight, out of mind": a qualitative study of visual impairment and dementia from three perspectives; by Vanessa Lawrence, Joanna Murray, Dominic ffytche (et al).

International Psychogeriatrics, vol 21, no 3, June 2009, pp 511-518.

Dementia and visual impairment are among the most common medical conditions in later life. Almost nothing is known about the experiences and needs of older adults with both conditions. In this qualitative study using in-depth individual interviews, multiple perspectives were sought through a case-study approach. 52 interviews were conducted: 17 with older adults with visual impairment and dementia, 17 with family caregivers, and 18 with care professionals. Impaired memory and a lack of visual cues created profound disorientation and distress, which could be manifested in disruptive behaviour. Visual hallucinations compounded older adults' disorientation, and caregivers were uncertain about how to manage them. Visual impairments reduced the ability of older adults to perform certain activities safely, while dementia impaired their ability to assess the risks accurately. Concerns about safety prompted family members to limit their relatives' activities even in early stages of dementia. Low-vision services perceived themselves to be ill equipped to manage dementia-related needs, whilst visual needs were accorded a low priority by dementia services. A lack of joint working by the two services led to an overcautious approach. The research identified considerable unmet needs and opportunities to improve care. The provision of clear verbal communication and optimised visual inputs is likely to reduce disorientation, distress and agitated behaviour, while one-to-one contact is needed to overcome feelings of isolation. Family caregivers require additional respite services and advice on managing hallucinations. Increased sharing of information and skills between mental health and low-vision professionals would help maximize older adults' independence. (KJ/RH)

ISSN: 10416102

People with dementia and sight loss: a scoping study of models of care; by Ruth Bartlett, Declan McKeefry, Thomas Pocklington Trust; Division of Dementia Studies, University of Bradford; Division of Optometry, University of Bradford. London: Thomas Pocklington Trust, 2009, 7 pp (Research findings, no 25).

The main aim of this scoping study was to assess the extent to which existing models of best practice in dementia care were sensitive to sight loss issues. The study reviewed the literature; reviewed the scientific research on sight loss and people with dementia; examined how sensitive models of dementia care practice are to sight loss issues; and explored how sensitive dementia care providers are to sight loss issues. Data were collected by database searches of the academic literature, interviewing seven practitioners, and auditing working practices on four care homes for older people. Among recommendations are developing and piloting a more integrated sensory model of practice, integrating the elements of the enriched and Nightingale-based models; and seeking to influence implementation of the National Dementia Strategy (NDS) for England. A report in the form of an Occasional Paper (same title) is also available from the Trust. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

Visual hallucinations in sight loss and dementia; by Joanna Murray, Dominic ffytche, Kate Briggs, Thomas Pocklington Trust; Institute of Psychiatry, King's College London. London: Thomas Pocklington Trust, 2009, 7 pp (Research findings, no 27).

The Thomas Pocklington Trust report on the experiences of people with sight loss and dementia and their carers highlighted the incidence of visual hallucinations - the vivid experience of seeing something that is not actually there. These hallucinations led to confusion and distress for the individual, and carers felt uncertain about how best to respond to them. This finding led to the present review of medical and social science literature, which found limited knowledge about people with both sight loss and dementia who are affected by hallucinations. 215 articles were found, and this publication summarises the review's findings on: prevalence, risk factors, course and outcome; the experience of hallucinations; clinical and other interventions; and the experience and expertise of health and social care professionals. Recommendations for future research are made. An Occasional Paper (same title) and the full report, 'Visual hallucinations in sight loss and dementia: a review of the literature', are also available on request from the Trust. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

Visual impairment following stroke: do stroke patients require vision assessment?; by Fiona Rowe, Darren Brand, Carole A Jackson (et al).

Age and Ageing, vol 38, no 2, March 2009, pp 188-193.

The types of visual impairment following stroke are wide-ranging and encompass low vision, eye movement and visual field subnormalities, and visual perceptual difficulties. This paper presents a 1-year data set, and identifies the type of visual impairment occurring following stroke and their prevalence. A multi-centre prospective observation study was undertaken in 14 acute trust hospitals. Stroke survivors with a suspected visual difficulty were recruited. Standardised screening or referral and investigation forms were employed to document data on visual impairment, specifically assessment of visual acuity, ocular pathology, eye alignment and movement, visual perception (including inattention), and visual field defects. 323 patients were recruited (mean age 69). 68% had eye alignment / movement impairment. 49% had visual field impairment, 26.5% had low vision and 20.5% had perceptual difficulties. Of patients referred with a suspected visual difficulty, only 8% had normal vision status confirmed on examination. 92% had visual impairments of some form confirmed, which is considerably higher than previous publications and probably related to the prospective, standardised investigation offered by specialist orthoptists. However, under-ascertainment of visual problems cannot be ruled out. Supplementary data are available on the Age and Ageing website. (RH)

ISSN: 00020729

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

## **2008**

Addressing the vision challenges of residents at a retirement community: collaborative research with a community partner; by Anne Petrovich.: The Haworth Press, Inc., 2008, pp 162-178.

Journal of Gerontological Social Work, vol 51, issue 1/2, 2008, pp 162-178.

Staff members at a community retirement village were concerned about the demise of a support group for residents with vision loss, and requested help developing effective services for residents with vision challenges. This study explored past barriers to support group participation, as they were perceived by residents, family members, and employees. The community partner worked collaboratively with the researcher in all phases of the study. Questionnaires were designed to elicit demographic data, diagnosed vision problems, level of adjustment to vision loss, well-being, and motivation for attending institutional programmes about vision challenges. Residents responded to standardized vision and depression scales; qualitative questions were posed to all 3 groups concerning motivations for resident participation in programme activities. Results indicated that, although many residents had diagnosed vision conditions, they were, in general, coping well with vision loss and did not report depressive symptoms. Participants considered ongoing personal contact and follow-up, a group design that offered the choice of educational presentations and/or process discussions, and individualized assistance with practical challenges to be critical to an effective program. This case study, utilizing a collaborative research process, generated requests for expanded social work services and an increased valuing of the social work role. (KJ/RH)

ISSN: 01634372

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

Deafblind people and families' experiences of direct payments: Deafblind Direct consultation report; by Sense. London: Sense, February 2008, 41 pp.

This report presents research into the experiences of deafblind people and families in relation to direct payments. The research was carried out as part of Deafblind Direct, Sense's direct payments project. A consultation with deafblind people and families was carried out from June to November 2007. Detailed information was gathered from those using direct payments or thinking about using them. The research covered particular aspects of direct payments, including some of the key factors that help or hinder the uptake of direct payments with this population group. Respondents had varying experiences of direct payments, making it clear that while some thought they benefited from receiving them, there are a range of challenges to face in using them. The research highlighted cases where it seems that the Department of Health (DH) statutory guidance documents on direct payments (2003) and the Deafblind Guidance (2001) are not being implemented correctly. The research also looked into other relevant initiatives, including Self-directed care initiatives and the Independent Living Fund (ILF). Respondents suggested a range of actions, and the report brings together recommended actions for Sense, other organisations and local and national government. (KJ/RH)

From : Sense, 11-13 Clifton Terrace, Finsbury Park, London N4 3SR.<http://www.sense.org.uk>

Eldercare technology for clinical practitioners; by Majd Alwan, Robin A Felder (eds). Totowa, NJ: Humana Press, 2008, 231 pp (Aging medicine).

According the US Centers for Disease Control (CDC), nearly three-quarters of older people suffer from one or more chronic disease, such that they require some degree of formal or informal care. This book considers a range of technologies targeted at the assessment, early detection and mitigation of such conditions, including decline in functional abilities, gait, mobility, sleep disturbance, visual impairment, hearing loss, falls, and cognitive decline. It not only describes the state of embedded and wearable technologies (including those under research), but also focuses on their potential utility. (RH)

Price: \$99.50

From : Humana Press, 999 Riverview Drive, Suite 208, Totowa, New Jersey 07512, USA. Email: [humana@humanapr.com](mailto:humana@humanapr.com)

The hazard perception ability of older drivers; by Mark S Horswill, Shelby A Marrington, Cynthia M McCullough (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 63B, no 4, July 2008, pp P212-P218.

This Australian study investigated the hazard perception ability of older drivers. A sample of 118 older drivers (65 years and older) completed a video-based hazard perception test and an assessment battery designed to measure aspects of cognitive ability, vision, and simple reaction time that might plausibly be linked to hazard perception ability. It was found that hazard perception response times increased significantly with age but that this age-related increase could be accounted for by measures of contrast sensitivity and useful field of view. The researchers found that contrast sensitivity, useful field of view, and simple reaction time could account for the variance in hazard perception, independent of one another and of individual differences in age. (KJ/RH)

ISSN: 10795014

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

The impact of spirituality on health-related quality of life among Chinese older adults with vision impairment; by C-W Wang, C L W Chan, S-M Ng (et al).: Taylor & Francis, March 2008, pp 267-275.

Aging & Mental Health, vol 12, no 2, March 2008, pp 267-275.

A sample of 167 urban older Chinese people with visual problems were interviewed using a structured questionnaire to assess self-reported visual functioning, general health, spirituality, and both generic and vision-specific health-related quality of life (HRQOL). Objective visual function was clinically measured by ophthalmologists in terms of distance visual acuity. This study found that spirituality was positively associated with both general physical health and general mental health, with a higher correlation with personal mental health than that with general physical health. Moreover, spirituality was associated significantly with vision-specific HRQOL, including multiple domains, and that these factors may play an important role in the process of adaptation to age-related vision loss among Chinese older people with vision impairment. (RH)

ISSN: 13607863

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

In Focus: Always change; by Carol Pollington.

Talking Sense, vol 52, no 2, Summer 2008, pp 30-33.

Often the word "transition" is associated only with young people, but everyone goes through significant periods of change all through their lifecourse. This article is the author's experience of having Usher 2, a progressive condition leading to deafblindness which she noticeably developed in her mid-forties. The article is a reflection upon some of the major changes in her life and the challenges of growing older with the condition - an insert of what has helped the author cope is included. (KJ)

ISSN: 13674064

From : <http://www.sense.org.uk/tsarticles>

Responsiveness of the Duke Social Support sub-scales in older women; by Nancy A Pachana, Nadine Smith, Melanie Watson (et al).

Age and Ageing, vol 37, no 6, November 2008, pp 666-672.

An abbreviated form of the Duke Social Support Index (DSSI), as used in the Australian Longitudinal Study on Women's Health, was examined with respect to factors that might be expected to affect social support for older women over time. In this large cohort study, two sub-scales of the DSSI, one describing the size and structure of the social network (4 items) and the other perceiving satisfaction with social support (6 items), were analysed in relation to outcome and explanatory variables. Over a 3-year period, the network score increased among women whose life circumstances meant they were likely to receive more support (e.g. recent widowhood). Likewise, those women at risk of becoming more socially isolated (e.g. those with sensory loss) became less satisfied with

their social support. Changes in both measures were tempered by women's mental health and optimism. Although the sub-scales of the DSSI may not fully reflect the complexity of social support paradigms, they are responsive to changes in the lives of older women and can be useful in community-based epidemiological study. (RH)

ISSN: 00020729

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

Self-management education programs for age-related macular degeneration: a systematic review; by Lily Lee, Tanya L Packer, Seok Hun Tang (et al).: Blackwell Publishing, December 2008, pp 170-176.

*Australasian Journal on Ageing*, vol 27, no 4, December 2008, pp 170-176.

The effectiveness of education programs to improve emotional status, daily living and self-efficacy in people aged 60+ with age-related macular degeneration (AMD) is reviewed. Electronic searches of three databases and manual searches of references lists located randomised controlled trials (RCTs) and quasi-experimental studies. Health education programmes aimed at increasing knowledge of AMD, skills training or behavioural change were included. Data extraction and quality assessment were undertaken by two reviewers. A narrative analysis was possible. Three protocols were reported in four studies (n=532) with three follow-up studies: all contained elements of self-management programmes. Effect sizes for the three outcomes ranged from small to very large (0.14 to 1.21) Self-management programmes appear effective for older people with AMD. Small sample size, use of non-traditional statistics and methodological quality meant only narrative analysis was possible. Future studies with more robust methodology including intent-to-treat analysis are still required. (RH)

ISSN: 14406381

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

Social networks and health-related quality of life among Chinese older adults with vision impairment; by Chong-Wen Wang, Cecilia L W Chan, Andy H Y Ho (et al).

*Journal of Aging and Health*, vol 20, no 7, October 2008, pp 804-823.

167 mainland China urban older adults with visual problems were interviewed using a structured questionnaire to assess self-reported visual functioning, general health, social networks and vision-specific health-related quality of life (HRQOL). Objective visual function was clinically measured by ophthalmologists in terms of distance visual acuity. Findings indicate that age-related vision loss is significantly associated with older people's social networks. Multiple regression analyses show that social networks are mildly related to vision-specific HRQOL, even after controlling for other variables, and that friendship network was a significant predictor, independent of family network, of vision-specific HRQOL. Previous studies have emphasised the importance of family network, whereas this study finds that friendship network correlates more strongly with HRQOL measures in Chinese visually impaired older people. This suggests a need to expand intervention beyond the family system. (RH)

ISSN: 08982643

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

Visual attention and self-regulation of driving among older adults; by Ozioma C Okonkwo, Michael Crowe, Virginia G Wadley (et al).

*International Psychogeriatrics*, vol 20, no 1, February 2008, pp 162-173.

With the number of older drivers increasing, self-regulation of driving has been proposed as a viable means of balancing the autonomy of older adults against the sometimes competing demand of public safety. In this study, the authors investigate self-regulation of driving among a group of older adults with varying functional abilities. Participants in the study comprised 1,543 drivers aged 75 years or older. They completed an objective measure of visual attention from which crash risk was estimated, and self-report measures of driving avoidance, driving exposure, physical functioning, general health status, and vision. Crash records were obtained from the United States State Department of Public Safety. Overall, participants were most likely to avoid driving in bad weather, followed by driving at night, driving on high traffic roads, driving in unfamiliar areas, and making left-hand turns across oncoming traffic. With the exception of driving at night, drivers at higher risk of crashes generally reported greater avoidance of these driving situations than lower risk drivers. However, across all driving situations a significant proportion of higher risk drivers did not restrict their driving. In general, self-regulation of driving did not result in reduced social engagement. Some older drivers with visual attention impairments do not restrict their driving in difficult situations. There is a need for physicians and family members to discuss driving behaviours with older adults routinely to ensure their safety. The association between visual attention and driving restriction has implications for interventions aimed at preserving mobility in the older population. (KJ/RH)

ISSN: 10416102



2007

Accessibility for visitors who are blind or partially sighted: how technology can help; by John Gill, Royal National Institute of Blind People - RNIB. London: RNIB, 2007, 29 pp.

A significant number of overseas visitors and UK residents travelling to events and destinations within the UK is likely to be over retirement age or have some kind of disability. So far, most special provision has been access for wheelchairs or the installation of hearing aid loops. New technologies offer possibilities for providing services which can help blind and partially sighted visitors, people with other disabilities, or those needing assistance in other ways. Visitors and tourist need accessible, intelligent information systems, and; machines that are easy to use. The author outlines the potential of a range of such technologies: radio frequency identification devices (RFID); smart card systems; mobile communications; wireless systems; NFC - near field communication devices (that interconnect with mobile phones, for example); biometric systems; accessible web sites; wayfinding; location-based services; and transport information systems. Thus, many technologies could offer significant benefits to disabled visitors, and the author outlines how systems could be made available. (RH)

ISBN: 1860480330

Price: FOC

From : RNIB, 105 Judd Street, London WC1H 9NE. email: john.gill@rnib.org.uk Detailed guidelines on web at: [www.tiresias.org/guidelines](http://www.tiresias.org/guidelines)

Adaptation to chronic vision impairment: does African American or Caucasian race make a difference?; by Charla A McKinzie, Joann P Reinhardt, Dolores Benn.

Research on Aging, vol 29, no 2, March 2007, pp 144-162.

The purpose of this research was to determine whether race had a significant unique impact on adaptation to a common late-life impairment, age-related vision loss, after accounting for socio-demographic, health, functional disability, and personal and social resource variables. Older visually impaired African American (n=61) and Caucasian (488) applicants for vision rehabilitation service were interviewed in their homes. The results demonstrated that race accounted for unique variability in the domain-specific indicator of adaptation to age-related vision loss. The results support the importance of further work examining race differences in adaptation to specific chronic impairments in later life. (RH)

ISSN: 01640275

Age-related Macular Degeneration Bill: a Bill to make provision for the treatment of age-related macular degeneration; and for connected purposes; by Linda Riordan, John McDonnell, Jeremy Corbyn (et al). London: TSO, 16 January 2007, 7 pp (HC Bill 45 session 2006/07).

Linda Riordan's Private Members' Bill was supported by five other Labour MPs. If enacted, the Bill will require a duty to provide treatment to all patients suffering from age-related macular degeneration (ARMD) free of charge. The Bill had one reading on 16 January 2007 and then was dropped. (KJ/RH)

Price: £1.50

From : TSO, Publications Centre, PO Box 29, Norwich NR3 1GN.

Dual sensory impairment in older people; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1701, 29 November 2007, pp 34-35.

The Social Care Institute for Excellence (SCIE) reviews some research published in the last ten years regarding the effects of dual sensory impairment on older people - that is being deafblind or having vision and hearing impairment. Dual sensory impairment is certain to become increasingly prevalent as people live longer, and therefore will be encountered by non-specialist social care and health workers, carers and family members. Sources of web-based information are also suggested. (RH)

ISSN: 03075508

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

Examination of the relationship among hearing impairment, linguistic communication, mood and social engagement of residents in complex continuing-care facilities; by Peter Brink, Michael Stones.

The Gerontologist, vol 47, no 5, October 2007, pp 633-641.

Earlier evidence has not been conclusive about whether hearing loss in older people is associated with mood (i.e. depressive symptoms and anhedonia) and social engagement (i.e. reduced psychosocial involvement and reduced activity levels). If hearing impairment results in poor mood and lower levels of social engagement, then remedying hearing impairment might result in higher quality of life. This study aimed to determine whether functional hearing impairment in continuing care residents is associated with mood and social engagement. It included all residents in Ontario admitted to complex continuing care facilities between April 2000 and March

2001. Through the Canadian Institute of Health Information, the authors gathered health information by using the Minimum Data Set 2.0 questionnaire (MDS 2.0). The results were consistent with the hypothesised direct effect of functional hearing impairment on mood. Path analyses showed that hearing impairment impairs linguistic communication and that impaired linguistic communication is related to lower levels of mood and social engagement. This study adds to the literature supporting an association between hearing impairment and mood. The study also suggests that questionnaires used to assess hearing such as the MDS 2.0 are suitable for early detection of hearing problems and may be used to refer residents to audiology services. (RH)

ISSN: 00169013

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

An exploration of access to health and social care services by older deaf people in Scotland: report; research carried out in partnership with Deaf Connections, Glasgow; by Caroline Donaldson, Ailsa Cook, Royal Bank of Scotland Centre for the Older Person's Agenda - COPA, Queen Margaret University Edinburgh. Musselburgh: The Royal Bank of Scotland Centre for the Older Person's Agenda, September 2007, 43 pp.

There were some 758000 people in Scotland in 2007 who were either deaf or hard of hearing. This report outlines the methods used in a research project conducted focus groups with 18 older deaf people who were users of Deaf Connections services in the west of Scotland. Findings are presented on the three key issues identified in analysis of the focus group data: communication support, deaf awareness, and specialist services. Among the report's recommendations for policy and practice to improve services for deaf people are: joint partnership working between health and social care service providers and organisations providing specialist services to older deaf people; deaf awareness training; and increased involvement and participation of deaf people in developing service provision and delivery that meets their needs. The report also makes recommendations on future research to involve service users. (RH)

From : Download (16/9/08)The Royal Bank of Scotland Centre for the Older Person's Agenda, Queen Margaret University Edinburgh, Musselburgh EH21 6UU. E-mail: [copa@qmu.ac.uk](mailto:copa@qmu.ac.uk) Website: <http://www.qmu.ac.uk/copa>

Genetic and environmental influences on hearing in older women; by Anne Viljanen, Pertti Era, Jaakko Kaprio (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 4, April 2007, pp 447-452.

As part of the Finnish Twin Study on Ageing, hearing was measured in 193 monozygotic (MZ) and 114 dizygotic (DZ) female twin pairs aged 63-76. Audiometric measured hearing was tested using standardised methods in soundproof conditions. Self-reported hearing was assessed by a structured question. Quantitative genetic modelling was used for data analysis. No significant difference in age, exposure to noise, hearing aid use, auditory diseases or accidents, or number of self-reported chronic conditions or prescription medicines were observed between MZ and DZ twins. A genetic component in common accounted for 75% of the variance in the better ear's hearing threshold level, and 54% in the better ear's speech recognition threshold level according to a bivariate genetic analysis. In addition, 10% of the variance in the better ear's speech recognition threshold level was explained by its specific genetic component. Individual difference in audiometrically measured air-conducted hearing threshold level (0.5-4kHz) and speech recognition threshold level in the better ear were largely accounted for by genetic differences between individuals. In contrast, self-reported hearing appears to be accounted for solely by environmental factors. (RH)

ISSN: 10795006

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

Identification of deafblind dual sensory impairment in older people; by Diane Roberts, Thomas Scharf, Miriam Bernard (et al), Social Care Institute for Excellence - SCIE.

This briefing focuses on issues relating to the identification of people over the age of 60 in the UK who have dual sensory loss in the form of a combined hearing and sight impairment (deafblind). Five key messages are cited which focus on simple interventions that can be effective in improving the quality of life of people with dual sensory impairment. However, a more specialist assessment may be required and the use of the single assessment process as part of this process should be instigated. (KJ/RH)

From : Download from website: <http://www.scie.org.uk/publications>

Impact of spouse vision impairment on partner health and well-being: a longitudinal analysis of couples; by William J Strawbridge, Margaret I Wallhagen, Sarah J Shema.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 5, September 2007, pp S315-S322.

Participants were 418 older people from the Alameda County Study in California. Visual impairment was assessed in 1994 with a 9-point scale assessing difficulty in seeing in everyday situations; outcomes were assessed in 1999. Longitudinal analyses included multivariate statistical models adjusting for paired data and partners' own visual impairment, age, gender, chronic conditions, and financial problems. Results on outcome for partners' own visual impairment are included for comparative purposes. Gender differences were assessed with interaction tests. Spouse visual impairment negatively affected partner depression, physical functioning, well-being, social involvement and marital quality. These effects were not greatly different in magnitude from those associated with partners' own visual impairment. Three of four outcomes with significant gender differences evidenced stronger impacts of husbands' visual impairment on wives' well-being and marital quality than the reverse. Spouses do not live in isolation: characteristics of one affect the other. Both treatment and rehabilitation programmes should include visually impaired patients' spouses and other family members. Why wives appear more sensitive to their husbands' visual impairment is unclear and warrants further study. (RH)

ISSN: 10795014

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

In Focus: Caring for older deafblind people: [three separate articles]; by Jim Lewis, Colin Anderson.

Talking Sense, vol 51, no 2, Summer 2007, pp 20-27.

These three separate articles consider different aspects of deafblindness in older people - the challenges facing family carers; the role of carers who offer residential and domiciliary care; and how Marcelle Holden (a woman of 80 who is deafblind) has adjusted to a new life living with her daughter in a rural village, West Buckland, in Somerset. (KJ/RH)

ISSN: 13674064

From : <http://www.sense.org.uk/tsarticles>

Seeing me: guidance on sight and hearing difficulties for staff who care for older people; by Sense. London: Sense, 2007, 25 pp.

This booklet offers information and advice about hearing and sight loss for those working with older people. It explains what dual sensory loss is and how it affects older people. It explains how older people can be supported and helped in residential care and in their own homes. It also includes a list of other information sources, and the Deafblind Manual Alphabet signing and Block Manual Alphabet signing, both of which can be a means of communication with those who are deafblind. (KJ/RH)

From : Sense, 11-13 Clifton Terrace, Finsbury Park, London N4 3SR. <http://www.sense.org.uk/fillinthegaps>

Sensory impairment, use of community support services, and quality of life in aged care clients; by Tien Tay, Jie Jin Wang, Richard Lindley (et al).

Journal of Aging and Health, vol 19, no 2, April 2007, pp 229-241.

The authors sampled 284 frail older people presenting for assessment in Sydney, Australia. Moderate to severe visual impairment was defined as visual acuity <20/80 (better eye) and moderate to severe hearing loss as hearing thresholds >40 decibels (better ear). Community support service use included home-delivered meals, home help, and community nurse visits. After adjusting for age, sex and two or more comorbid conditions, moderate to severe visual impairment, but not moderate to severe hearing loss was significantly associated with increased use of community services. (RH)

ISSN: 08982643

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

A twin-study of genetic contributions to hearing acuity in late middle age; by Arthur Wingfield, Mathew Panizzon, Michael D Grant (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 11, November 2007, pp 1294-1299.

Declines in hearing acuity, especially in the high frequency range, often appear in middle age. This study's aim is to characterise genetic and environmental influences that may underlie this pattern. 179 monozygotic and 150 dizygotic twin pairs aged 52-60 were selected from the Vietnam Era Twin Registry and individually tested for hearing acuity in the frequency range from 500 to 8000 Hz. Biometric modelling was used to quantify genetic and environmental influences. For individuals' better ears, approximately two-thirds of the variance in hearing acuity in middle and high frequency ranges could be accounted for by genetic factors. For individuals' poorer ears, which would be expected to show lower heritability, approximately one half of the variance in the middle

and high frequency ranges could be accounted for by genetic influences. Within a given frequency range, the same genetic factors influenced both the better and poorer ears. In contrast, although there was some overlap of genetic influences on the middle and high frequencies within a given ear, there were also some genetic influences that were specific to each frequency. Results suggest that genetic effects play an important role in the level of hearing loss that often appears in late middle age; and factors such as noise exposure and medications with ototoxic properties should be noted in identifying those most vulnerable to such environmental risk factors. (RH)

ISSN: 10795006

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

## 2006

A challenging time: [growing old with dual sensory impairment]; by Francesca Wolf.

Talking Sense, vol 52, no 2, Summer 2006, pp 24-27.

The author has been speaking to a range of older people with sensory impairments to find out about their lives. It emerged that there was little specialised support for such people and that the lack of regular communication with other people leads to frustration and isolation. Three cases are presented, which highlight the work of communicator-guides, who accompany people with sensory impairments for a short time each week to help maintain a level of independence. (KJ/RH)

ISSN: 13674064

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

Charles Bonnet syndrome: forgotten but important; by Murali Krishna, Peter Decalmer.

Geriatric Medicine, vol 36, no 10, October 2006, pp 27/36.

Visual hallucinations occur in a number of ophthalmological, medical and neuropsychiatric disorders. Charles Bonnet syndrome is less frequently diagnosed but is a rather common cause of visual hallucinations in older adults. In this article, the authors review the history and discuss the assessment and management of this condition.

ISSN: 0268201X

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

Charles Bonnet Syndrome and the elderly; by Sitara Khan, Jeffrey Lim.

Geriatric Medicine, vol 36, no 4, April 2006, pp 39-42.

Charles Bonnet Syndrome (CBS) describes the phenomenon of hallucinations in older people with visual impairment. The hallucinations are vivid, complex and well formed. They frequently have no personal meaning, are recognised as being unreal by the patients, and can sometimes be voluntarily terminated by the patient. In this article, the authors discuss the syndrome's clinical course. (RH)

ISSN: 0268201X

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

Comparative analyses on national measures to combat discrimination outside employment and occupation: mapping study on existing national legislative measures - and their impact in - tackling discrimination outside the field of employment and occupation on the grounds of sex, religion or belief, disability, age and sexual orientation, VT/2005/062; by Aileen McColgan, Jan Niessen, Fiona Palmer, Human European Consultancy; Migration Policy Group. Utrecht: Electronic format, December 2006, 74 pp (includes annex).

This report sets out in brief form the law across EU Member States, Bulgaria and Romania relating to discrimination on grounds of sex, sexual orientation, disability, religion and belief and age to the extent that such discrimination falls outside the current scope of EC law. The particular focus is on discrimination in access to education, goods and services, and issues around social protection and social advantages. The report is drawn up on the basis of detailed reports in respect of each of the countries surveyed, and a further five "comparator" countries: Australia, Canada, New Zealand, South Africa, and the US. Much of the report focuses on the law of the existing and prospective EU Member States, but occasional reference is made to the comparator countries. While all the Member States surveyed exceed the EU requirements in at least some respects, and in many the protection provided in excess of EU requirements is significant, the extent of this protection varies considerably. (RH)

From : Download from website (Oct

07):[http://ec.europa.eu/employment\\_social/fundamental\\_rights/pdf/pubst/stud/mapstrand1\\_en.pdf](http://ec.europa.eu/employment_social/fundamental_rights/pdf/pubst/stud/mapstrand1_en.pdf)

Deafness and dementia: consulting on the issues; by Kate Allan.

Journal of Dementia Care, vol 14, no 3, May/June 2006, pp 35-38 (Research focus).

The author describes a consultation exercise that looked at the issues for two groups of people with dementia: those with acquired hearing loss, and those who had always been deaf. The consultation exercise was carried out to obtain insight into the important challenges which need to be tackled. The study sought the views of service users, relatives, care practitioners (mostly care assistants) and British Sign Language (BSL) or English interpreters - 43 people in all. Issues covered in this research focus include recognising deafness, social isolation, implications for communication, hearing aids, and the needs of deaf sign language users with dementia. The consultation exercise was undertaken jointly by the Dementia Services Development Centre (DSDC), University of Stirling and Deaf Action in Edinburgh. (RH)

ISSN: 13518372

Depression in late-life: shifting the paradigm from treatment to prevention; by Ellen M Whyte, Barry Rovner.

International Journal of Geriatric Psychiatry, vol 21, no 8, August 2006, pp 746-751.

Late-life depression is very common and is associated with high rates of morbidity and mortality. While the field of geriatric psychiatry is focused on depression treatment, prevention is an enticing option. Prevention of late-life depression would decrease both emotional suffering and depression-associated morbidity and mortality, and may decrease dependence on non-mental health professionals to detect depression and to initiate a treatment referral. This paper reviews current thinking on prevention research with a particular focus on its application to late-life depression. To illustrate these issues, the authors discuss recent and ongoing clinical trials of interventions to prevent depression in two populations of older people: those with age-related macular degeneration (AMD) and those with cerebrovascular disease. (RH)

ISSN: 08856230

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

Making the Link: ageing and sight loss; by Carol Smith.

Journal of Integrated Care, vol 14, issue 3, June 2006, pp 32-38.

Making the Link is a project being developed by the Royal National Institute of the Blind (RNIB) and funded by the Department of Health (DH). The project is aimed at improving health and social care for older people with sight problems, by focusing on some of the standards for the National Service Framework for Older People (NSF), and applying them to older people with sight problems. The project will identify, develop and disseminate good practice by establishing two pilot sites and conducting desk research. This article reports on the project's background and development. (RH)

ISSN: 14769018

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

Perceived overprotection : support gone bad?: [support for those with visual impairment]; by Verena R Cimarolli, Joann P Reinhardt, Amy Horowitz.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 61B, no 1, January 2006, pp S18-S23.

Perceived overprotection is a potentially problematic aspect of receiving support on the ability to adjust to a chronic condition, specifically age-related vision loss. Perceived overprotection is an especially crucial issue for this population of chronically ill older people, because of the safety issues associated with visual impairment, and because perceptions on the part of the older person that the support providers may lead to excess disability. Participants were 584 older men and women with age-related vision impairment who applied for services at a vision rehabilitation agency. Path analysis was used to examine the effects of perceived overprotection on two positive indicators of adjustment: vision-specific adaptation and environmental mastery. Moreover, antecedents of perceived overprotection were examined. Higher levels of perceived overprotection were associated with less optimal adjustment to age-related vision loss, with lower scores on measures of vision-specific adaptation and environmental mastery. Higher levels of functional disability and instrumental support received were associated with higher levels of perceived overprotection. Findings indicate that support providers of older people with visual impairment as well as vision rehabilitation service providers need to be aware of the detrimental impact of perceived overprotection. (RH)

ISSN: 10795014

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

Psychosocial effects of age-related macular degeneration; by K Berman, H Brodaty.

International Psychogeriatrics, vol 18, no 3, September 2006, pp 415-428.

Age-related macular degeneration (AMD) affects approximately 10% of people aged 65-74 and 30% of those aged 75+. AMD is a major cause of blindness in old age; it is progressive and irreversible. The authors used

MEDLINE, psychINFO and CINAHL from 1966 to 2004 to review the literature on AMD's psychosocial effects. AMD is associated with functional impairment, high rates of depression, anxiety and emotional distress, and increased mortality. Risk factors for depression are not well-defined, except for the degree of functional impairment and impending or actual loss of vision in the second eye. Behavioural and self-management programmes may be effective in managing depression associated with AMD, but few studies have been performed, and none using drugs or multimodal therapy. AMD will become even more prevalent as the population ages. Identification of the risk factors for psychological consequences and of effective interventions remain to be recognised. (RH)

ISSN: 10416102

Registered blind and partially sighted people at 31 March 2006, England; by NHS Information Centre - DH; National Statistics. London: Department of Health - DH, 2006, unnumbered (Personal Social Services CSSR Statistics).

Current triennial report of this renamed Series (formerly A/F 7). The data are compiled from the triennial return SSDA 902 submitted by Local Authorities to the Department of Health. Key points and a historical summary for England is included in this edition. (KJ)

Price: FOC

From : Department of Health, Room 457C, Skipton House, 80 London Road, London SE1 6LH.

<http://www.ic.nhs.uk/pubs/blindeng06/report/file>

Treating age-related macular degeneration; by James Self, Poorna Abeyisiri, Andrew Lotery.

Geriatric Medicine, vol 36, no 4, April 2006, pp 27/34.

Age-related macular degeneration affects approximately one in three of the population by the age of 75. It is the commonest cause of blindness in the Western world, accounting for all cases of registered blindness in people aged 65+. In this article, the authors review the causal factors, the symptoms, how the disease progresses, and they discuss how best to treat the condition. (RH)

ISSN: 0268201X

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

## 2005

Cataracts and the aging driver; by Donald W Kline, Wenchen Li.

Ageing International, vol 30, no 2, Spring 2005, pp 105-121.

Progressive age-related declines in vision make everyday tasks more difficult for older people. The consequences of age-related visual change are particularly evident in the presence of serious disorders of the eye such as cataracts. A near-universal visual outcome of ageing, cataracts increase the opacity and light scattering properties of the lens. In turn, these changes impair acuity, contrast sensitivity and colour discrimination, especially under conditions of dim illumination or strong glare. Research shows that the performance, safety, mobility, comfort and driving habits of older drivers are affected adversely by cataract-induced visual loss. Conversely, the striking improvements in sight with surgical replacement of the cataractous lens appear to enhance ageing drivers' performance and safety. However, the relative benefits of treating cataracts unilaterally versus bilaterally have yet to be determined, as do the direct and mobility-mediated effects of cataract and cataract treatment on psychosocial variables that contribute to well-being and quality of life. (RH)

ISSN: 01635158

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

The effect of rehabilitation on depression among visually disabled older adults; by A Horowitz, J P Reinhardt, K Boerner.

Aging & Mental Health, vol 9, no 6, November 2005, pp 563-570.

There has been a great deal of interest in identifying the impact of rehabilitation on psychological well-being, as well as functional ability, among older people with disabilities, but empirical data remain limited. This descriptive study of a vision rehabilitation service examines the effect of specific vision rehabilitation services (low vision clinical services, skills training, counselling, optical device use, and adaptive device use) on change in depression in a sample of older people with age-related vision impairments. 95 participants were interviewed at application for services and then about 2 years later. Findings from hierarchical regression analysis indicated that low vision clinical services, counselling, and use of optical devices, in separate models, each significantly contributed to a decline in depression, after controlling for age, health status, vision status, functional disability, as well as baseline depression. When all service variables were entered into the same equation, they explained an additional (10% of the variance) in change in depression. Given the well-documented robust relationship between disability and depression, findings point to the influence of vision rehabilitation interventions on both

physical and psychological functioning, and underscore the need for future, controlled research on rehabilitation service models that address mental health issues. (RH)

ISSN: 13607863

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

Find the connections: social care research has to take account of the increasing amount of partnership and joint working; by Bob Hudson.

Community Care, no 1556, 20 January 2005, pp 36-37.

The author reports on a Good Practice : Developing an Evidence Base conference held by the Integrated Care Network, to develop effective working in partnership and integration. The need to take a broad interpretation of what constitutes research is emphasised, and three levels of thinking about joint working are identified. Examples of local practitioner-researcher programmes are outlined: Durham access programme for older people and people with a physical or sensory impairment; mental health services for older people in Cumbria; and reorganisation of children's services in Northumberland. (RH)

ISSN: 03075508

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

"I'm like a tree a million miles from the water's edge": social care and inclusion of older people with visual impairment; by John Percival, Julienne Hanson.

British Journal of Social Work, vol 35, no 2, March 2005, pp 189-206.

The care and support of older people with visual impairment is a neglected public policy issue, despite the growing numbers affected by sight loss in later life. The report, "Housing and support needs of older people with visual impairment: experiences and challenges" (published by the Thomas Pocklington Trust in 2002) is a study of 400 people aged 55+ in Plymouth, Birmingham and London and their experiences of sight loss, coping strategies, support needs, home environments, social contacts and information needs. This paper reports on a prominent concern arising from the research - the connection between unmet social care needs and social exclusion. Discussion focuses on identifying and assessing needs, major problems and priorities mentioned by interviewees, and service initiatives that promote inclusive social care. Conclusions are reached that social workers and other allied professionals can best promote socially inclusive support through inter-agency co-operation. Practical suggestions are presented as to the possible shape and direction of collaborative work. (RH)

ISSN: 00453102

From : <http://bjsw.oupjournals.org>

Living with physical and sensory impairment in rural areas : challenges and responses: Volume 1 : Policy and practice; by John Palmer, Salma Ahmed, Caitriona Carroll, North Harbour Consulting Limited; Housing Corporation. Portsmouth: North Harbour Consulting Limited, 2005, 68 pp (Research summary 6 pp).

Disabled people living in rural areas face multiple disadvantages arising both from their disability and where they live. This research investigated disabled people's experiences of rural housing, the built environment and access to services in five local authority areas: East Lindsey, Lincolnshire; Penwith, Cornwall; Wear Valley, County Durham; South Lakeland, Cumbria; and Shepway, Kent. The emphasis of the research is on the choices available and how these choices are constrained by disability. The research also investigated the care and support received, and the importance of informal family and community-based networks in helping to provide care and sustain independent living. Also examined in the report are rural transport, access to rural services, and disabled people's use of personal computers and the internet. A CD-ROM is also available containing large print versions of the research summary, main research report, and the technical report and working papers for the five study areas. (RH)

From : North Harbour Consulting Limited, 20 Newlyn Way, Port Solent, Portsmouth PO6 4TN. Email: [northharbour@btconnect.com](mailto:northharbour@btconnect.com)

Prevalence and correlates of depression in Chinese oldest old; by Kee-Lee Chou, Iris Chi.

International Journal of Geriatric Psychiatry, vol 20, no 1, January 2005, pp 41-50.

In Hong Kong, the oldest-old (age 80 and above) is the fastest growing age group. This article examines cross-sectional data collected from a representative community sample of 1,903 Chinese people aged 60+ in Hong Kong. Respondents were interviewed face-to-face with a structured questionnaire. Using 8 as the cut-off point in the 15-item Geriatric Depression Scale (GDS-15), the authors found that the prevalence rate was greater for the oldest old (31.1%) than for the young old (2.8%, age 60-69) or the old-old (22.4%, age 70-79). Logistic regression analysis revealed that financial status, poor self-rated health, loneliness, and heart disease were significantly and positively related to depression in the oldest old after gender, marital status, education, living arrangements, functional disability, sensory impairment, cognitive ability and the presence of eight medical

conditions were controlled. Interestingly, financial strain, self-rated health and loneliness were found to be significant correlates of depression in the young-old and old-old, too. (RH)

ISSN: 08856230

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

Prevalence and risk factors for self reported visual impairment among middle-aged and older adults; by Amy Horowitz, Mark Brennan, Joann P Reinhardt.

Research on Aging, vol 27, no 3, May 2005, pp 307-326.

Data were collected by telephone interviews from a nationally representative sample of 1,219 Americans aged 45+ for this study on the prevalence of risk factors for self-reported visual impairment. Hierarchical logistic regression examined independent risk factors of self-reported visual impairment. 17% of the sample self-reported visual impairments, increasing to 26.5% of those aged 75+. Greater age, not being Hispanic, in poor or fair self-rated health, and low availability of informal social support were significant risk factors associated with visual impairment. The prevalence of visual problems among adults suggests unmet needs for both basic eye care and vision rehabilitation interventions to reduce functional limitations that can result from visual impairment. Longitudinal research is needed to examine prevalence and incidence of vision loss as a function of population ageing and changing health behaviours. (RH)

ISSN: 01640275

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

## 2004

Adaptation to disability among middle-aged and older adults: the role of assimilative and accommodative coping; by Kathrin Boerner.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 59B, no 1, January 2004, pp P35-P42.

The purpose of this study was to investigate the links between coping, disability and mental health in adults who are confronted with age-related vision loss. Drawing on the model of assimilative and accommodative coping (e.g. Bradstädter, 1999), hierarchical regressions were designed to examine the effects of coping and disability on mental health. Participants were 56 middle-aged and 52 older Americans who had been recruited from a community-based rehabilitation agency. Findings demonstrate a critical role of accommodative coping for adaptation, with beneficial effects on mental health that were more pronounced in the case of high disability for younger participants. Finally, findings suggest that dealing with disability may pose more of a mental health risk in middle than in late adulthood. (RH)

ISSN: 10795014

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

The communication and psychosocial perceptions of older adults with sensory loss: a qualitative study; by Chyrisse Heine, Colette J Browning.

Ageing and Society, vol 24, part 1, January 2004, pp 113-130.

Decreased vision and/or hearing acuity often result in poor communication and psychosocial functioning. This qualitative study aimed to identify communication difficulties and conversational strategies used by subjects, and to explore their perceptions of their social adjustment, quality of life. and physical and mental well-being. Participants were aged 60+ with sensory loss, and attended the Vision Australia Foundation of Victoria. In-depth interviews revealed that participants experienced frequent communication difficulties. They identified the personal, situational and environmental triggers responsible for communication breakdown, and described the compensation and avoidance strategies that they used. They acknowledged that frequent communication breakdown resulted in decreased socialisation. The problems of adjusting to sensory loss, depression, anxiety, lethargy and social dissatisfaction were cited as factors that affected their physical and mental well-being; while being optimistic, coping with their sensory loss, and maintaining social contact contributed to an improved quality of life. All participants expressed interest in being involved in further communication intervention programmes. (RH)

ISSN: 0144686X

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

Elderly and invisible?: [dual sensory impairment]; by Sarah Butler.

Talking Sense, vol 50, no 3, Autumn/Winter 2004, pp 31-35.

The vast majority of people with a dual sensory impairment are aged over 65, and this article outlines the main causes. The author uses case studies of unmet need, and showing that those whose work is with older sensorily



impaired people have had no training in sensory impairment - even though organisations such as RNIB and Sense can provide such training. (RH)

ISSN: 13674064

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

Health information needs of visually impaired people: a systematic review of the literature; by C A Beverley, P A Bath, A Booth.

Health & Social Care in the Community, vol 12, no 1, January 2004, pp 1-24.

While access to, and provision of, information is key to reducing inequalities in health and social care, it does not always meet the needs of groups such as the visually impaired. Out of 1114 references identified in this systematic review on the health information needs of visually impaired people, only 16 met inclusion criteria, and quality of reporting of the literature was poor. Most of the studies were concerned with information for healthy living, while the remaining focus was on information about, or coping with, visual impairment, and about accessing health services (e.g. medication labels, appointment letters). Most of the studies conducted to date relate to format of the information, while surprisingly few empirical studies have examined the health information needs of the group. Gaps identified in the literature include: types of health information; non-format aspects (e.g. content and timing); sources of health and social care information; treating visually impaired people as a heterogeneous group; and recognising the value of actively involving visually impaired people in the research process. Thus, the paucity of evidence places a heavier onus on future research. (RH)

ISSN: 09660410

From : [www.blackwellpublishing.com/hsc](http://www.blackwellpublishing.com/hsc)

Hearing and the elderly: a simple cure; by Angela King.

Geriatric Medicine, vol 34, no 6, June 2004, pp 9/15.

A simple cure", a new report from the RNID reports that the one in seven patients who is deaf or hard of hearing has experienced communication failures with healthcare professionals. The prevalence of deafness is much higher in older people: more than 50% of people aged 60+ have some loss of hearing. The author, who is Senior Audiology Specialist at RNID, discusses the survey results and recommendations for communication improvement, for example widening the use of existing technology, such as visual alert displays and loop systems. (RH)

ISSN: 0268201X

From : [www.gerimed.co.uk](http://www.gerimed.co.uk)

Impact of self-assessed hearing loss on a spouse: a longitudinal analysis of couples; by Margaret I Wallhagen, William J Strawbridge, Sarah J Shema (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 59B, no 3, May 2004, pp S190-S196.

Hearing loss is increasingly common in older people and is negatively associated with health and well-being. This study analyses the relationship between a spouse's self-assessed hearing loss and his or her partner's physical, psychological and social well-being 5 years later. Subjects were 438 older married couples from the Almeida County Study in California. Hearing loss and adjustment variables were assessed in 1994 and outcomes in 1999. Longitudinal analyses included multivariate statistical models using generalised estimating equations to adjust for paired data and partners' hearing loss, age, gender, chronic conditions and financial problems. Spouse hearing loss increased the likelihood of subsequent poorer physical, psychological and social well-being in partners. The negative impact of husbands' hearing loss on wives' well-being appears stronger than the reverse. Findings suggest that early diagnosis and treatment of hearing loss constitute important clinical strategies to enhance the well-being of both hearing-impaired individuals and their spouses. The findings also lend support to policy change to cover hearing devices by insurance. (RH)

ISSN: 10795014

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

Older people with schizophrenia: a community study in a rural catchment area; by Silvia Rodriguez-Ferrera, Christopher A Vassilas, Sayeed Haque.

International Journal of Geriatric Psychiatry, vol 19, no 12, December 2004, pp 1181-1187.

An increasing number of older people with schizophrenia are living in the community. In the largely rural area of West Suffolk, patients aged 60+ with a primary diagnosis of non-affective psychotic disorder and known to health services were interviewed with the Present State Examination and other standardised interview instruments. Of the 72 included in the study, 46 had first become ill before age 60, and 26 after (the very late onset group, VLO). 80% were women, 26% had never married, 87% lived in their own homes, and 51% alone. In the preceding month, 41% of the sample had experienced psychotic symptoms and 15% depressive

symptoms. 27% were cognitively impaired. The earlier onset group had significantly higher rates of tardive dyskinesia and negative symptoms of schizophrenia and were treated with higher doses of neuroleptics. The VLO group had higher rates of hearing impairment (54% vs 15%) and of partial or no sight (93% vs 55%). Despite significant differences in presentation, older patients with schizophrenia and very late onset schizophrenia-like psychosis have much in common. Both groups are vulnerable with high levels of psychopathology, poor insight, sensory impairment and social isolation. The needs of older people with schizophrenia must be taken into account when services for older people are planned. (RH)

ISSN: 08856230

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

People registered as deaf or hard of hearing, year ending 31 March, England: editions in stock: 1998, 2001, 2004; by Kate Anderson, Ann-Marie Brown (eds), Department of Health - DH; Government Statistical Service - GSS. London: Department of Health, 2004, 27 pp (Personal Social Services CSSR Statistics).

Under Section 29 of the National Assistance Act 1948, Councils are required to compile and maintain classified registers of people who are deaf, blind and hard of hearing. Current triennial report of the return SSDA 910 (formerly series A/F 20), which contains detailed statistics on persons registered with local authority social service departments in England, as being deaf or hard of hearing. Registration is not compulsory, so the figures do not provide a complete picture. (KJ)

Price: FOC

From : Department of Health, PO Box 777, London SE1 6XH.

<http://www.publications.doh.gov.uk/public/deafandhardofhearing2004.htm>

Problems with vision associated with limitations or avoidance of driving in older populations; by William A Satariano, Kara E MacLeod, Theodore E Cohn (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 59B, no 5, September 2004, pp S281-S286.

The role of disease processes that affect vision is examined, along with reported troubles with vision, physical symptoms affecting the eyes, and the objective measures in reported driving limitation due to problems with eyesight among older drivers. The study uses data from 1,840 participants in the Study of Physical Performance and Age-Related Changes in Sonomans (SPPARCS), a California community-based longitudinal study of ageing and physical performance affecting performance in people aged 55+. Each of 16 visual conditions was assessed for impact on reported driving, and significant associations were reported for all 16 conditions. "Avoiding physical activity due to vision" and "trouble seeing steps up or down stairs" had the strongest associations. However, "glasses or contact lenses required for driving" and "trouble with glare from sunlight" had the highest attributable risks. Addressing specific problems attributable to vision should substantially reduce driving limitations due to eyesight. (RH)

ISSN: 10795014

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

Reasons given by older people for limitation or avoidance of driving; by David R Ragland, William A Satariano, Kara E MacLeod.

The Gerontologist, vol 44, no 2, April 2004, pp 237-244.

Data from the Study of Physical Performance and Age-Related Changes in Sonomans (SPPARCS) in California are used in this study. 2,046 participants aged 55+ reported whether or not they limited or avoided driving. 21 medical and non-medical reasons for limiting or avoiding driving were examined by age and gender. The study finds that while most older people continue to drive, many - especially older women - report one or more reasons to limit or avoid driving. Among medical reasons, problems with eyesight are cited most often; no other health problem was identified as a major limitation. Among non-medical reasons, being concerned about an accident or crime, and having no reason to drive were often cited. Important predictors of reported driving limitations were low income, limited functional status and self-report of poor vision. Understanding factors that affect older people's driving patterns - including medical and non-medical reasons - will assist in developing both enhancements to extend safe driving years and responses to the consequences of driving reduction. (RH)

ISSN: 00169013

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

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

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

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

ISSN: 10795014

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

Vision impairment and combined vision and hearing impairment predict cognitive and functional decline in older women; by Michael Y Lin, Peter R Gutierrez, Katie L Stone (et al), Study of Osteoporotic Fractures Research Group (United States).

Journal of the American Geriatrics Society, vol 52, no 12, December 2004, pp 1996-2002.

Of 6,112 women aged 69+ participating in the US Study of Osteoporotic Fractures (SOF) between 1992 and 1994, 5,345 participants had their hearing measured, 1,668 had visual acuity measured, and 1,634 had both measured. Participants completed the modified Mini Mental State Examination (MMSE) and/or a functional status assessment at baseline and follow-up. About one-sixth (15.7%) of the sample had cognitive decline; 10.1% had functional decline. In multivariate models adjusted for sociodemographic characteristics and chronic conditions, vision impairment at baseline was associated with cognitive and functional decline. Hearing impairment was not associated with cognitive or functional decline. Combined impairment was associated with the greatest odds for functional and cognitive decline. Sensory impairment is associated with cognitive and functional decline in older women. Studies are needed to determine whether treatment of vision and hearing impairment can decrease the risk for cognitive and functional decline. (RH)

ISSN: 00028614

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

Visual impairments, functional and health status, and life satisfaction among elderly Bedouins in Israel; by Esther Iecovich, Richard E Isralowitz.

Ageing International, vol 29, no 1, Winter 2004, pp 71-87.

Age-related visual impairment is a major cause of functional limitations. It often affects social, emotional, mental and physical well-being, as well as everyday functioning ability. This study examines the impact of visual impairment on daily functioning and subjective well-being on older Bedouins. Participants were 88 Bedouins aged 60+ at a day centre in a Bedouin town in southern Israel. Most of the respondents had visual impairments in terms of close and distance sight. Visual impairment was found significantly correlated with perceived daily functioning and health status as well a sense of life satisfaction. Those having visual impairment reported more problems with performing activities of daily living (ADLs), their health status is more deteriorated and their life satisfaction is lower compared with those not having visual problems. A discussion of the findings is provided in terms of policy and service provision for older people. (RH)

ISSN: 01635158

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

## 2003

Delivering home improvement agency services to visually impaired people; by Foundations - National Co-ordinating Body for Home Improvement Agencies; Thomas Pocklington Trust; Centre for Housing Policy - CHP, University of York. Glossop, Derbyshire: Foundations - National Co-ordinating Body for Home Improvement Agencies, 2003, 51 pp (Good practice guide).

Home Improvement Agencies (HIAs) play an important role in promoting independence for vulnerable people, particularly those living in private sector housing. This guide draws on the experience of six HIAs involved in a good practice research project jointly undertaken by Foundations and the the Centre for Housing Policy at the University of York, the latter commissioned by the Thomas Pocklington Trust. The aim was to investigate key issues that would lead to improved HIA services for visually impaired people. Coverage includes: raising

awareness of visual impairment; carrying out assessments that meet users' needs; technical assistance and adaptation guidance; working with contractors; and ensuring client satisfaction. (RH)

ISBN: 0954545702

Price: £9.95

From : Foundations, Bleaklow House, Howard Town Mill, Glossop, SK13 8HT.

<http://www-foundations-uk-com>

Developing integrated support for deafblind people: social services going it alone?; by Michael Wood, Janet Leece.

Journal of Integrated Care, vol 11, issue 5, October 2003, pp 39-45.

This paper considers recent guidance on social care for deafblind adults and children issued to local authorities in March 2001 by the Department of Health (DH) under Section 7 of the Local Authority Social Services Act 1970. It uses Staffordshire Social Services Department's response to the guidance as a case study to identify areas of good practice, and makes practical suggestions for implementation. The guidance places the responsibility for improving provision to deafblind people squarely on social services, rather than including other agencies such as health and education. The paper argues that this may be hindering the development of integrated services. (KJ/RH)

ISSN: 14769018

The effects of improving hearing in dementia; by N Harry Allen, Alistair Burns, Valerie Newton (et al).

Age and Ageing, vol 32, no 2, March 2003, pp 189-193.

The presence of dementia should not preclude assessment for a hearing aid, and all patients with hearing impairment require thorough examination. This Greater Manchester study monitored the effects of hearing aids on people with hearing loss and dementia. Almost half of the mildly hearing impaired patients with dementia in the sample improved when hearing loss was restored. The study notes that people with dementia can tolerate routine audiological procedures. 10% of the patients with dementia and hearing loss also benefited from removal of ear wax. Whilst hearing does not improve cognitive function or reduce behavioural or psychiatric symptoms, there is evidence that patients improved on global measures of change. (RH)

ISSN: 00020729

Giving while in need: support provided by disabled older adults; by Kathrin Boerner, Joann P Reinhardt.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 58B, no 5, September 2003, pp S297-S304.

The ability to provide support to others may become an especially critical issue for those who are dealing with a progressive, chronic impairment that typically results in increased functional disability, and thus places them in greater need of support. This multilevel analysis examined change in support provision over time, as well as the degree to which sociodemographic, health, functional disability, use of rehabilitation services, and the receipt of support predicted support provision. Participants, 440 older people with a progressive, chronic visual impairment, were interviewed three times over an 18-month period. Affective and incremental support provided to family and friends each showed a decrease over time. Age, gender and education emerged as predictors of support provided at baseline. Receipt of support was positively related to support provision at all three time points, both within and across support types. Findings indicate there may be feasible ways of providing support, even by older people who are in need of support themselves. (RH)

ISSN: 10795014

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

Hearing and vision impairment and the social networks of older Australians; by Christopher Lind, Louise Hickson, Linda Worrall (et al).

Australasian Journal on Ageing, vol 22.1, March 2003, pp 20-25.

A group of 240 self-selected, community based older Australians (aged 60 to 93) were tested for vision and hearing acuity, and reported on their hearing and vision difficulties and social networks. Participants had an average of 16 people in their social networks, which typically included a spouse and four other members of the immediate family. Dual sensory loss (i.e. some degree of hearing and visual impairment) was evident in 19% of the participants. Those with dual sensory loss had more intense networks; however, they had a reduced quality of social networks compared to others in the sample. (RH)

ISSN: 14406381

The impact of hearing loss on quality of life in older adults; by Dayna S Dalton, Karen J Cruickshanks, Barbara E K Klein (et al).

The Gerontologist, vol 43, no 5, October 2003, pp 661-668.

The impact of hearing loss on hearing handicap, communication difficulties, function and health-related quality of life is investigated. Data are for 2,688 people aged 53-97 (42% male) from a 5-year follow-up Epidemiology of Hearing Loss Study, a population-based longitudinal study conducted in Beaver Dam, WI. Difficulties with communication were assessed by using the Hearing Handicap for the Elderly - Screening Version (HEE-S), with additional questions regarding communication difficulties in specific situations. Health-related quality of life was assessed using measures of activities of daily living (ADLs), Instrumental ADLs (IADLs) and the Short Form 36 Health Survey (SF-36). Hearing loss measured by audiometry was categorised on the basis of the pure tone hearing thresholds at 0.5, 1, 2 and 4 kHz. 28% of the participants had a mild hearing loss; 24% had a moderate to severe hearing loss. Severity of hearing loss was significantly associated with having a hearing handicap and with self-reported communication difficulties. Individuals with moderate to severe hearing loss were more likely than those without hearing loss to have impaired ADLs and IADLs. Severity of hearing loss was significantly associated with decreased function in both the Mental Component Summary score and the Physical Component Summary score of the SF-36 as well as with six of the eight individual domain scores. Severity of hearing loss is thus associated with reduced quality of life in older people. (RH)

ISSN: 00169013

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

Improving older people's services: an overview of performance; by Ian Bainbridge, Allan Ricketts, Social Services Inspectorate - SSI, Department of Health - DH. London: Department of Health, November 2003, 65 pp (CI(2003)14).

The 1998 White Paper, "Modernising social services" (Cm 4169) established a new framework for the provision of social services. This report uses information from inspections of social care services for older people in 15 councils during 2002-03. It outlines the policy context, and reports and analyses inspection and monitoring information on themes as follows: promoting independence; care management and quality of services; access to services; commissioning services; and organisation, management and delivering change. The report cites examples of good practice from individual councils, and provides a checklist to help councils review their progress. While a number of achievements are noted, inspection and performance information showed that users' and carers' experience often falls short, as is the case with minority ethnic groups and older people with dementia, functional mental illnesses and sensory impairment. Appendices on the following are available only on the website version: inspection standards and criteria; inspection method; councils inspected and where to obtain reports; contact details for good practice examples; performance assessment framework; and matrix of inspection judgements. (RH)

Price: FOC

From : Department of Health, PO Box 777, London SE1 6XH. NHS Responseline: 08701 555 455. Website: [www.doh.gov.uk/ssi/olderpeople03.htm](http://www.doh.gov.uk/ssi/olderpeople03.htm)

Independence matters: an overview of the performance of social care services for physically and sensory disabled people; by Jan Clark, Social Services Inspectorate - SSI, Department of Health - DH. London: Department of Health, December 2003, 68 pp (CI(2003)15) (summary also available).

Between February and November 2002, the SSI inspected disability services in eight local councils with social services responsibilities: Bolton, Bromley, Dorset, Gateshead, Liverpool, Redcar & Cleveland, Solihull and Tameside. 'Independence matters' takes as its value base the social model of disability, which recognises that social and environmental barriers limit opportunities for disabled people to take part in society on an equal basis with other people. Examples of good practice illustrate the findings which are presented on these four key themes: independence at home; identity and belonging; active citizenship; and systems and processes (that is, the way councils work). The short summary gives the main points on the four key themes. Appendices C-G of the main report are available only on the report's website, as is a British Sign Language version of the summary. (RH)

Price: FOC

From : Department of Health, PO Box 777, London SE1 6XH. NHS Responseline: 08701 555 455. Website: [www.doh.gov.uk/ssi/independencematters03.htm](http://www.doh.gov.uk/ssi/independencematters03.htm)

The influence of health, social support quality and rehabilitation on depression among disabled elders; by A Horowitz, J P Reinhardt, K Boerner (et al).

Aging & Mental Health, vol 7, no 5, September 2003, pp 342-350.

Participants were 95 visually impaired older Americans (age 65+) seeking visual rehabilitation services, who were interviewed at application and some 2 years later. Hierarchical regression analyses focused first on

concurrent relationships at baseline, and then used baseline health and social support variables, along with indicators of change in vision and use of rehabilitation services, in order to predict change in depression over time. Findings indicate that being unmarried, in poorer health, having lower quality of relationships with family, and lower stability in friendships were significant independent risk factors for initial depression, explaining 50% of the variance. Decline in depression over time was predicted by younger age, better self-rated health, stability of friendships, and use of rehabilitation services that, along with baseline depression, explained 61% of variance in depressive symptomatology at 2-year follow-up. The importance of qualitative aspects of social support for older disabled people is highlighted, as is the distinction that needs to be made between factors predicting concurrent mental health status and those predicting change in status over time. (RH)

ISSN: 13607863

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

Loss of vision in later life: a different perspective; by Martin S Yablonski. New York, NY: Lighthouse International, Spring 2003, pp 6-7, 11.

*Aging & Vision*, vol 15, no 1, Spring 2003, pp 6-7, 11.

Vision loss in later life can contribute to deterioration of confidence in the older person, in addition to its impact on safety. Vision rehabilitation strategies, in particular orientation and mobility techniques, can play an important role in restoring feelings of confidence, comfort and safety. (RH)

Lost from view: [gaps in services for visually impaired people]; by John Percival.

*Community Care*, no 1454, 9 January 2003, pp 38-39.

Wide gaps in services for visually impaired people have emerged in a new study of 400 participants aged 55+ living in various types of housing in Plymouth, Birmingham and London. They included individuals who were in touch with specialist services, as well as those who were not. The author discusses the results, which are variously published by the Thomas Pocklington Trust as an Occasional paper, Research findings and a full report, "The housing and support needs of older people with visual impairment". (RH)

ISSN: 03075508

Older people with a sensory impairment: the assessment and management of care; by Catherine Robinson, Diane Seddon, Vanessa Webb (et al).

*Quality in Ageing*, vol 4, no 1, April 2003, pp 22-31.

The findings of a recent study about the assessment and management of care for older people who may have a sensory impairment are explored. Using qualitative research methods, the work focused on non-specialist practitioners who are responsible for the assessment and management of care for older people and their carers. The findings are based on the analysis of in-depth interviews with non-specialist practitioners, specialist workers, and managers from statutory and voluntary sector agencies. Older people with a hearing or visual impairment are not a homogeneous group of people with a single set of needs or service support networks. It is the existence of non-specialist practitioners, carrying out the assessment and management of care for older people that draw together in one study the three areas of visual, hearing and dual impairments. The findings relate to practitioners' awareness of sensory impairment in their local community; how practitioners assess and manage care; access to services; staff training and development; and information strategies. The interface between non-specialists and practitioners with particular expertise in sensory impairment is also examined. (RH)

ISSN: 14717794

A report of the joint review of social services in Portsmouth City Council; by Joint Reviews of Local Authorities' Social Services, Audit Commission; Social Services Inspectorate - SSI, Department of Health - DH. London: Audit Commission Publications, 2003, 90 pp (Joint reviews).

Portsmouth became a unitary authority in 1997, having previously been part of Hampshire. The purpose of the Joint Review is to provide an objective assessment of how well local people are being served by their social services, and to make a constructive contribution towards the further improvement of the services provided. It finds that most people are served well, with excellent prospects for improvement. The report notes the provision of a good range of intermediate care services, complemented by high quality domiciliary care services. A Best Value review has recommended moving from directly provided residential care services towards extra care housing. The report cites examples of good practice, including: the work of the Sensory Impairment and Deaf Service Team; and use of a staff development portfolio as part of the induction programme for new members of staff. Priorities for action identified by the review include: improving a range of weaknesses in services for adults and older people; and developing a workforce development strategy. (RH)

ISBN: 1862404615

Price: £15.00

From : Audit Commission Publications, PO Box 99, Wetherby, LS23 7JA. tel: 0800 502030

Screening older people for impaired vision in primary care: cluster randomised trial; by Liam Smeeth, Astrid E Fletcher, Smita Hanciles (et al).

British Medical Journal, vol 327, no 7422, 1 November 2003, pp 1027-1030.

To determine the effectiveness of screening for visual impairment, 4,340 people aged 75+ (excluding those resident in hospitals or nursing homes) were randomly sampled from 20 general practices, which were part of the MRC trial of assessment and management of older people in the community. Universal screening (assessment and visual acuity testing) was compared with targeted screening, in which only participants with a range of health related problems were offered an assessment that included acuity screening. The study found that including a vision screening component by a practice nurse in a pragmatic trial of multidimensional screening for older people did not lead to improved visual outcomes. (RH)

ISSN: 09598138

Vision and driving self-restriction in older adults; by Catherine G West, Ginny Gildengorin, Gunilla Haegerstrom-Portnoy (et al).

Journal of the American Geriatrics Society, vol 51, no 10, October 2003, pp 1348-1355.

Subjects were participants in the Smith-Kettlewell Eye Research Institute (SKI) Vision Study, and comprised 629 current drivers aged 55+ who had their driving behaviour, health and physical function assessed and vision function tested in 1993-95. These subjects completed a vision-related questionnaire and a battery of vision tests designed to assess visual performance under commonly encountered conditions of variable lighting and contrast. Even if they do not acknowledge the visual impairment as the cause for restricting their driving, older people with early changes in spatial visual function and depth perception appear to recognise their limitations and restrict their driving. Poor visual attention, a risk factor for crashes, may not be recognised. Additional studies of driving self-restriction in relation to risk factors for crashes in older people may help refine this strategy of reducing driving-related injury and death. (RH)

ISSN: 00028614

Vision screening for older people: the barriers and the solutions; by Anthony Carnicelli, Jill Keeffe, Kerri Martin (et al).

Australasian Journal on Ageing, vol 22.4, December 2003, pp 179-185.

The need for detection of vision impairment in older people has been well-established. This study aimed to facilitate access to vision screening for people aged 65+ in Whitehorse, Melbourne, Australia, through aged care, health and community services. 147 people within these organisations were trained to use a vision screening kit. However, it was estimated that only 20% of participants used the kit, citing a number of barriers, the main ones being time restraints, conflict with other duties, and wanting an outside organisation to perform testing. Overall, out of 510 people, 442 (87%) could be tested and 169 (38%) were detected with vision impairment. Of these, 40 (24%) were under care, and 129 (76%) were referred for further examination. As a result of this study, the authors recommended that vision screening be integrated into provision of care services to older people and patients as part of a holistic approach to health. (RH)

ISSN: 14406381

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

Visual factors should be assessed in older people presenting with falls or hip fracture; by Ahmed H Abdelhafiz, Christopher A Austin.

Age and Ageing, vol 32, no 1, January 2003, pp 26-30.

Visual impairment - although not routinely assessed - is an important risk factor for falls and hip fracture in older people. Impaired vision is highly prevalent and commonly unreported in the older population, particularly in women and those living in nursing homes. Measurement of visual functions such as visual acuity, contrast sensitivity, and depth perception may identify older people at risk of falls and hip fracture. Visual loss in older people is correctable in most cases. Intervention strategies - for example, change of glasses or cataract extraction - may have the potential of improving visual function and preventing falls in older people. The authors explore the relationship between visual impairment and risk factors for falls and hip fractures through a MEDLINE review of relevant literature since 1966. (RH)

ISSN: 00020729

Visual impairment among elderly Israelis; by Esther Iecovich.: International Institute on Ageing (United Nations - Malta), May 2003, pp 9-18.

BOLD, vol 13, no 3, May 2003, pp 9-18.

Age-related visual impairment is a major cause of functional limitations in mobility and independent living. Research findings suggest that social, emotional, mental and subjective well-being are affected likewise. This study of a sample of 152 Jewish older people aged 60+ in the southern region of Israel examines the relation between ethnicity and visual problems - that is, whether Jewish older people from various ethnic origins differ in terms of their perceived visual status and use of spectacles to improve their eyesight. The study also examines the extent to which visual problems affect the ability to perform activities of daily life (ADLs) and people's subjective well-being. The findings show ethnicity to be associated with perceived visual status, type of visual problems, spectacles usage, and reasons for not using spectacles whenever their use was necessary. Visual impairment was also found to significantly affect ability to perform ADL and instrumental activity of daily living (IADL) functions in older people from Asian-African countries, and to affect life satisfaction among older people from European-American countries only. Study findings are discussed in terms of policy and service provision. (RH)

ISSN: 10165177

## 2002

Aging effects on the identification of digitally blurred text, scenes and faces: evidence for optical compensation for everyday tasks in the senescent eye; by Paul R Bartel, Donald W Kline.

Ageing International, vol 27, no 2, Spring 2002, pp 56-72.

When older observers are de-focused optically to the same reduced acuity levels as their younger adult counterparts, they are better able to read distant text. This study sought to determine if this ability extended to intrinsically blurred (i.e. image-processed) stimuli of different types. 12 young (aged 20 to 27) and 12 older (aged 61 to 73) healthy community-dwelling adult observers with excellent acuity were compared on their ability to identify low-pass filtered real words, nonsense words, scenes and faces arranged in a sequence of decreasingly blurred images. Young observers were able to identify the images correctly earlier in the blur sequence than their older counterparts. This finding suggests that compensatory changes in the eye's optical media rather than the older observer's greater experience with blur accounts for their superior legibility performance with optically de-focused text. While the image-enhancing effects of the age-related decline in pupil size (senile miosis) may be involved, further research is needed to clarify the mechanism(s) underlying this ability. (RH)

ISSN: 01635158

The association of hearing impairment and chronic diseases with psychosocial health status in older age; by Sophia E Kramer, Theo S Kapteyn, Dirk J Kuik (et al).

Journal of Aging and Health, vol 14, no 1, February 2002, pp 122-137.

This study examines the association of hearing impairment and chronic diseases (diabetes mellitus, lung disease, cardiac disease, stroke, cancer, peripheral artery disease, osteoarthritis, rheumatoid arthritis) with psychosocial status (depression, self-efficacy, mastery, loneliness, social network size) in older people. The sample consists of 3,107 people aged 55 to 85 participating in the Longitudinal Aging Study Amsterdam (LASA). The findings emphasize the negative effect of hearing impairment on quality of life. (KJ/RH)

ISSN: 08982643

Combined hearing and visual impairment and depression in a population aged 75 years and older; by Taia Lupsakko, Maija Mäntyjärvi, Hanna Kautiainen (et al).

International Journal of Geriatric Psychiatry, vol 17, no 9, September 2002, pp 808-813.

Depression is associated with both visual and hearing impairment. The aim of this Finnish population-based study was to investigate the association between functional sensory impairment, especially combined sensory impairment and depressive symptoms and depression diagnosed according to DSM-IV criteria. Of the 470 people aged 75+ in the study group, 72 (15%) had depression according to DSM-IV criteria. 12% in the Functional Hearing Impairment (FHI) group, 20% in the Functional Visual Impairment (FVI) group, 18% in the Combined Sensory Impairment (CSI) group, and 15% in the Adequate Sensory Function (ASF) group suffered major depression. Although depressive symptoms were common in those with double sensory impairment, major depression was not experienced more often than by others aged 75+. (RH)

ISSN: 08856230



Hearing and vision loss within residential care facilities: the need for improved service delivery; by Mark C Flynn, Esther J Kennedy, Julianne Johns (et al).

Australasian Journal on Ageing, vol 21.3, September 2002, pp 141-151.

Functional assessments of speech understanding could provide a quick and simple assessment of the required level of assistance for each of the 178 residents participating in this New Zealand project. Despite 87.1% of the sample having a significant hearing impairment, only 43.3% currently wore hearing aids. Linked to poor hearing aid use was the fact that 43.9% of hearing aids required some degree of maintenance. Otoscopic examinations revealed 42.1% of ear canals to be occluded with cerumen to a degree that medical intervention was required. Sentence identification revealed the importance of aiding and access to contextual and visual cues (lip-reading) for this population. The study confirms the high prevalence of hearing impairment in older people, and makes a case for rehabilitation services being directed towards this population, particularly in the areas of hearing and maintenance, cerumen removal, and provision of communication skills training to residential care workers. (RH)

ISSN: 14406381

The housing and support needs of older people with visual impairment; by Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2002, unnumbered (Research findings issue 1).

Visual impairment is one of the most prevalent and disabling conditions that arises in later life, and yet very little research has been conducted that could inform the development of appropriate services. Thomas Pocklington Trust engaged researchers from University College London (UCL) and the University of Bristol to examine the housing and support needs of 400 visually impaired people aged 55+. This summarises the report's main findings, which also highlights needs with regard to social contact and inclusion, and for more accessible information. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

The housing and support needs of older people with visual impairment: experiences and challenges; by Julienne Hanson, John Percival, Reem Zako (et al), Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2002, 19 pp (Occasional paper).

Sight loss in later life has significant emotional consequences (e.g. depression), and its aftermath commonly includes diminution of valued skills and interests. A range of methods of enquiry was used in this 18-month study - which was commissioned by the Thomas Pocklington Trust - on the needs of older people with sight loss. The study investigated strategic issues of interest to Pocklington, particularly with regard to housing: the comparative merits of specialist and mainstream housing; the home environment, and size and layout of accommodation; community care and home support needs; preferences for specialist accommodation such as sheltered housing; and attitudes to moving and "home for life". Researchers from University College London (UCL) and the University of Bristol worked on the project. Interviews were conducted with 400 participants aged 55+ across three areas, Plymouth, Birmingham and London. The research provides evidence that older people with visual impairment are less able than their sighted peers to carry out activities of daily living (ADLs) independently or with as much confidence. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

Is it contagious?: affect similarity among spouses; by C R Goodman, R A Shippy.

Aging & Mental Health, vol 6, no 3, August 2002, pp 266-274.

Theories of emotional contagion suggest that spouses mutually experience affective or emotional states. However, empirical support for this theory is limited. This study uses a dyadic approach to examine affect similarity of depressive symptoms between 123 elders dealing with a recent vision loss and their spouses. Guided by a stress predictor model, hierarchical regression analyses of predictors of spouse depressive symptoms revealed that the spouse's race, health, care-giving appraisal, self-efficacy, conflict with other family members regarding their partner, and their partner's depressive symptoms significantly predicted spouse depression. Specifically, spouses who were white, in poorer health, experienced more care-giver burden, had more family conflict, and poorer self-efficacy, were more likely to be depressed. (RH)

ISSN: 13607863

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

LP font: a large print typeface specially designed for people with low vision; by John Gill, Scientific Research Unit, Royal National Institute for the Blind - RNIB. London: RNIB, 2002, unnumbered folded brochure.

Reading information from electronic screens now used by banks, transport systems and the like can be difficult, particularly for older people and those with low vision. This foldout brochure provides updated

information about the Tiresias LPfont, a typeface designed to maximise character definition and legibility on screens, labelling and signage. The font was developed by the author together with other experts in the field of ophthalmology. The brochure outlines the effects of ageing on eyesight. The Tiresias typeface was originally designed in response to the need for improving the text for television subtitling. (KJ/RH)

From : RNIB Scientific Research Unit, Falcon Park, Neasden Lane, London NW10 1RN. Website: [www.tiresias.org/lpfont](http://www.tiresias.org/lpfont)

National care standards; by Angus Skinner (Chair), National Care Standards Committee, Scottish Executive. Edinburgh: Scottish Executive, 2001-2002, 11 vols.

In Scotland, the National Care Standards Committee (NCSC) has published standards covering the following: care homes for older people; care homes for people with mental health problems; care homes for people with learning disabilities; care homes for people with physical and sensory impairment; care at home; independent hospitals; hospice care; short breaks and respite care services for adults; support services (i.e. "day care"); nurse agencies; and services for people in criminal justice supported accommodation. These standards have been developed with the help of working groups which included both service users and providers. The standards describe what the service user can expect from the service provider, and focus on his or her experience of quality of life. (RH)

Price: £5.00 ea

From : The Stationery Office Bookshop, 71 Lothian Road, Edinburgh EH3 9AZ.  
[www.scotland.gov.uk/government/rcp](http://www.scotland.gov.uk/government/rcp)

The prevalence and phenomenology of auditory hallucinations among elderly subjects attending an audiology clinic; by Martin G Cole, Lorna Dowson, Nandini Dendukuri (et al).

International Journal of Geriatric Psychiatry, vol 17, no 5, May 2002, pp 444-452.

Auditory hallucinations may be defined as auditory perceptions without an acoustic stimulus. In this cross-sectional Canadian study of 125 men and women aged 65+ referred to an audiology clinic, the prevalence of auditory hallucinations was 32.8%, and included humming or buzzing, shushing, beating or tapping, ringing, other individual sounds, multiples sounds, voices or music. Those with any type of hallucination tended to be younger and had poorer discrimination scores in the left ear and impaired binaural discrimination with lip-reading. Auditory hallucinations are frequent in older people with hearing impairment, and seem to be associated with younger age and asymmetrical hearing. (RH)

ISSN: 08856230

Reduced hearing, ownership, and use of hearing aids in elderly people in the UK: the MRC Trial of the Assessment and Management of Older People in the Community: a cross-cultural survey; by Liam Smeeth, Astrid Fletcher, Edmond Siu-Woon Ng (et al).

The Lancet, vol 359, no 9316, 27 April 2002, pp 1466-1470.

Reduced hearing in older people is important because it is disabling and potentially treatable. In a cross-sectional survey of 32,656 people aged 75+ in 108 UK family practices, 2,537 (8%) reported a lot of difficulty with hearing and 13,630 (42%) a little or a lot of difficulty. 3,795 (26%) of 14,877 participants who completed a whispered voice test failed the test, the proportion rising sharply with age. Following wax removal, 343 passed a retest. 998 (46%) of the 2189 people wearing a hearing aid at the time of testing failed the whispered voice test. More than half those who failed the test did not own a hearing aid. 2,200 (60%) of 3,846 people who owned a hearing aid said they used it regularly. Level of use was strongly related to perceived benefit. Reduced hearing is common and provision of hearing aids for older people is inadequate. Many people who own a hearing aid do not use it regularly, and even when wearing their aid, many still have socially disabling levels of hearing loss. A major source of morbidity in older people could be alleviated by improvements in detection and management of reduced hearing. (RH)

ISSN: 01406736

Visugate: all you need to know about visual impairment - in one place on the web; by Visugate - National Library for the Blind. 1st ed: National Library for the Blind, October 2002, A5 leaflet.

This leaflet promotes the service of Visugate, an online information gateway, which offers a flexible search service for anyone with an interest in visual impairment. The site is a research tool for people who are blind, partially sighted or deaf-blind, as well as professionals in the field, employers and policy-makers. Over 20 organisations and charities have contributed to the service. (KJ/RH)

Price: FOC

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

## 2001

The "common cause hypothesis" of cognitive aging: evidence for not only a common factor but also specific associations of age with vision and grip strength in a cross-sectional analysis; by Helen Christensen, Andrew J Mackinnon, Ailsa Kortten (et al).

Psychology and Aging, vol 16, no 4, December 2001, pp 588-599.

A prominent hypothesis in cognitive ageing is the existence of a common factor that is responsible for age-related deterioration in cognitive and non-cognitive processes. A multiple indicators, multiple causes model was used to examine the nature of this common factor and its relationship to age, gender and the apolipoprotein E (apoE) genotype. The common factor was modelled by using 10 indicator variables with 374 participants aged between 77.4 and 98.7 years. A latent factor was identified, with all indicators except blood pressure loading significantly. This factor could be identified in two age strata within the sample. After controlling for the effects of gender, apoE was significantly associated with memory but not with the common factor. The findings suggest that a number of specific processes may operate concurrently with any common cause factor. (RH)

ISSN: 08827974

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

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

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

ISSN: 07149808

The BT guide for people who are older or disabled 2001/02: the latest products and services; by British Telecom. London: British Telecom, 2001, 56 pp.

A guide to BT products for those who have problems with hearing, speech, sight, mobility or dexterity, and including information on alarm systems and a list of useful addresses. Guide is also available in braille, large print and on audio tape. (KJ)

Price: FOC

From : BT freephone 0800 800 150 Age and Disability Manager.

Community screening for visual impairment in older people; by Andrew G Lee.

Journal of the American Geriatrics Society, vol 49, no 5, May 2001, pp 673-675.

The question, "What is the effect on vision of visual screening in older patients?" is considered in a review of studies traced using on-line databases such as EMBASE and MEDLINE. All randomised trials of visual or multicomponent screening in unselected people aged 65+ in a community setting were independently reviewed by two reviewers. Of 2,862 citations and abstracts screened, 154 full text articles were reviewed, and five trials met final inclusion criteria. Implications for future geriatric research are discussed briefly. (RH)

ISSN: 00028614

Comparative impact of hearing and vision impairment on subsequent functioning; by Margaret I Wallhagen, William J Strawbridge, Sarah J Shema (et al).

Journal of the American Geriatrics Society, vol 49, no 8, August 2001, pp 1086-1092.

Hearing and vision impairments of 2,442 community-dwelling men and women aged 50 to 102 from the Almeida County Study (California) were assessed in 1994. Outcomes, measured in 1995, included physical disability (activities of daily living, instrumental ADLs, physical performance, mobility and lack of participation in activities), mental health (self-assessed, major depressive episode), and social functioning (feeling left out or lonely, hard to feel close to others, inability to pay attention). Both impairments had strong independent impacts on subsequent functioning. Visual impairment exerted a more wide-ranging impact on functional status, ranging from physical disability to social functioning. However, the results also highlighted the importance of hearing impairment, even when mild. These impairments can be partially ameliorated through prevention, assessment, and treatment strategies, and requires greater attention by all concerned. (RH)

ISSN: 00028614

Coping-with-hearing-loss model for older adults; by Rowena G Gomez, Scott F Madey.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 56B, no 4, July 2001, pp P223-P225.

A model is proposed that explains how hearing loss, psychological factors (i.e. attitudes about ageing, personal adjustment to hearing loss, and perceived social support), and perceived strategy effectiveness affect the use of adaptive and non-adaptive strategies. Adjustive strategies are behaviours that improve communication (i.e. asking others to repeat). Maladaptive strategies are coping behaviours that do not promote communication (i.e. pretending to understand a conversation). Non-audiological variables were more important than physical hearing loss (as measured in audiological examination) in predicting coping behaviours for hearing loss. The use of adaptive strategies was predicted to perceived effectiveness of the strategies to cope with hearing loss in daily life, poor adjustment to hearing loss, and poor social support. The results suggest that psychosocial issues may need to be addressed when older people have difficulties coping with their hearing loss. (RH)

ISSN: 10795014

Draft national care standards [on care at home, and care of people with learning disabilities, physical and sensory impairment, drug and alcohol misuse problems]: second tranche: a consultation paper; by Angus Skinner (chairman), National Care Standards Committee, Social Work Services Inspectorate, Scottish Executive. Edinburgh: Scottish Executive, April 2001, 131 pp.

The White Paper "Aiming for excellence: modernising social work services in Scotland" (March 1999) set out proposals for National Care Standards for a wide range of social care provision. The National Care Standards Committee (NCSC) set up Working Groups to draft these standards (the Care at Home Working Group chaired by Mary Marshall, the Learning Disabilities Working Group chaired by James Hogg, the Physical and Sensory Impairment Working Group chaired by Etienne d'Aboville, and the Drugs and Alcohol Working Group chaired by Netta Maciver). Care standards for care at home focus on the quality of the experience of those using the service. Standards of care for people with learning disabilities concern rights and responsibilities, where they want to live, feeling safe and being accepted, personal development, support, and health. Key issues in standards for people with physical and sensory impairment include: choice and empowerment; privacy and dignity; living one's own life; communication; health and well-being; and safety and risk. For alcohol and drug problems, core common standards are identified with regard to access, buildings and infrastructure, services, and staffing. (RH)

ISBN: 0755900243

From : Jane McEwan, Regulation of Care Project, Scottish Executive, Room 24, James Craig Walk, Edinburgh EH1 3BA. e-mail: jane.mcewan@scotland.gsi.gov.uk Website: www.scotland.gov.uk/government/rcp

Effect of increasing age on cataract surgery outcomes in very elderly patients; by Tien Yin Wong.

British Medical Journal, vol 322, no 7294, 5 May 2001, pp 1104-1106.

Cataract surgery is both safe and effective for most of those who need it, but the benefits and risks for those aged 85+ are less clear. In these patients - especially those with concomitant cardiovascular diseases - a cautious approach is advised, because of higher risk of systemic complications during surgery. A higher prevalence of pre-existing ocular diseases - for example, age-related maculopathy - may affect cataract surgery outcomes in older patients. Independent of pre-existing ocular diseases, increasing age is associated with poorer cataract surgery outcomes. (RH)

ISSN: 09598138

Effects of hearing impairment on use of health services among the elderly; by Carla A Green, Clyde R Pope.

Journal of Aging and Health, vol 13, no 3, August 2001, pp 315-328.

Diagnoses of hearing impairment, depression and chronic illnesses were used in hierarchical regression procedures to predict the volume and probability of any service use by 1,436 randomly selected 65-year-old health maintenance organisation (HMO) members. Hearing impairment substantially increased the likelihood of making at least one visit to a health care provider. For those who make such visits, however, hearing impairment did not lead to use of additional services, despite expectations to the contrary. (RH)

ISSN: 08982643

Food-related concerns of older adults with macular degeneration; by Georgia W Crews, Carol Ann Holcomb.

Journal of Nutrition for the Elderly, vol 21, no 1, 2001, pp 23-38.

Age-related macular degeneration (AMD) is the primary cause of low vision and irreversible blindness in over 65s in the US. This study aimed to identify the food-related concerns of older adults with macular degeneration. Interviews and focus groups were conducted in 16 geographic locations. Concerns were not significantly associated with age, education or sex of participants. Similar concerns were expressed in both focus groups and interviews, but potentially embarrassing issues were mentioned more often during interviews. While there are

strengths and weaknesses for each method, use of both interviews and focus groups increased the likelihood that the appropriate content area for the development of a questionnaire was captured. (KJ/RH)

ISSN: 01639366

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

Genetic and environmental influences on self-reported reduced hearing in the old and the oldest old; by Kaare Christensen, Henrik Frederiksen, Howard J Hoffman.

Journal of the American Geriatrics Society, vol 49, no 11, November 2001, pp 1512-1517.

Interviews conducted in 1995 with 77% of the 3,099 twin individuals aged 75+ from the Danish Twin Registry were contacted again in 1997 and 1999, along with a further 2,778 twins age 70-76 regarding genetic factors in reduced hearing. The authors found that genetic factors play an important role in self-reported reduced hearing in both men and women aged 70+. Because self-reports of reduced hearing involve misclassification, this estimate of the genetic influence on hearing disabilities is probably conservative. Hence, genetic and environmental factors play a substantial role in reduced hearing in the old and oldest-old. This suggests that clinical epidemiological studies of age-related hearing loss should include not only information on environmental exposures, but also on family history of hearing loss, and, if possible, biological samples for future studies of candidate genes for hearing loss. (RH)

ISSN: 00028614

In their own words: strategies developed by visually impaired elders to cope with vision loss; by Mark Brennan, Amy Horowitz, Joann P Reinhardt (et al).

Journal of Gerontological Social Work, vol 35, no 1, 2001, pp 63-85.

The present study developed a typology of self-reported coping strategies used by older people in adapting to visual impairment using qualitative analyses. Narrative data were examined from three previous quantitative studies of adaptation to vision loss. Major themes in coping with vision loss included difficulty in balancing norms of independence with the functional losses resulting from eye disease, and the importance of the informal social network. Importantly, a number of coping mechanisms that have not been examined in previous quantitative work were identified for the present qualitative analyses. (RH)

ISSN: 01634372

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

Interactive effect of support from family and friends in visually impaired elders; by Jessica M McIlvane, Joann P Reinhardt.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 56B, no 6, November 2001, pp P374-P382.

The interactive relationship of high and low family and friend support for adaptation to chronic vision impairment was examined in 241 men and women using two analyses of covariance models. Women with high support from both family and friends had better psychological well-being, whereas men with high support from both friends and family, or just from family had better psychological well-being. Those with high qualitative friend support and high quantitative family support had better adaptation to vision loss. The complexity of measuring and understanding relationships between social support, well-being, and domain specific adaptation to chronic impairment is demonstrated. (RH)

ISSN: 10795014

Keeping step?: scientific and technological research for visually impaired people; by John Gill, Scientific Research Unit, Royal National Institute for the Blind - RNIB. London: RNIB, 2001, 29 pp.

As well as having products specifically designed for them, blind people also increasingly need to be able to use equipment designed for the general public (e.g banking services). This report outlines some of the scientific and technological research which has been done to alleviate their problems, with special emphasis on projects involving the RNIB Scientific Research Unit. Issues covered include: daily living; mobility and orientation; access to information; and multiple impairment. Many visually impaired older people have had very little benefit from advances in assistive technology, which future research may well rectify. (RH)

ISBN: 186048025X

Price: £5.00

From : RNIB, 224 Great Portland Street, London W1W 5AA.[www.tiresias.org](http://www.tiresias.org)

Music and increasing age: a study of the approach to music by members of the University of the Third Age; by Vernon Pickles.

Generations Review, vol 11, no 4, December 2001, pp 17-18.

Although the study involved co-operation of members of the University of the Third Age (U3A), it was the author's personal objective to survey the factors that either impede or improve our enjoyment of music with increasing age. This article outlines development of a survey among members of the four U3A music groups in Sheffield, which covered musical taste, equipment, and problems with hearing. (RH)

ISSN: 09652000

National care standards - care homes for people with physical and sensory impairment; by Angus Skinner (Chair), National Care Standards Committee, Scottish Executive. Edinburgh: Scottish Executive, 2001, 72 pp.

As a result of the Regulation of Care (Scotland) Act 2001, there are now no legal differences between residential and nursing homes in Scotland: they are all care homes. The National Care Standards Committee (NCSC) has developed these standards with the help of working groups which included both service users and providers. The standards describe what the service user can expect from the service provider, and focus on his or her experience of quality of life. Standards are grouped under headings which follow a person's journey through the service: before moving in; settling in; day-to-day life; and moving on. The standards are based on a set of principles that recognise the person's rights, as well as physical and sensory impairment, as follows: dignity, privacy, choice, safety, realising potential, and equality and diversity. Reference is also made to the Scottish Commission for the Regulation of Care (which will register and inspect services), and the Scottish Social Services Council (with responsibility for promoting high standards of conduct and practice for social service workers); both have been set up under the Act, and both will have headquarters in Dundee. (RH)

ISBN: 0755903300

Price: £5.00

From : The Stationery Office Bookshop, 71 Lothian Road, Edinburgh EH3 9AZ.

[www.scotland.gov.uk/government/rcp](http://www.scotland.gov.uk/government/rcp)

The relationships among personality and vision-specific function among older people with impaired vision; by Robin J Casten, Barry W Rovner, Susan E Edmonds.

Journal of Mental Health and Aging, vol 7, no 3, Fall 2001, pp 325-334.

93 visually impaired older people seeking services at a low vision clinic were interviewed immediately following their low vision evaluations. Most data was self-reported, except visual acuity, which was determined by an optometrist. Personality was evaluated with the NEO Five-Factor Inventory, and vision-specific function was measured by 15 items measuring ability to carry out vision-related tasks. Vision-related function was significantly related to acuity, conscientiousness and depressive symptoms. (RH)

ISSN: 10784470

Sense and audibility: hearing loss and hearing aids; by D N Brooks.

Ageing & Health: the Journal of the Institute of Ageing and Health (West Midlands), no 7, 2001, pp 35-37.

Hearing impairment is an inevitable accompaniment to increasing age, and gives rise to progressive hearing difficulty such that by the age of 70, one person in two has difficulty in social communication. The deficit in hearing manifests itself in the frequency of requests for information to be repeated, in raising the volume level on the television and radio, and in the oft-repeated complaint that others do not speak clearly but mutter. (RH)

ISSN: 13649752

Sensory impairments and subjective well-being among aged African American persons; by Mohsen Bazargan, Richard S Baker, Shahrzad H Bazargan.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 56B, no 5, September 2001, pp P268-P278.

The reported prevalence rates of vision and hearing impairments found in this study of nearly 1,000 older African Americans (36.5% and 26% respectively) are considerably higher than rates previously documented in comparable studies of older White populations. Although 84% of these study participants attempted to improve their vision by using glasses, only 4.3% who described their hearing as poor reported using hearing aids. Both poor vision and poor hearing are known to be associated with lower levels of psychological well-being, indicating the need for visual and audiological rehabilitation. (RH)

ISSN: 10795014

Social care for deafblind children and adults; by Department of Health - DH. London: Department of Health, March 2001, 13 pp (Local authority circular LAC (2001)8).

At least 40 people per 100,000 are deafblind; and many are not known to their local social services authority. This guidance is issued under Section 7 of the Local Authority Social Services Act 1970, and responds to concerns highlighted by the Department of Health (DH) deafblindness consultation exercise. It includes policy guidance of relevance to all local authority social services staff, including those who provide services under contract. Further information on deafblindness is available on the DH website (see <http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/index.htm> for relevant links). (RH)

**From** : Department of Health, PO Box 777, London SE1 6XH. Website:  
<http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/index.htm>

Visual problems and falls; by Rowan H Harwood.

Age and Ageing, vol 30, supplement 4, November 2001, pp 13-18.

Visual impairment is a risk factor for falls, on average approximately doubling falls risk in a wide variety of studies. Falls risk increases as visual impairment worsens. This article reviews studies on the role of the balance system; and considers visual acuity, depth perception, contrast sensitivity and visual problems. Visual impairment is remediable for 70% or more of older people with relatively simple interventions such as correcting refractive errors and cataract surgery. However, no intervention has yet been proven to reduce falls risk in a randomised controlled trial (RCT). (RH)

ISSN: 00020729

## 2000

Are changes in sensory disability, reaction time, and grip strength associated with changes in memory and crystallized intelligence?: a longitudinal analysis in an elderly community sample; by H Christensen, A E Korten, A J MacKinnon (et al).

Gerontology, vol 46, no 5, 2000, pp 276-292.

Sensory disability, grip strength, and speed of processing have been established as associates of cognitive performance in cross-sectional studies. However, it is not known whether changes in these predictor variables are associated with changes in cognitive functioning. This Australian study examined the relationship between initial level of three predictor variables - speed of processing, sensory disability and grip strength - and changes in memory and crystallized intelligence (CIQ). It also examined the relationships between change in grip strength, cognitive speed and sensory disability and changes in memory and CIQ; and investigated these relationships with the effects of age and sex statistically removed. Results showed that initial levels of reaction time or grip strength did not predict rate of change on memory tasks. Changes in grip strength, speed and memory correlated moderately, suggesting that these variables have some tendency to move together over time. Sensory disability correlated with age, but not with change in speed, grip, memory or CIQ. These relationships held across the age range studied, after adjustment for age and sex. (KJ/RH)

ISSN: 0304324X

Binocular vision in older people with adventitious visual impairment: sometimes one eye is better than two; by Jocelyn Faubert, Olga Overbury.

Journal of the American Geriatrics Society, vol 48, no 4, April 2000, pp 375-380.

The study examined the effect of adventitious visual impairment (low vision) on monocular and binocular spatial contrast sensitivity in older people. Participants were 59 older adults aged 50-96 recruited at the McGill Low Vision Center, Montreal; 49 of them had age-related macular degeneration (AMD). In almost half of those with AMD, the sensitivity to spatial information, as measured by spatial contrast sensitivity, is worse when both eyes are used than when the stimuli are viewed with only one eye. This "binocular inhibition" is not related to the contrast sensitivity of the better eye or to acuities. Furthermore, this inhibition process is reflected primarily in images with medium to low spatial frequency components (medium to large size bars). These results have important implications for understanding the functional impact of low vision in older people. They suggest that almost half of older people with AMD view the world best using only one of their eyes, whereas for the other half, there is an advantage to using binocular vision for certain visual tasks. (RH)

ISSN: 00028614

Contrast sensitivity and visual acuity in patients with Alzheimer's disease; by Francesca K Cormack, Martin Tovee, Clive Ballard.

International Journal of Geriatric Psychiatry, vol 15, no 7, July 2000, pp 614-620.

Alzheimer's disease (AD) is a disorder which is typified by a deterioration in cognition and a range of behavioural problems which result in a loss of functional ability often necessitating transfer to residential care.

This article looks at a growing body of research which is revealing the presence of changes in vision, particularly contrast sensitivity and acuity. The authors discuss the possible pathological basis for such deficits, and examine the possibility that such changes in vision may impact on the behavioural and functional outcomes of the demented individual. (RH)

ISSN: 08856230

Correctable visual impairment in stroke rehabilitation patients; by Andrew J Lotery, M Ivan Wiggam, A Jonathan Jackson (et al).

Age and Ageing, vol 29, no 3, May 2000, pp 221-222.

After stroke, poor vision may exacerbate the effects of other impairments on overall disability. In this series of 77 patients in a stroke rehabilitation unit of a Belfast teaching hospital, 25% did not have their glasses in hospital, and 23% had glasses which were unacceptably dirty, scratched or damaged. With existing glasses, 25% of patients had visual impairment (visual acuity 6/12 or worse); over half of these benefited from refractive correction. Professionals should routinely enquire about patients' glasses and inspect their condition. Visual acuity should be measured in all patients after stroke. Patients with visual impairment, in the absence of refractive disease, should be referred for refractive correction. (RH)

ISSN: 00020729

Depression in institutionalised older people with impaired vision; by Shirley P S Ip, Y F Leung, W P Mak.

International Journal of Geriatric Psychiatry, vol 15, no 12, December 2000, pp 1120-1124.

The prevalence of depressive symptoms in visually impaired nursing home residents is high, and screening with a standardised instrument - the Geriatric Depression Scale, GDS - may be useful. In a Hong Kong nursing home designed for people with impaired vision, the residents' duration of blindness appears to have no correlation with depression. People with sensory impairment are more prone to depression when adapting to changes in the social environment, as in the event of institutionalisation. After controlling for socio-demographic factors such as age, duration of institutionalisation and duration of blindness, functional disability is an independent predictor of depression. (RH)

ISSN: 08856230

Development of a shorter version of the Geriatric Depression Scale for visually impaired older patients; by Irfan I Galaria, Robin J Casten, Barry W Rovner.

International Psychogeriatrics, vol 12, no 4, December 2000, pp 435-444.

Clinical diagnosis of major depression was used as the dependent variable, with four items from the Geriatric Depression Scale (GDS) to form the GDS-Abbreviated (GDS-A) scale. Endorsing any two these four items - dissatisfied with life, feeling helpless, reporting problems with memory, and lost activities and interest - yielded the best results. The GDS-A's short format and strong discriminating ability makes it an effective, convenient tool for screening visually impaired, older patients for depression. (RH)

ISSN: 10416102

Effective management of the elderly hearing impaired - a review; by Barbara Hanratty, Deborah A Lawlor.

Journal of Public Health Medicine, vol 22, no 4, December 2000, pp 512-517.

More than 2.5 million people over 70 in the UK are thought to have hearing impairment that would benefit from a hearing aid. Only one third of these will possess one, and as many as 10% probably never use their aid. Although it is important to examine the relative merits of different aids, there is also a need to look at how audiological services might reduce unmet need that results in underuse of aids. This review examines the question of "what is the most effective way of providing hearing aids for older people affected by presbycusis?" A literature search found little evidence to guide audiology practice. In particular, there is little consensus on the best outcome measures for evaluating audiological rehabilitation or hearing aid fitting. Audiological services for older people are an example of an area for funding research and development, rather than continuing to commission services that are variable and poorly evaluated. (RH)

Functional status and hearing impairments in women at midlife; by Sandra K Pope, MaryFran Sowers.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 55B, no 3, May 2000, pp S190-S194.

The prevalence is examined of clinically assessed high-frequency hearing impairment (HFHI) and self-reported hearing impairment (SRHI), also the association of these hearing assessments with physical and mental functioning in African American and Caucasian women at mid-life. The sample included 467 women who participated in the Michigan Functioning Substudy of Women's Health Across the Nation (SWAN). Outcomes examined were physical and mental functioning from the Medical Outcomes Trust SF-12 Health Survey. HFHI was defined as threshold averages of 25dB or greater over 4000, 6000 and 8000 Hz. Prevalence of unilateral



HFHI was 26.6% (n=68), and of bilateral HFHI was 12% (n=56). Prevalence of SRHI was 16.7% (n=78), with minimal overlap between HFHI and SRHI (n=36). In multiple variable logistic regression analyses, HFHI in one ear only was not associated with physical or mental functioning and bilateral HFHI was associated with limited mental functioning only. SRHI was associated with limited physical and mental functioning. Poor correlation of HFHI and SRHI in this population, combined with the significant association of SRHI with both measures of functioning indicates that the two methods may be measuring different aspects of impairment. SRHI may facilitate early identification of individuals with hearing and functional limitations. (RH)  
ISSN: 10795014

Hearing and aging; by Jane Scheuerle.

Educational Gerontology, vol 26, no 3, April-May 2000, pp 237-248.

Although changes in hearing acuity are expected to occur with ageing, the impact of that sensory loss is frequently obscure, often discounted, and not appreciated. However, significant elements of communication comprising a complex matrix of sounds often are lost or distorted as individuals age. Across the many types of auditory differences among the ageing, an appreciation of the effect of reduced access to meaningful sounds can help both the student and practitioner of gerontology gain insight into clients' response behaviours that are socially adequate but insufficient, or those that seem off-target, out of place, or even unacceptable. Such knowledge can give gerontologists an advantage in handling otherwise stressful situations. Additionally, they can gain the ability to assess the need for changes in communication patterns or for professional consultation to ensure the quality of life of those ageing individuals in their care. (RH)

ISSN: 03601277

The incidence of delirium immediately following cataract removal surgery: a prospective study in the elderly; by A Milstein, Y Barak, G Kleinman (et al).

Aging & Mental Health, vol 4, no 2, May 2000, pp 178-181.

Delirium is a syndrome affecting the central nervous system (CNS) characterised by a rapid development of disturbances in cognition and consciousness. In older people, delirium is frequently observed in clinical practice, especially in medical and surgical wards. This Israeli study used the Confusion Rating Scale (CRS) to evaluate the incidence of delirium immediately following cataract surgery in older people living in the community. Of 197 patients fulfilling inclusion criteria, 10 (5.1%) had suffered from post-operative delirium. The two variables that significantly differentiated between patients with and without delirium were older age, and more frequent use of benzodiazepine pre-medication. These findings suggest that changes in pre-medication and a longer observation period, particularly in the very old, may be beneficial. (RH)

ISSN: 13607863

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

Insights: services for visually impaired people in Scotland; by Graham M Lomas, Royal National Institute for the Blind - RNIB; RNIB Scotland. London: Royal National Institute for the Blind, 2000, 221 pp.

The number of visually impaired people known to services in Scotland has trebled in the last 20 years; but estimates suggest that the real level of visual impairment is more than double again. The present report ranges over the whole spectrum of special support for visually impaired people in Scotland. The aim is to show how organisations have responded to their needs, the level of interplay between related services, gaps and opportunities for service development, and scope for a Scotland-wide view of the future evolution of support. The emphasis is on measuring whether real progress is being made in meeting need, and identifying action required in the future. Appendices provide details of agencies and organisations offering support, complemented by statistical data, which RNIB Scotland will seek to update periodically. (RH)

From : Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.

Investigation of the use of the CAMCOG in the visually impaired elderly; by Jennifer Anne Hartman.

International Journal of Geriatric Psychiatry, vol 15, no 9, September 2000, pp 863-869.

Cataract is a common cause of visual impairment in older people, but the effect of cataract on tests of cognitive function is unknown. 42 patients (mean age 74.8, age range 65-96), from the Birmingham and Midland Eye Hospital's precautionary surgery assessment clinic completed the Cambridge Cognitive Examination (CAMCOG), and the visual acuity for each eye was assessed. There was a significant correlation between visual acuity and the CAMCOG score, which was abolished when simple modifications were made to the CAMCOG. Visual impairment has a significant effect on the scoring of the CAMCOG. However, the effect may not only be due to decreased visual acuity, but also to other factors such as contrast sensitivity, which may be affected by cataract. (RH)

ISSN: 08856230

Moderate alcohol consumption and hearing loss: a protective effect; by Michael M Popelka, Karen J Cruickshanks, Terry L Wiley (et al).

Journal of the American Geriatrics Society, vol 48, no 10, October 2000, pp 1273-1278.

The protective effect of moderate alcohol consumption has been well-documented. The present study of data from the Epidemiology of Hearing Loss Study (EHLS) and the Beaver Dam Eye Study (BDES). More than 3,500 residents of Beaver Dam, WI aged 43 to 87 in 1987-88 had their hearing thresholds measured, along with information regarding alcohol consumption and other health and lifestyle factors. There is evidence of a modest protective association of alcohol consumption and hearing loss in these cross-sectional data. This finding is in agreement with a small body of evidence suggesting that hearing loss is not an inevitable component of the ageing process. (RH)

ISSN: 00028614

Negative consequences of hearing impairment in old age: a longitudinal analysis; by William J Strawbridge, Margaret I Wallhagen, Sarah J Shema (et al).

The Gerontologist, vol 40, no 3, June 2000, pp 320-326.

To determine whether functional and psychosocial outcomes associated with hearing impairment are a direct result or stem from prevalent comorbidity, the authors analysed the impact of two levels of reported hearing impairment on health and psychosocial functioning one year later with adjustments for baseline chronic conditions. Participants were from the Almeida County Study, California, a longitudinal study of factors related to health and mortality. Physical functioning, mental health and social functioning decreased in a dose-response pattern for those with progressive levels of hearing impairment compared with those reporting no impairment. The results demonstrate an independent impact of hearing impairment on functional outcomes, reveal increasing problems with higher levels of impairment, and support the importance of preventing and treating this highly prevalent condition. (RH)

ISSN: 00169013

Older people [and social exclusion]; by Jill Manthorpe.

Research Matters, special issue, August 2000, pp 30-32.

The link between growing old and declining income is well documented. But there are other factors that can increase older people's poverty and feelings of social exclusion that are less well documented. First, ethnicity is examined in two reviews: "Ethnic inequality in later life: variation in financial circumstances by gender and ethnic group" by Jay Ginn and Sarah Arber (in: Education and Ageing, 2000); and "Health and social care needs in minority communities" by Ken Blakemore (in: Health and Social Care in the Community, 2000). A second cause of inequality is discussed in the Audit Commission's "Charging with care", which notes disparities in local authorities' levels of charging for services. Disability, another reason for exclusion, is discussed in "Losing sight in Ryedale: routes to rehabilitation" by J Crookes and colleagues (1999). Other examples of social exclusion discussed are the older homeless, prisoners, and consequences of elder abuse. (RH)

ISSN: 13631015

Predictors of perceived support quality in visually impaired elders; by Joann P Reinhardt, Rosemary Blieszner.

Journal of Applied Gerontology, vol 19, no 3, September 2000, pp 345-362.

Although there is a strong empirical link between support quality and health in later life, research on the predictors of support quality is lacking. Significant predictors of components of kin and non-kin perceived support quality were identified and compared in 241 visually impaired older people reporting to their closest friend and closest family member. Results revealed differential patterns of predictors of family and friend support components. Having a spouse as closest family member was associated with higher perceived affective and instrumental family support. Significant interactions for family relationship type and gender showed that for men, but not women, having a spouse as closest family member was associated with lower perceived affective and informational friendship support. Participant age was positively associated with instrumental family support. Overall, functional disability had a negative association with support quality. Strategies for increasing support quality are discussed. (RH)

ISSN: 07334648

Prevalence, risk factors and self-reported medical causes of seeing and hearing related disabilities among older adults; by Parminder Raina, Micheline Wong, Steven Dukeshire (et al).

Canadian Journal on Aging, vol 19, no 2, Summer 2000, pp 260-278.

Data for non-institutionalised over-55s from the Canadian Health and Activity Limitation Survey (HALS) for 1986 and 1991 indicate that over 65s are more likely than 56-64 year olds to experience a sensory disability. Men are more likely than women to report having hearing disabilities, while women were more likely to report sight problems than men. Increased age and lower total household incomes were associated with a greater

likelihood of having a sensory disability. Cataracts and deafness were reported most often as the cause of seeing and hearing activities of daily living (ADL) restrictions in both age groups. Public health initiatives should focus on hearing and seeing disabilities, particularly among older people, women, and those on low incomes. (RH)  
ISSN: 07149808

Psychopathology at initial diagnosis in dementia with Lewy bodies versus Alzheimer disease: comparison of matched groups with autopsy-confirmed diagnosis; by Enid Rockwell, Jayant Choure, Douglas Galasko (et al). International Journal of Geriatric Psychiatry, vol 15, no 9, September 2000, pp 819-823.

Dementia with Lewy body (DLB) has been reported to account for 10-15% of all cases of dementia, and is associated with an increase in psychopathology. The authors searched the database of the University of California, San Diego SOCARE (Seniors Only Care) outpatients programme. There were 26 autopsy-confirmed cases of DLB. These were matched individually with 26 autopsy-confirmed cases of "pure" Alzheimer's disease (AD) on gender, ethnicity, and Mini-Mental State Examination (MMSE) score at baseline evaluation. Comparison of the two groups on psychopathological measures and possible risk factors indicated that five psychiatric symptoms - hallucinations, delusions, anxiety, anhedonia, and loss of energy - were significantly more common in DLB than AD patients. DLB patients were significantly younger at initial evaluation and death compared to AD patients, but there was no difference in age at onset of dementia, level of education, or family or past history of any major neuropsychiatric disorder, prescription of psychotropic medication, or sensory impairment. (RH)

ISSN: 08856230

Tiresias: a family of typefaces designed for legibility on screens, signs and labels; by John Gill, Scientific Research Unit, Royal National Institute for the Blind - RNIB. London: RNIB, 2000, unnumbered folded brochure.

Reading information from electronic screens now used by banks, transport systems and the like can be difficult, particularly for older people and those with low vision. This foldout brochure provides information about and examples of the various forms of Tiresias fonts, a range of typefaces designed to maximise legibility on screens, labelling and signage. The fonts were developed by the author together with Janet Silver (former Principal Optometrist, Moorfields Eye Hospital), Christopher Sharville (Creative Director, Laker Sharville Design Associates), and Peter O'Donnell (type consultant). The Tiresias typeface was originally designed in response to the need for improving the text for television subtitling. (RH)

From : RNIB Scientific Research Unit, 224 Great Portland Street, London W1W 5AA.

The use of pre-existing and novel coping strategies in adapting to age-related vision loss; by Mark Brennan, Gina Cardinali.

The Gerontologist, vol 40, no 3, June 2000, pp 327-334.

Research has proposed that when faced with a stressor, individuals test novel coping strategies when pre-existing strategies fail to reduce a perceived threat. However, using novel coping strategies has received scant empirical attention. This study presents data in the form of spontaneous comments or responses to open-ended questions from three previous quantitative studies (of 155, 93, and 343 participants) of adaptation to age-related vision loss. Self-reported coping strategies were identified using a "grounded theory" approach (i.e. the codes for the coping strategies had not been constructed previously). These were then examined for evidence of whether the strategy was recently used (novel) or whether it had been used prior to vision loss (pre-existing). Results supported the use of novel coping strategies in the process of adaptation to a chronic impairment among older people. Overall, the use novel coping strategies was found to be associated with better adaptational outcomes, emphasising the importance of novel coping in response to stressful life circumstances. (RH)

ISSN: 00169013

Which button?: designing user interfaces for people with visual impairments; by John Gill, Royal National Institute for the Blind - RNIB. London: Royal National Institute for the Blind, 2000, 26 pp.

The buttons, switches and controls of most devices are designed to be looked at whilst operating them, which makes things difficult for people who are blind or have low vision. This makes for problems both in using equipment in the home, and with telecommunications and computer technologies. In the UK, where the government's "Information for All" initiative intends that all people will have easy access to social and healthcare information, it will not be acceptable for significant sections of the population to be excluded from using these technologies for lack of consideration of the user interface design. This publication is not a guide to all types of controls, but it attempts to indicate aspects to be considered by designers, if the controls are to be operated by people with a visual impairment. Visual examples of the effects of some common impairment conditions illustrate the problems which need to be tackled in improving the design of user interfaces, and which would make a significant difference. (RH)

ISBN: 1860480233

From : RNIB, 224 Great Portland Street, London W1N 6AA.

## 1999

Adult age differences in visual search accuracy: attentional guidance and target detectability; by David J Madden, Lawrence R Gottlob, Philip A Allen.

Psychology and Aging, vol 14, no 4, December 1999, pp 683-694.

Previous research, relying primarily on reaction time measures of highly accurate performance, suggests that both younger and older adults can increase the efficiency of visual search by guiding attention to a candidate subset of items. This study investigated guidance when accuracy was well below ceiling to focus more specifically on the role of perceptual processes. In the most difficult condition (conjunction search), the likelihood of missing a target was greater for older adults than for younger adults, and this effect was not attributable entirely to generalised slowing. Both age groups were able to improve search efficiency by attending to a distinct subset of display items, indicating that attentional guidance to perceptual features does not exhibit age-related decline. A signal-detection model of the conjunction search data demonstrated that the age difference represented an age-related decline in target detectability. (AKM)

ISSN: 08827974

Adult aural rehabilitation; by I J Mackenzie.

Reviews in Clinical Gerontology, vol 9, no 1, February 1999, pp 73-76.

Adult aural rehabilitation is the process of restoring, or attempting to restore to the maximum possible degree, communication to the hearing impaired. The causes of hearing impairment or loss, and reasons behind poor attitudes to use of hearing aids are outlined. Most of the article discusses work by D P Goldstein and S D G Stephens, who have set out a logical structure for the process of aural rehabilitation, encompassing not only the provision of appropriate hearing aids, but also the many aspects of an ideal comprehensive service to the hearing-impaired. This work has two major facets: evaluation and remediation. (RH)

ISSN: 09592598

Better sight; by Help the Aged. London: Help the Aged, 1999, 15 pp (Help the Aged advice leaflet).

This leaflet has been written in association with the Royal National Institute for the Blind (RNIB). It includes information on sight tests, spectacles, vision aids and lighting, reasons for sight deteriorating, and what to do when becoming partially sighted or blind.

Price: FOC

From : Help the Aged, St James's Walk, London EC1R 0BE.

The effect of sensory impairment on the lifestyle activities of older people; by M S Clark, M J Bond, L Sanchez. Australasian Journal on Ageing, vol 18, no 3, August 1999, pp 124-130.

Age related changes in hearing and vision are a common source of impairments in older people, which may cause functional and lifestyle disadvantages. This study evaluated the effects of hearing and vision impairments on the lifestyle activities of a sample of 1,052 older people aged 70 years and over, drawn from the Australian Longitudinal Study of Ageing. Respondents with either a hearing or vision impairment were likely to report that their hearing or vision affected their activities. Vision impairment was associated with an objective reduction in lifestyle activities in domestic chores and household maintenance. Among men, vision impairment was also associated with reduced social activities. Hearing impairment had no direct effect on lifestyle activities, nor was there any significant joint effect of hearing and vision impairment. The study concluded that vision impairments are more likely to lead to reductions in activities than hearing impairments. However, age may be a more important determinant of reduced activities than sensory impairment. (AKM)

ISSN: 07264240

The effect of visual and hearing impairments on function status; by Brenda K Keller, Joy L Morton, Vince S Thomas (et al).

Journal of the American Geriatrics Society, vol 47, no 11, November 1999, pp 1319-1325.

Impairments of hearing and vision are common in frail older people, and have consequences for their functional status. This study examined the prevalence of visual and auditory impairment in frail older persons and evaluated the relationship between sensory impairment and overall functional status. Participants were 575 older patients at an outpatient geriatric assessment clinic. Findings revealed that 18% had visual impairments of 20/70 or worse. Hearing impairment was found in 64%. The mean activities of daily living (ADL) and instrumental activities of daily living (IADL) scores were lower in those with hearing impairment and visual impairment. Combined vision and hearing impairments had a greater effect on function than single sensory impairments and

influenced functional status independent of mental status and comorbid illness. The findings suggest that interventions to improve sensory function may improve functional independence. (AKM)  
ISSN: 00028614

Evaluation of complex activities in daily living of elderly Japanese with visual impairment; by K Nakamura, A Otomo, A Maeda (et al).

Aging: Clinical and Experimental Research, vol 11, no 2, April 1999, pp 123-129.

This study was conducted to determine whether older people with visual impairment differ in the performance of complex activities in daily living from those without visual impairment. The study subjects were residents in two homes for the aged in Japan, and consisted of 79 older people, 37 with visual impairment, and 42 serving as controls; ages ranged from 64 to 95 years. Complex activities of the subjects were ascertained by interview using a 46-item questionnaire. The visually impaired had lower performance levels for: telephone use, shopping, cleaning one's room, and using medical facilities in instrumental activities of daily living (IADLs); interest in TV or radio and religious faith in "enriching activities"; and visiting behaviours in "social role". The performance of complex activities by older people with visual impairment were diminished in specific categories, but not overall, and this may be attributable to poor mobility and/or more passive attitudes in the daily activities. (RH)

ISSN: 03949532

Everyday competence in visually impaired older adults: a case for person-environment perspectives; by Hans-Werner Wahl, Frank Oswald, Daaniet Zimprich.

The Gerontologist, vol 39, no 2, April 1999, pp 140-149.

The need for an explicit consideration of the environment, in order to address everyday competence (EC) in old age is illustrated, based on an analysis of the day-to-day challenges of visually impaired older people. Data are based on a sample of older Germans suffering from different degrees of visual impairment (42 visually severely impaired vs 42 blind) and a control group of 42 visually unimpaired people with age means between 74.9 and 76.8. Findings underscore that an EC, regarded as an outcome, is negatively affected by low person-environment fit in the home environment in visually impaired older people but not in the visually unimpaired older population. EC, understood as daily compensatory processes, is more pronounced in the visually impaired with respect to some compensation modes (e.g. use of latent skills), but not all; and EC as a predictor variable for outdoor behaviour assumes a particularly critical role when outside environmental press is high. (RH)

ISSN: 00169013

Focus on older people with sight and hearing difficulties: it's never too late; by Francesca Wolf.

Talking Sense, vol 45, no 4, Winter 1999, pp 10-13.

The needs of older people with dual-sensory impairments are often ignored or neglected. The challenges they face are enormous, but much can be done if the will - and the funds - are forthcoming. The work of Sense, The National Deafblind and Rubella Association in this field is highlighted, which includes residential care, resource centres, promoting awareness and training for both workers in the community and residential homes and the work of communicator guides funded by local authorities. (KJ/RH)

ISSN: 13674064

Forever young: visual functions not affected or minimally affected by aging: a review; by Jay M Enoch, John S Werner, Gunilla Haegerstrom-Portnoy (et al).

The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 8, August 1999, pp B336-351.

Six visual functions, once developed to adult levels of performance, have been noted to exhibit little or no alteration with ageing. Those selected for discussion are: the Stiles-Crawford effect of the first kind (SCE-I), also known as "directional sensitivity of the retina"; specific vernier acuity paradigm (including alignment of two lines one with the other, and two and three-point vernier tasks); and colour vision-related perceptual constancies. Each of these functions has rather different origins in the visual system. The SCE incorporates optical waveguide photo-receptor properties and has both physical and physiological origins: vernier acuity is largely the result of neural data processing mechanisms; and the colour vision-related effects have their origins in retinal neural processes. Descriptions of additional visual functions minimally affected by age are also presented. The article concludes with discussion of questions raised by recent research. (RH)

ISSN: 10795006

Hand in hand: partnerships are a good way forward for Sense to develop services for older people; by Francesca Wolf.

Talking Sense, vol 45, no 4, Winter 1999, pp 16-17.

This article argues that community care is failing older deafblind people through lack of services designed to keep people independent within the community. Sense's joint projects with local authorities are described, with matched funding being the most common route to successful implementation. This has been achieved notably in Derby, with projects also in Walsall, South Gloucestershire and elsewhere in England, including London initiatives in Barnet, Wandsworth, and Westminster. (KJ/RH)

ISSN: 13674064

Inhibition and aging: similarities between younger and older adults as revealed by the processing of unattended auditory information; by Dana R Murphy, Joan M McDowd, Kim A Wilcox.

Psychology and Aging, vol 14, no 1, March 1999, pp 44-59.

The ability to selectively attend to an auditory stimulus appears to decline with age, and may result from losses in the ability to inhibit the process of irrelevant stimuli (i.e. the inhibitory deficit hypothesis of L Hasher and R T Zacks, 1988). It is also possible that declines in the ability to selectively attend are a result of age-related hearing losses. Three experiments examined whether younger or older adults differed in their ability to inhibit the processing of distracting stimuli when the listening situation was adjusted to correct for individual differences in hearing. In all three experiments, younger and older adults were equally affected by irrelevant stimuli, unattended stimuli, or both. The implications for auditory attention research and for possible differences between auditory and visual processing are discussed. (RH)

ISSN: 08827974

A key to aging in place: vision rehabilitation for older adults; by Cynthia Stuen, Roxane Offner.

Physical & Occupational Therapy in Geriatrics, vol 16, nos 3/4, 1999, pp 59-78.

Vision impairment is often overlooked by gerontological health professionals, or is attributed to normal age-related vision changes. With 26% of over 75s reporting a vision impairment, it is time for vision rehabilitation professionals to be recognised and included in the multi-disciplinary service team. As the older adult population increases in numbers and longevity increases, it is expected that serious vision loss will become more prevalent. Recognising the indicators of normal and pathological vision changes and the appropriate individual and environmental intervention, the strategies available are presented. A functional vision screening questionnaire is offered. Recognition of the unique and complimentary roles of each particular rehabilitation discipline can lead to more effective collaboration. (RH)

ISSN: 02703181

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

Making a real home for older people; by Hilary Todd.

Talking Sense, vol 45, no 4, Winter 1999, pp 14-15.

Boston Lodge - originally run by the Coventry Society for the Blind - is one of three new care homes for older people opened by Sense in the last year. The author met some Boston Lodge residents to find out how Sense is dealing with specialist care provision for older people with dual sensory impairments. Most residents have acquired sensory loss, so they are unable to sign or read braille; yet the aim of Sense homes is to support residents' independence and choice. (KJ/RH)

ISSN: 13674064

Nursing home personnel knowledge and attitudes about hearing loss and hearing aids; by Lynn Norwood-Chapman, Samuel B Burchfield.

Gerontology & Geriatrics Education, vol 20, no 2, 1999, pp 37-48.

A US questionnaire study of registered nurses, licensed practical nurses and nursing assistants in four nursing homes showed that the majority felt inadequately trained to care for the hearing impaired. A measure of attitudes towards hearing loss and amplification was positive and not significantly different among the nursing personnel groups. The licensed practical nurses did have a significantly higher knowledge score regarding hearing loss and amplification than the other two groups. Results suggest the need for additional training on hearing loss and the care of hearing aids among nursing home staff. An outline of an in-service training programme for nursing home staff is also described. (AKM)

ISSN: 02701960

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

Older drivers and cataract: driving habits and crash risk; by Cynthia Owsley, Beth Stalvey, Jennifer Wells (et al).

The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 4, April 1999, pp M203-211.

Cataract is a leading cause of vision impairment in older people, affecting almost half of those aged over 75. This study examines the role of cataract in driving. 279 older people (aged 55-85) with cataract and 105 without cataract who were legally licensed to drive were recruited from eye clinics to participate in a driving habits interview to assess driving status, exposure, difficulty, and "space" (the distance of driving excursions from home base). Crash data for the previous 5 years was obtained from state records. Visual functional tests documented the severity of vision impairment. Compared to those without cataract, older drivers with cataract were approximately twice as likely to report reductions in days driven and number of destinations per week, driving slower than general traffic flow, and preferring someone else to drive. Those with cataract were: five times more likely to have received advice about limiting their driving; four times more likely to report difficulty with challenging driving situations; twice as likely to reduce driving exposure; and 2.5 times more likely to have a history of at-fault crash involvement in the previous 5 years. They therefore experience a decrease in their safety on the road. (RH)

ISSN: 10795006

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

Prevalence and severity of urinary incontinence in older African American and Caucasian women; by Nancy H Fultz, A Regula Herzog, Trivellore E Raghunathan (et al).

The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 6, June 1999, pp M299-303.

Few studies have investigated the prevalence and severity of urinary incontinence in older African American women. Comparison of findings with those for older Caucasian women could provide important clues to the aetiology of urinary incontinence and be used in planning screening programmes and treatment services. Data are from the first wave of the Asset and Health Dynamics Among the Oldest Old (AHEAD) study. A nationally representative sample of non-institutionalised older people aged 70 and over was interviewed. African Americans were over-sampled to ensure sufficient minority respondents to compare findings across racial groups. A statistically significant relationship was found between race and urinary incontinence in the previous year. 23.02% of the Caucasian women reported incontinence, compared with 16.17% of African Americans. Other factors that appear to increase the likelihood of incontinence include education, age, functional and sensory impairment, stroke, body mass, and reporting by a proxy. Race was not related to severity (as measured by frequency) of urine loss among incontinent older women. This study identifies or confirms important risk factors for self-reported urinary incontinence. (RH)

ISSN: 10795006

Psychosocial consequences of age-related visual impairment: comparison with mobility-impaired older adults and long-term outcome; by Hans-Werner Wahl, Oliver Schilling, Frank Oswald (et al).

The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, vol 54B, no 5, September 1999, pp P304-316.

In this German research, indices of behavioural competence (activities of daily living - ADLs, instrumental activities of daily living - IADLs, use of outdoor resources, leisure activity level) and emotional adaptation (subjective well-being, future orientation) were used to investigate the psychosocial consequences of age-related vision impairment in a threefold manner: comparison of visually impaired and unimpaired older people;

comparison of visually impaired and mobility-impaired older people; and long-term adaptation across five years. The research design used 42 severely visually impaired, 42 blind, and 42 mobility-impaired older people, also an unimpaired control group of 42. Compared with the mobility impaired, the visually impaired demonstrated lower IADL competence, but no difference in emotional adaptation. The long-term adjustment of the visually impaired remained relatively stable in the behavioural domain, although lower compared with the unimpaired group. Emotional adaptation decreased over the 5 year longitudinal interval in the visually impaired and the unimpaired group, but the decrease was generally higher in the visually impaired group. Conceptual ideas from environmental gerontology as well as psychological resilience are used to interpret these results. (RH)

ISSN: 10795014

Reach out and touch; [and] Finding a way; by Rachel Jefferson, Lisa Cutts, Donna Trickett. *Talking Sense*, vol 45, no 4, Winter 1999, pp 18-19.

The first two authors describe how Sense North was contacted by a local social services department (SSD) who were trying put together a package of support for a deafblind woman in her 70s. The article provides an example of how Sense can help to relieve clients' isolation, loneliness and boredom. Three main skills are focused on: communication, mobility and daily living skills. In the second article, Donna Trickett, Volunteer Co-ordinator at Sense's Coventry Resource Centre describes some of the things she has learned from working with older people with sensory impairment. (KJ/RH)

ISSN: 13674064

Rehabilitation in elderly people with visual impairment; by C I A Jack, J N McGalliard.

*Reviews in Clinical Gerontology*, vol 9, no 1, February 1999, pp 77-80.

Visual impairment is common in older people, with some 10% of over 65s having poor vision. Recent prevalence studies of visual impairment, and the main causes of visual loss are briefly reviewed: refractive errors, glaucoma, cataract, vascular disorders, and retinal disease. Also reviewed are suggestions for aids and adaptations in the home environment which enable most people with low vision to remain in their own homes. (RH)

ISSN: 09592598

Selecting cards by touch; by John Gill, Hannah Devine-Wright, Scientific Research Unit, Royal National Institute for the Blind - RNIB. London: RNIB, 1999, 24 pp.

As electronic services become more widely available, the likelihood increases of needing to use a plastic card to access these services. Older people or people with visual disabilities can find it difficult to select the correct plastic card for use in self-service terminals, particularly when there is no embossing on the card. This study aimed to develop design solutions to the problem of card differentiation. Existing data on the physical design of cards were examined, as were the opinions and views of suppliers and manufacturers of plastic cards. In addition, possible design solutions were tested by a sample of blind, partially sighted and sighted persons. The study calls on card issuers to incorporate embossed symbols on all cards to help differentiate one card from another. (AKM)

ISBN: 1860480195

From : RNIB, 224 Great Portland Street, London W1N 6AA.

Sensory loss and communication difficulties in the elderly; by N Erber, S Scherer.

*Australasian Journal on Ageing*, vol 18, no 1, February 1999, pp 4-9.

The effects of hearing loss and vision loss on communication in older people are examined in this article. Many older people with hearing and vision loss experience reduced communicative capacity. Medical treatments (eg., cerumen removal, lens replacement) and 'instant' therapies (e.g., slowed speech, close proximity) may improve communication in the short term. In serious cases, specialist therapists may need to implement longer-term intervention (e.g., environmental control, perceptual aids, communication training). Recurrent communication breakdown can have devastating consequences for interpersonal relationships and psychosocial well-being. Some older people with severe sensory impairment are able to interact only with skilled communication partners. This condition of age-related communicative dependence on others have major implications for health care and professional education. (AKM)

ISSN: 07264240



Short versions of the geriatric depression scale: a study of their validity for the diagnosis of a major depressive episode according to ICD-10 and DSM-IV; by Osvaldo P Almeida, Shirley A Almeida.

International Journal of Geriatric Psychiatry, vol 14, no 10, October 1999, pp 858-865.

The sensitivity, specificity, positive and negative predictive values for the short version of the Geriatric Depression Scale (GDS-15) were assessed in 64 outpatients aged 60 and over meeting criteria for depressive disorder at a mental health unit of "Santa Casa" Medical School in Sao Paulo, Brazil. Those with severe sensory impairment, aphasia or Mini-Mental State Examination (MMSE) score lower than 10 were excluded from the study. GDS-15, GDS-10 and GDS-4 are found to be good screening instruments for major depression as defined by both the ICD-10 Checklist of Symptoms and DSM-IV diagnostic criteria. The shorter four- and one-item versions are of limited clinical value due to low reliability and failure to monitor the severity of the depressive episode. General practitioners (GPs) may benefit from the systematic use of short GDS versions to increase detection rates of depression among older people. (RH)

ISSN: 08856230

Stepping away from the edge: improving services for deaf and hard of hearing people; by Sally Hawkins, Social Services Inspectorate - SSI, Social Care Group, Department of Health - DoH. London: Department of Health, 1999, 60 pp.

The ideas in this publication are relevant to specialist services for deaf, deafened, and hard of hearing people, as well as services to adults and older people, a large number of whom have hearing loss. "Stepping away from the edge" follows on from the findings of the Social Services Inspectorate (SSI) 1997 report, "A service on the edge". Following the inspection, representatives of local authorities and voluntary organisations worked with the SSI on this publication. It provides: a summary of information about the range of access requirements that deaf, deafened and hard of hearing people may have; ideas about improving services to people who are deaf, deafened and hard of hearing; and suggestions to aid planning and commissioning. (RH)

Price: FOC

From : Department of Health, PO Box 410, Wetherby LS23 7LN.

Use of home and community-based services by elderly black and white females; by Debra C Wallace, Becky L Fields, Janet Witucki (et al).

Journal of Women & Aging, vol 11, no 4, 1999, pp 5-20.

The purpose of this study was to determine the impact of demographic, social, environmental, and health indicators on utilisation of community-based services among black and white older women. Existing data from a regional Area Agency on Aging was used and the sample included rural and low income women. Black and white women differed in use, and services most frequently used were case management, outreach, congregate meal, and home delivered meals. Multiple linear and logistic regression indicated that age, payment source, income adequacy, residence, health conditions, sensory impairment, and function were associated with the number and types of services used, but these differed between black and white older women. (AKM)

ISSN: 08952841

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

Visual impairments and problems with perception; by Clare Morris.

Journal of Dementia Care, vol 7, no 6, November/Dec 1999, pp 26-28 (3 of 7).

A range of complex and specific visual impairments and perceptual problems can compound the difficulties faced by a person with dementia, as explained in this third article in a series on communication. These include: diseases of the eye affecting peripheral vision (macular degeneration of the retina, cataracts, glaucoma, and diabetic retinopathy); drug-induced problems; colour blindness; difficulties in recognition (agnosia); and illusions and misperceptions. (RH)

ISSN: 13518372

## 1998

Are rates of ageing determined in utero?; by Avan Aihie Sayer, Cyrus Cooper, Jennifer R Evans (et al).

Age and Ageing, vol 27, no 5, September 1998, pp 579-583.

Epidemiological studies have shown that poor early growth is associated with cardiovascular and other degenerative diseases: undernutrition restricts early growth and permanently changes the body's structure and physiology. Whilst animal studies give many examples of nutritional programming and demonstrate the effects of undernutrition in utero, such effects have not been studied in man. To determine if poor early growth was associated with increased markers of ageing in later life, the authors traced 1428 men and women born in Hertfordshire between 1920 and 1930, for whom records of early weight were available. 824 (58%) were interviewed at home, of whom 717 (50%) attended clinic for eye examination, audiometry, grip strength

measurement, skin thickness ultrasound and anthropometry. Lower weight at 1 year was associated with increased lens opacity score, higher hearing threshold, reduced grip strength and thinner skin. Visual acuity, macular degeneration and intraocular pressure were not related to early growth. Thus, the association between poor early growth and increased markers of ageing suggests that ageing may be programmed by events in early life. A potential mechanism is the impaired development of repair systems. (RH)  
ISSN: 00020729

Assessing the likely effectiveness of screening older people for impaired vision in primary care; by Liam Smeeth.

Family Practice, vol 15, 1998, pp S24-S29.

Screening for visual impairment is frequently included in multiphasic screening assessments for older people, although evidence for the effectiveness of screening from randomised trials is lacking. This paper uses previously developed criteria for assessing the likely effectiveness of community screening programmes to review the non-trial evidence around visual screening. Unreported or undiagnosed visual impairment is common among older people and is associated with considerable morbidity. Testing for visual acuity is easy and quick, but may not accurately reflect the level of functional disability caused by the visual problem in everyday living. Effective therapeutic interventions exist for most symptomatic patients, but the effects of treating unreported visual impairments detected by screening have not been evaluated. Existing barriers to effective treatment of such problems for older people include financial costs to the patient, and an inability of ophthalmic services to meet demand. These same factors may be barriers to the uptake of treatment following screening. Further work is needed to assess the needs of older people with unreported visual problems, and to clarify barriers to effective screening. (RH)

Deaf people from minority ethnic groups: initiatives and services; by Joseph Rowntree Foundation - JRF.: JRF, August 1998, 4 pp.

Findings, no 818, August 1998, 4 pp.

Research by Waqar Ahmad, Aliya Darr, Lesley Jones and Gohar Nisar notes a number of developments involving deaf people or their families across the UK. The statutory and voluntary sectors are beginning to respond to the needs of deaf people from minority ethnic groups, with education, training and social support being organised through informal networks. However, many barriers to social inclusion and appropriate services remain to be tackled, as approaches to provision tend to reflect an emphasis on short-termism and 'special needs'. Focus has also tended to be on Asian and Afro-Caribbean deaf people and their families. Hard-of-hearing, deafened, and deaf-blind people are poorly served, as are deaf people from other groups. Despite some developments, little is changing in mainstream provision, and developments are not based on a coherent strategy. The full report, 'Deafness and ethnicity: services, policy and politics' is published by Policy Press on behalf of the Joseph Rowntree Foundation (JRF). (RH)

ISSN: 09583084

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO3 6LP.

Diagnosis and management of impaired hearing; by T A Roper, Nick Setchfield.

Geriatric Medicine, vol 28, no 11, November 1998, pp 49-50, 52.

Hearing impairment is very common, especially with increasing age. The authors explain how to assess hearing loss - using the Rinne test, or Weber's test - with a view to appropriate referral. (RH)

ISSN: 0268201X

Disorders of hearing and balance; by Linda M Luxon.

Reviews in Clinical Gerontology, vol 8, no 1, February 1998, pp 31-44.

A working knowledge of disorders of both hearing and balance is useful in the practice of geriatric medicine, given that some 40% of people in the UK in their 60s - rising to 60% in their 70s - have significant hearing impairment. This article outlines the anatomy and pathophysiology, investigation, and management of hearing impairment. It also explains tinnitus, vertigo, and falls. (RH)

ISSN: 09592598

Do older drivers with visual and cognitive impairment drive less?; by Jane C Stutts.

Journal of the American Geriatrics Society, vol 46, no 7, July 1998, pp 854-861.

Drivers aged 65 and over who were applying for renewal of driving licences in North Carolina were administered a battery of brief tests of cognitive and visual function, and measures of high and low contrast visual acuity, contrast sensitivity, and peripheral vision. Participants were also asked to complete a brief survey containing questions about the number of miles they drove, and whether they avoided driving under certain conditions such as after dark. Results of multivariate logistic regression models show a clear pattern of reduced

driving exposure - lower annual miles and greater avoidance of high-risk driving situations - associated with lower levels of cognitive and visual function. In general, the prevalence odds of reduced driving exposure were higher for cognitive function variables than for visual function variables, and higher for males than females. While findings of this study are reassuring, they do not guarantee that all drivers with cognitive and visual impairments are limiting their driving exposure appropriately. Geriatricians and other health professionals should be encouraged to evaluate their patients' fitness to drive, and to give advice accordingly. (RH)  
ISSN: 00028614

Effectiveness of screening older people for impaired vision in community setting: systematic review of evidence from randomised controlled trials; by Liam Smeeth, Steve Iliffe.

British Medical Journal, vol 316, no 7132, 28 February 1998, pp 660-663.

Concern about undetected visual problems in older people increased when sight fees were introduced in 1990. Since then, general practitioners (GPs) have been required to offer an annual screening assessment to all patients aged 75 and over, including vision. A systematic search of Medline for randomised controlled trials evaluating screening for older people found 2,264 citations; 147 articles were reviewed in detail. There were no trials that primarily assessed for visual screening. Outcome data were available for 3,494 people in five trials of multiphasic assessment; all used self-reported measures for vision impairment, both as screening tools and outcome measurements. The inclusion of a visual screening component in the assessments did not result in improvements in self-reported visual problems. Evidence for effectiveness of visual screening is lacking, but a small beneficial effect (for a reduction of 11% in numbers of those with visual impairment) cannot be excluded. The continued inclusion of screening for impaired vision in screening programmes for older people is not supported by the evidence. Further work is needed to clarify appropriate interventions for older people with unreported visual impairment. (RH)

ISSN: 09598138

Guidelines for the design of screen and web phones to be accessible by visually disabled persons; by John Gill (ed), Vistel Consortium, Telematics Programme, Disabled and Elderly Sector, European Commission; Royal National Institute for the Blind - RNIB. London: RNIB, 1998, 28 pp.

This publication intends to show designers of screen and web telephones how such equipment can be made to be accessible and usable by visually impaired people. Many of the recommendations are also applicable for deafblind people and those with dyslexia. Information is based on the results of the VISTEL project, the aim of which has been to adapt screen phones to make them easily accessible for visually impaired people. (RH)

ISBN: 1860480187

From : RNIB, 224 Great Portland Street, London W1N 6AA.

Hearing loss in community-dwelling older persons: national prevalence data and identification using simple questions; by David B Reuben, Kathleen Walsh, Alison A Moore (et al).

Journal of the American Geriatrics Society, vol 46, no 8, August 1998, pp 1008-1011.

Hearing loss is common in older people, yet it is often undetected and untreated. The aim of this US study was to estimate the prevalence of hearing loss among a group of 2,506 community-dwelling older people according to clinical criteria, and to develop a brief self-report screening instrument. Hearing loss was measured by the Ventry and Weinstein (VW) criteria and by the High Frequency Pure-Tone Average (HFPTA) scale. Results showed that hearing loss by VW criteria was present in 14.2% and by HFPTA criteria in 35.1% of those surveyed. The prevalence increased with advancing age and was higher among men and those with less education. A logistic regression model identified six independent factors for hearing loss. The study concluded that hearing loss can be screened accurately by using simple questions to assess sociodemographic and hearing-related characteristics. (AKM)

ISSN: 00028614

Hearing loss, control and demographic factors influencing hearing aid use among older adults; by Dean C Garstecki, Susan F Erler.

Journal of Speech, Language and Hearing Research, vol 41, June 1998, pp 527-537.

(OFFPRINT.)

ISSN: 10924388

The impact of multiple impairments on disability in community-dwelling older people; by Gertrudis I J M Kempen, Lois M Verbrugge, Susan S Merrill (et al).

Age and Ageing, vol 27, no 5, September 1998, pp 595-604.

The authors tested the hypothesis that the co-occurrence of common impairments (motor and cognitive impairments, vision and hearing loss, depressive symptoms) of later life have exacerbating effects on disability

(activities and instrumental activities of daily living: ADLs and IADLs, social and role function, (in)activity). Data were from a community-based sample of 624 people aged 57 and over of the Groningen Longitudinal Ageing Study (GLAS). Motor impairments and depressive symptoms were associated with all disability measures, even when the effects of other impairments, age and gender were controlled. This indicates independent, predominant effects of motor impairments and depressive symptoms. Although several significant first-order interaction effects (indicating exacerbation) of impairments of disability were found, they were not very strong, but vision and hearing losses exacerbate the impact of other impairments on disability. The authors conclude that impairments, particularly motor impairments and depressive symptoms largely act 'solo', by main effects on disability. Only a few combinations including vision or hearing loss further exacerbate the effects of other impairments on disability. (RH)  
ISSN: 00020729

Longevity and gray hair, baldness, facial wrinkles, and arcus senilis in 13,000 men and women: the Copenhagen City Heart Study; by Peter Schnohr, Jørgen 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

Loss in late life; by Brice Pitt.

British Medical Journal, vol 316, 9 May 1998, pp 1452-1454 (Coping with loss, 9).

This is the ninth in a series of ten articles - adapted from 'Coping with loss', edited by Colin Murray Parkes and Andrew Markus (1998) - dealing with the different types of loss that doctors will meet in their practice. Old age can be seen as a succession of losses: retirement, reduction in income, and loss of status. Preparation for retirement, health checks for older people, continued access to education, and the use of 'at risk' registers can mitigate some of these problems. Health related losses touched on in this article include sensory loss, loss of sexual enjoyment, the risk of serious problems such as stroke and of being widowed. Depression in older people often goes unrecognised; it is often caused by loss, and in turn, causes further losses. Dementia is regarded as the greatest cause for distress, occurring in 20% of those over 80. Bearing in mind the consequences of loss, the move toward rationing and limiting social support for older people is not justified. (RH)  
ISSN: 09598138

Lost vision: older visually impaired people in the UK; by Mark Baker, Steve Winyard, Royal National Institute for the Blind - RNIB. London: RNIB, 1998, 48 pp (Campaign report 6).

The lives and needs of older people with visual impairment were examined in this national survey conducted by the Royal National Institute for the Blind (RNIB) and 13 local societies in the UK. A total of 514 blind and partially sighted people aged 60 years and over were interviewed in 1997. This report focuses on four key areas of concern arising from the survey: unmet care and daily living needs; mobility; isolation; and poverty and benefits. Findings revealed that many older visually impaired people surveyed did not have their basic care needs met. Many found using public transport difficult or impossible, and few could rely upon the use of private transport. Fifty-four percent of the study participants lived alone, and as many of them were unable to get out on their own, many led isolated and lonely lives. A high proportion of the people surveyed lived in poverty, and more than half were unaware of their exact entitlement to benefits. The report concludes with a number of policy recommendations aimed at local and central government and the voluntary sector. (AKM)  
ISBN: 185878154X

Price: £5.00

From : RNIB, 224 Great Portland Street, London W1N 6AA.

Low prevalence of hearing aid use among older adults with hearing loss: the epidemiology of hearing loss study; by Michael M Popelka, Karen J Cruickshanks, Terry L Wiley (et al).

Journal of the American Geriatrics Society, vol 46, no 9, September 1998, pp 1075-1078.

Hearing loss is one of the most prevalent chronic conditions affecting the health of older people, yet the prevalence of hearing aid use in this population is low. The aim of this study was to measure the prevalence of hearing aid use among 1692 adults, aged 48-92 years, with hearing loss and to identify factors associated with those currently using hearing aids. Results showed that the prevalence of current hearing aid use among those with a hearing loss was 14.6%. The prevalence was 55% in a subset of the most severely affected participants. In univariate analyses, current hearing aid use was associated with age, severity of loss, word recognition scores, self-reported hearing loss, self-perceived hearing handicap, and a history of noise exposure. Factors associated with current hearing aid use in multivariate logistic regression models were age, severity of loss, education, word recognition scores, Hearing Handicap Inventory for the Elderly (screening version) score, and self-report of a hearing loss. The authors concluded that improved screening and intervention programmes to identify older people who would benefit from hearing aids are needed to improve their hearing-related quality of life. (AKM)  
ISSN: 00028614

Planning for the future: the effect of changing mortality, incidence, and recovery rates on life expectancy with visual disability; by Carol Jagger, Neil Raymond, Kevin Morgan.

Journal of Aging and Health, vol 10, no 2, May 1998, pp 154-170.

Health expectancy measures incorporating mortality and morbidity may better determine the future needs of older people than current methods solely using mortality rates. Life expectancy with and without visual disability was calculated from two United Kingdom (UK) longitudinal studies of older people: The Nottingham Longitudinal Study of Activity and Ageing (NLSAA) and The Melton Mowbray Ageing Project (MMAP). Various scenarios of changing input transition rates were then explored. Findings showed that women had a greater probability of transition to disability. Increases in incidence had a larger impact for women than for men on resulting life-years with visual disability, reducing the proportion of remaining disability-free life by 2.1%. When mortality continued to decrease but incidence increased and recovery decreased, there was an increase in life expectancy, although for women this was offset by an even greater increase in years spent with visual disability. The study concluded that health expectancy calculated from longitudinal data may be useful in exploring potential future variations in incidence, treatment, and mortality rates and their effect on population health. (AKM)

ISSN: 08982643

See it right: good practice in action; by Royal National Institute for the Blind - RNIB; Thames Water. London: RNIB, 1998, unnumbered leaflet.

The See it Right initiative encourages information providers to understand the information needs of blind and partially sighted people. This leaflet has been produced to publicise the annual See it Right awards, which are sponsored by Thames Water. It gives examples of effective access to information for blind and partially sighted people in the fields of education, housing, financial services, arts and leisure, holidays and travel, and privatised utilities. This leaflet is also available in braille, on tape and on disk. A series of factsheets on providing accessible information is also available from the RNIB Helpline. (RH)

Price: FOC

From : RNIB, 224 Great Portland Street, London W1N 6AA.

Sense services: standards of delivery; by Sense, the National Deafblind and Rubella Association. London: Sense, the National Deafblind and Rubella Association, 1998, various pagings.

This document states service standards which should be matched or exceeded by any Sense service offering residential, daytime or vocational provision for adults and children with congenital and acquired deafblindness. Standard statements, with performance criteria, and evidence or information sources are organised under five section headings. Section 1 concerns planning and managing resources; and Section 2, the suitability, accessibility, safety and health aspects of the home, community, learning and work environment. Section 3 considers assessment and individual planning: referral; pre and entry information; assessment; needs identified; individual programme agreed; implementation; review; and participation of user and stakeholders. Privacy, dignity, independence, choice, rights, and fulfilment are considered in Section 4 on general principles of quality care. Section 5 deals with specialist principles of working with deafblind people: promoting maximum use of residual senses; communication; movement and mobility; environmental adaptations; and relationships. The standards are to be applied to all parts of an organisation's activities which impact on service delivery to the user. (RH)

From : Sense, The National Deafblind and Rubella Association, 11-13 Clifton Terrace, Finsbury Park, London N4 3SR.

A sharper focus: inspection of services for adults who are visually impaired or blind; by Gerald O'Hagan, Derek Brown, Social Care Group, Social Services Inspectorate - SSI, Department of Health - DoH. London: Department of Health, 1998, 78 pp (CI(98)8).

This is the first inspection report on services for adults with visual impairments since the 1988 publication, "A wider vision". Eight social service departments (SSDs) were inspected in 1997, in which fieldwork concentrated on services for adults aged 18 to 64. Services for those over retirement age were also examined; additional information came from an SSI inspection of services for older people. Considerable contrast was found between four SSDs performing well, and four, less well: how adequately visually impaired people's social care needs are met is very dependent on where they live. The main issues examined were: assessment targeted at sight loss needs; wider social care needs; specialist services; identifying ethnic minority needs; certification and registration; information and communication with other agencies; needs of adolescents; care management arrangements (including staff training); and commissioning strategy. A checklist is provided to help SSDs evaluate their services for visually impaired people. This report is also available in braille, on audio cassette tape, on disc and in large print. (RH)

Price: FOC

From : DH Stores, PO Box 410, Wetherby LS23 7LN. (Other formats on request from: Business Support Unit, Social Care Group, Department of Health, 133-135 Waterloo Road, London SE1 8UG.)

A sharper focus : inspection of services for adults who are visually impaired or blind: summary messages for practitioners and first line managers; by Social Care Group, Social Services Inspectorate - SSI, Department of Health - DoH. London: Department of Health, 1998, unnumbered (CI(98)8).

This summary highlights the main points in the report, 'A sharper focus', which describes and analyses the findings from an inspection of services for adults who are visually impaired or blind provided by eight social services departments (SSDs). It focuses on the report's main messages concerning: social care needs arising from sight loss; systematic and targeted assessment; organising a specialist team; collaboration; co-ordination; monitoring quality of response; effective communication; and commissioning strategy. The inspection found that while some SSDs made significant contributions to improving the quality of life of visually impaired people, other service users were relatively disadvantaged because their local SSD's approach to sight loss was less well focused. This summary is also available in braille, on audio cassette tape, on disc, and in large print. (RH)

Price: FOC

From : DH Stores, PO Box 410, Wetherby LS23 7LN. (Other formats on request from: Social Care Group, Department of Health, 133-135 Waterloo Road, London SE1 8UG.)

Visual impairment and falls in older adults: the Blue Mountains eye study; by Rebecca Q Ivers, Robert G Cumming, Paul Mitchell (et al).

Journal of the American Geriatrics Society, vol 46, no 1, January 1998, pp 58-64.

The relationship between visual impairment and falls in older people was examined in this Australian study. All people aged 49 years and over in two areas in the Blue Mountains were invited to participate; a total of 3299 had eye examinations and answered questions about health and vision status, use of medication, and number of falls in the previous 12 months. Results revealed that visual impairment was strongly associated with two or more falls in older adults. In addition to poor visual acuity, visual factors such as reduced visual field, impaired contrast sensitivity, and the presence of cataracts may explain this association. (AKM)

ISSN: 00028614

Within reason: access to services for blind and partially sighted people; by Alun Thomas, Royal National Institute for the Blind - RNIB. London: RNIB, 1998, 88 pp (Campaign report 5).

Now that the Disability Discrimination Act (DDA) has come into force, service providers need to be aware of what constitutes reasonable expectations on the part of consumers, regardless of disability. In this report, telephone interviews, questionnaires and focus groups were used to gather the views of blind and partially sighted people on current provision. In-depth findings are presented on some of the commonest types of services used by visually impaired people: health services, retailing, transport, financial services, and utilities. Covered in less depth are services of: arts, entertainment and religious venues; hotels, catering and tourism; sport and leisure; and education and employment. A number of common themes on accessibility of services emerged: staff assistance and awareness; access to information; mobility; technology; identifying and purchasing items; physical access; and health and safety. Advice to service providers centres round two key points: planning ahead; and responding to the needs of the individual. (RH)

ISBN: 1858781477

Price: £5.00

From : RNIB, 224 Great Portland Street, London W1N 6AA.

## 1997

Access to technology: unique challenges for people with disabilities; by Deborah Kaplan.: American Society on Aging, Fall 1997, pp 24-27.

Generations, vol XXI, no 3, Fall 1997, pp 24-27.

While technology can open many doors for people with limitations, extra steps are often necessary to ensure that the technology will work for them. There are many Internet Web sites about adaptive technology for disabled and blind people. This article describes the work of a few of the American organisations or databases involved in such work, including: the Alliance for Technology Access; ABLEDATA, an electronic database of information on assistive technology and rehabilitation equipment in the United States; and the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).

ISSN: 07387806

Age-related cognitive decline and vision impairment affecting the detection of dementia syndrome in old age; by Friedel M Reischies, Bernhard Geiselmann.

The British Journal of Psychiatry, vol 171, no 5, November 1997, pp 449-451.

The Mini Mental State Examination (MMSE) is widely used as a screening instrument for dementia, and its diagnostic validity may be lowered in old age by normal age-related cognitive decline. Furthermore, visual impairment, occurring frequently in old age, leads to missing values which prevent an interpretation of the test result. In the Berlin Ageing Study (BASE) of 516 people aged 70-103 years, MMSE and clinical dementia diagnosis, made by a psychiatrist investigating all subjects by the Geriatric Mental State - A and History and Aetiology Schedule interview, were investigated independently. The MMblind was analysed, an MMSE for vision impairment in which all items requiring image processing are omitted. The study sample is population based; dementia cases (DSM-III-R) were excluded on the basis of the clinical diagnosis. Norms are reported for very old age regarding MMSE as well as MMblind. There is a considerable age effect on MMSE scores. In contrast to MMSE, sensitivity and specificity of the shorter MMblind version are not reduced. Thus, the blind version of MMSE seems to be a valid instrument improving the applicability of the MMSE in old age. (RH)

ISSN: 00071250

Balance abilities of community dwelling older adults under altered visual and support surface conditions; by Brian Alhanti, Lori A Bruder, Wendy Creese (et al).

Physical & Occupational Therapy in Geriatrics, vol 15, no 1, 1997, pp 37-52.

The Clinical Test of Sensory Interaction on Balance (CTISB) - more commonly known as the Foam and Dome Test - was used to examine older people's balance abilities. The test evaluates an individual's ability to maintain upright standing under altered visual and support surface conditions. Participants were 69 older people aged 61 to 97 (mean age 76.3) from culturally diverse backgrounds, who attend day centres in North Philadelphia (PA). They were timed on the six different conditions of the CTISB. A perfect score was 30 seconds. 46 were able to complete all conditions. Scores tended to decrease as the difficulty of the conditions increased. Older people tend to use visual input to maintain balance, even with conflicting visual information; and tend to have better standing balance on hard versus compliant surfaces. To assess balance abilities of patients when using the CTISB, clinicians can use the norms developed with independently living older people. (RH)

ISSN: 02703181

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

A case study of intergenerational relations through dance with profoundly deaf individuals; by Andrea Sherman. Journal of Gerontological Social Work, vol 28, no 1/2, 1997, pp 113-123.

In this study, the medium of dance was used to explore intergenerational relationships and interactions between profoundly deaf young children and profoundly deaf older adults. The researcher examined the extent to which individuals of one age group act as grandparents or grandchildren for those of another age group; and the dance elements of warm-ups, partnering, touch and line versus circle. The study investigated whether dance can act as a catalyst for social interaction between these two age groups.

ISSN: 01634372

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

Change in sight; by Simon Birtles.

Elderly Care, vol 2, no 4, August/September 1997, pp 16-17.

The Disability Discrimination Act (DDA), which became law in December 1996, has the guiding principle that those with disabilities should have equal access to services where reasonably possible. The author suggests that this could be interpreted to include blind and partially sighted older people in residential accommodation. Visual awareness training for nursing and care staff would help in making homes more user friendly for those with visual impairments.

ISSN: 09568115

Closing the gap : linking health and social care for visually impaired people: a discussion paper by Visual Handicap Group on good practice supporting people who become blind or partially sighted; by Graham Lomas, Visual Handicap Group; Royal National Institute for the Blind - RNIB. London: RNIB, 1997, 60 pp.

This paper illustrates growing co-operation and joint work between ophthalmologists, optometrists, social service staff, and voluntary organisations, which enables people losing their sight to get assistance when they most need it. It gives examples of good practice in provision of community services. A statistical supplement estimates numbers of visually impaired people in each local authority area.

ISBN: 1858781159

Price: £9.95

From : RNIB, 224 Great Portland Street, London W1N 6AA.

Depression in the elderly: a multimedia sourcebook; by John J Miletich. Westport, CT: Greenwood Press, 1997, 226 pp (Bibliographies and indexes in gerontology, no 36).

This sourcebook contains annotated references to materials on depression in older people, covering the time period 1970-1996. The references refer mainly to materials published in the United States (US). The information is in various forms, including journal articles, monographs, conference papers, theses, dissertations, audiocassettes, videocassettes, and television programmes. A list of acronyms, and a separate author and subject index, are included. Topics covered include: aetiology, epidemiology and diagnosis; memory, cognition and dementia; physical illness, disability and sensory impairment; institutional and home environments; nationality, race and ethnicity; bereavement, anxiety, religiosity; suicide; social aspects; caregivers; pharmacological and non-pharmacological treatments; and treatment comparisons.

ISBN: 0313301131

Price: £55.50

From : The Eurospan Group, 3 Henrietta Street, London WC2E 8LU.

Directory of training opportunities and materials for staff working with deaf people in the personal social services in England 1997; by Council for the Advancement of Communication with Deaf People (CACDP); Department of Health - DoH. Durham: DoH, 1997, 236 pp.

This directory contains over 700 entries, reflecting the increasing need for training in sign language and other communication skills used between deaf and hearing people. This type of training is relatively new: in some local authority areas, provision may be limited.

Price: FOC

From : Huw G Jones, Social Care Group 6A, Room 228, Wellington House, 133-155 Waterloo Road, London SE1 8UG.

Driving patterns and medical conditions in older women; by Kimberly Y-Z Forrest, Clareann H Bunker, Thomas J Songer (et al).

Journal of the American Geriatrics Society, vol 45, no 10, October 1997, pp 1214-1218.

The proportion of the older population who hold a driving licence is on the increase, as is the amount of driving they undertake. Increasing attention is being placed on the role of medical conditions affecting driving performance. In this study, the driving patterns of a population-based cohort of women aged 71 years and over are described, and the relationship between medical conditions and driving patterns is examined. Findings revealed that most older women continue to drive, but that individual medical conditions, such as fractures, heart disease, diabetes, poor vision and hearing, as well as comorbidity, have a significant impact on driving patterns, often resulting in less frequent driving, avoiding long trips and driving cessation.

ISSN: 00028614



Emergence of a powerful connection between sensory and cognitive functions across the adult life span: a new window to the study of cognitive aging?; by Paul B Baltes, Ulman Lindenberger.

Psychology and Aging, vol 12, no 1, March 1997, pp 12-21.

687 individuals aged 25-103 years (those aged 70-103 from the Berlin Aging Study) were studied cross-sectionally to examine the relationship between measures of sensory functioning (visual and auditory acuity) and intelligence (14 cognitive tasks representing a 5-factor space of psychometric intelligence). As predicted, the average proportion of individual differences in intellectual functioning connected to sensory functioning increased from 11% in adulthood (25-69 years) to 31% in old age. However, the link between fluid intellectual abilities and sensory functioning, albeit of different size, displayed a similarly high connection to age in both age groups. Several explanations are discussed, including a 'common cause' hypothesis. The authors argue that the increase in the age-associated link between sensory and intellectual functioning may reflect brain ageing. The search for explanations of cognitive ageing phenomena would benefit from attending to factors shared between the two domains.

ISSN: 08827974

Everyday activity patterns and sensory functioning in old age; by Michael Marsiske, Petra Klumb, Margret M Baltes.

Psychology and Aging, vol 12, no 3, September 1997, pp 444-457.

The authors investigated the relationship between visual and auditory acuity and everyday activity functioning. Participants were 516 older adults aged 70-103 from the Berlin Aging Study (BASE). Two categories of everyday activity functioning, perceived competence with basic activities of daily living (BaCo - basic competence) and amount of participation in discretionary social and leisure tasks (ExCo - expanded competence), were examined. Results revealed that sensory acuity, particularly vision, was a significant predictor of both BaCo and ExCo. Indeed, hearing and vision could explain most of the age-related variance in everyday activities. At the same time, in the context of a broader model, evidence for the differential prediction of BaCo and ExCo was found, although there was strong evidence for strong general age-related predictive variance that was common to both measures.

ISSN: 08827974

Future vision: a discussion paper : proposals for a national framework for the identification, assessment and rehabilitation of visually impaired people; by Royal National Institute for the Blind - RNIB. London: RNIB, 1997, 20 pp.

It has been evident that local authorities and individuals would benefit from some clear guidance on how social care services for blind and partially sighted people should be arranged, given the wide variability between areas. This document refers to local authorities' obligations in law under the following legislation: the Chronically Sick and Disabled Persons Act 1970 (CSDP); the Disabled Persons (Services, Consultation and Representation) Act 1986; and the NHS and Community Care Act 1990, section 47 1(a). In order for appropriate services to be available to blind and partially sighted people, each local authority needs to have a policy to guide staff on when, how and to whom services should be provided. The discussion paper outlines processes and practices to be followed, starting with a comprehensive assessment of need, and ensuring accessible information. It also comments on training, community care assessment, social rehabilitation services, and quality assurance. Views on this consultation were sought by June 1998. (RH)

ISBN: 1858781371

From : RNIB, 224 Great Portland Street, London W1N 6AA.

Home in on quality : 6: helping residents to hear; by Counsel and Care; Department of Health - DoH. London: Counsel and Care, 1997, 6 pp (Home in on quality: 8 pamphlets).

Reduced hearing has a drastic effect on the way someone communicates with others - which can make it difficult for a resident living in a residential home to participate in the life of the home. This pamphlet outlines what staff can do to help: assessment of hearing problems; staff training; hearing aids and other equipment; examination and testing; sight tests; and what to do about background noise.

Price: £6.00 (complete set)

From : Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG.

How carers can help older people with low vision; by Canadian National Institute for the Blind.: HelpAge International, November 1997, pp 15-18.

Ageways, 46, November 1997, pp 15-18.

An excerpt from the Canadian National Institute for the Blind publication "Living with vision loss: a handbook for caregivers" gives practical suggestions on how older people with low vision can live as independently as possible. (RH)

ISSN: 14696223

Influence of visual control, conduction, and central integration on static and dynamic balance in healthy older adults; by Philippe P Perrin, Claude Jeandel, Claude A Perrin (et al).

Gerontology, vol 43, no 4, July-August 1997, pp 223-231.

Ageing is associated with changes in the control of balance, resulting in an increased risk of falls. In order to appreciate the visual, somatosensory, and central signals involved in balance control, methods of posturography assessment have been developed, using static and dynamic tests, eventually associated with electromyographic measurements. This study applied such methods to a population of healthy older people and healthy younger people in order to assess the respective importance of each of the sensorial inputs in ageing individuals. Results indicated that visual input remains a major component of posture control in older people, although physiological ageing of nervous conduction and central integration can contribute to their decreased control of balance.

ISSN: 0304324X

Losing sight of blindness; by Sue Griney, Steve Winyard, Royal National Institute for the Blind - RNIB. London: RNIB, 1997, 22 pp (Campaign report 2).

Although age is the major risk factor for developing eye disease, older people are not eligible for free National Health Service (NHS) eye tests on the grounds of age alone. This report examines the impact of the withdrawal of free eye tests in 1988/89 on older people. The first chapter outlines some basic facts about eye disease and the reasons why early detection is essential. In the second chapter, findings from a national survey of people aged 60 years and over are presented, which was conducted to examine the factors which influence older people to have an eye test. The third chapter sets out the findings from a study on the patterns of optometric attendance and referrals to the hospital eye service in Oxfordshire since 1988. The report concludes with recommendations, including the following: free eye tests for people aged 60 years and over and further extensions of the exemption categories; a public education campaign promoting "eye health checks"; and audited national standards and outcomes of eye tests. (AKM)

ISBN: 1858781167

Price: £5.00

From : RNIB, 224 Great Portland Street, London W1N 6AA.

Morbidity and disability in elderly Zimbabweans; by Theresa J Allain, Adrian O Wilson, Z Alfred R Gomo (et al).

Age and Ageing, vol 26, no 2, March 1997, pp 115-121.

The population aged over 60 years in Zimbabwe is expanding, and life expectancy has increased by 10 years in the last decade. Despite the likely increased demand on medical services, little is known about the health needs of the over 60s. This survey of a rural area of north east Zimbabwe found that visual impairment and difficulty walking were the major causes of disability. Cataracts were the commonest cause of blindness, but only operated on in 10% of cases. 97% of those over 60 complain of chronic pain, but most do not have easy access to analgesic drugs or health services. This study highlights problem areas where simple, low-cost measures could make a difference to the morbidity and disability of older Zimbabweans.

ISSN: 00020729

Olfactory acuity as a function of age and gender: a comparison of African and American samples; by Clifton E Barber.

International Journal of Aging and Human Development, vol 44, no 4, 1997, pp 317-334.

A frequently reported finding in age-related sensory impairment is that olfaction declines with age, however, most studies have generally relied on data collected from samples drawn primarily from Western societies. Using international data from the 1986 National Geographic Smell Survey, responses of 19,219 American respondents and 3,204 African respondents were analysed. All were screened for factors negatively affecting olfaction. Measures of olfactory acuity included odour detection, identification, intensity and quality. The results indicate that some measures of olfactory acuity tend to decline across age groups, but that this decline is less marked than reported in previous studies. The most important finding is that loss of olfaction is not consistent or uniform between geographic regions of America or Africa, between male versus female respondents, or among the four measures of olfactory acuity. African respondents had significantly higher percentages of detection than did American respondents, women generally reported higher levels of olfactory functioning than did men, and some measures were stable across age groups, or were higher among older respondents. (AKM)

ISSN: 00914150

Psychological effects of hearing aid use in older adults; by Clemens Tesch-Römer.

The Journals of Gerontology Series B: Psychological sciences and social sciences, vol 52B, no 3, May 1997, pp P127-P138.

Hearing impairment in older adults is a chronic condition with high prevalence, and showing negative correlations with communication, social integration, well-being, and cognition. In the present study, a group of older Germans with mild to moderate hearing loss who received a hearing aid for the first time in their lives (aural rehabilitation group, n=70) and two age-matched controls (42 hearing impaired without hearing aids, and 28 with more or less normal hearing) were tested longitudinally over a 6-month period. Measures examined their performance on communication problems, social activities, satisfaction with social relationships, well-being, and cognition. Data analyses show that in older people with mild to moderate hearing loss, hearing aid use has positive effects on self-perceived hearing handicap. However, hearing aid use has no effect where social activities, satisfaction with social relations, well-being, and cognitive functioning are concerned. (RH)

ISSN: 10795014

A question of risk: community care for older visually impaired people in England and Wales; by David Coles, Graham Willetts, Steve Winyard, Royal National Institute for the Blind - RNIB. London: RNIB, 1997, 22 pp (Campaign report 3).

Following a major survey of the needs of blind and partially sighted people carried out in the mid-1980s, RNIB concluded that there was extensive under-provision of local authority social services. "A question of risk" looks in detail at the legislative framework for community care. Under the NHS and Community Care Act 1990 and the Disabled Persons (Services, Consultation and Representation) Act 1986, local authorities are required to offer a comprehensive assessment to all disabled people, irrespective of the need that is initially presented. The document reports on findings of research studies, and examines ways in which local authorities have tried to close the gap between increasing levels of demand and inadequate resources, in effect, by rationing services such as home care. The report makes recommendations to central and local government concerning these observations. (RH)

ISBN: 1858781361

Price: £5.00

From : RNIB, 224 Great Portland Street, London W1N 6AA.

Reduced visual acuity in elderly people: the role of ergonomics and gerotechnology; by Maria Rita Pinto, Stefania De Medici, André Zlotnicki (et al).

Age and Ageing, vol 26, no 5, September 1997, pp 339-344.

Gerotechnology is the discipline concerned with fundamental and applied research involving the complex interaction of older people with technological products and the built environment. This article focuses on the risks of reduced visual acuity in older people, and looks at how they might be reduced by changing the environment and improving technological design. It concludes that incorporating principles of ergonomic design for older people would improve their safety and comfort.

ISSN: 00020729

The relationship between vision impairment and the assessment of disruptive behaviors among nursing home residents; by Amy Horowitz.

The Gerontologist, vol 37, no 5, October 1997, pp 620-628.

This study examined the relationship between vision impairment, defined as best corrected distance acuity, and disruptive behaviours among nursing home residents in upstate New York, United States (US). All data were collected from nursing home records. Vision impairment was significantly related on the bivariate level to the disruptive behaviour index. Hierarchical regression analyses, with disruptive behaviours as the criterion and age and comorbid conditions as covariates, indicate that vision status is a significant independent contributor to disruptive behaviours among long-term care residents. Several interpretations for this observed relationship are discussed as are implications for nursing home services and future research. (AKM)

ISSN: 00169013

Risk of behavior problems among nursing home residents in the United States; by Mary E Jackson, William D Spector, Peter V Rabins.

Journal of Aging and Health, vol 9, no 4, November 1997, pp 451-472.

This study identified personal risk factors associated with behaviour problems among nursing home residents using data based on a national survey of nursing home residents (the Institutional Population Components of the 1987 National Medical Expenditure Survey). Multiple regression analyses were conducted to examine characteristics of residents that place them at risk of behaviour problems. Independent variables include physical functioning, sensory impairment, cognitive impairment, psychiatric diagnoses, and demographics. Eleven

behaviour problems grouped into four categories based on factor analysis serve as dependent variables: wandering/safety, aggressive behaviours, collecting behaviours, and delusions/hallucinations. Risk factors emerging as predictors included sex (male), cognitive impairment, ADL (activities of daily living) dependency, incontinence, psychiatric history, receptive communication, walking, and visual impairment. Risk factors differ by type of behaviour problem. Results suggest a multiple aetiology in which biological, psychological, and sociocultural factors all play a role in generating behaviour problems in the long-term care setting. (AKM)  
ISSN: 08982643

Screening for depression in low-vision elderly; by Barry W Rovner, Yochi Shmueli-Dulitzki.  
International Journal of Geriatric Psychiatry, vol 12, no 9, September 1997, pp 955-959.

To assess the utility of one widely used scale for depression, the authors examined the sensitivity and specificity of the Geriatric Depression Scale (GDS) in older visually impaired patients attending a US low-vision clinic. GDS scores were compared with the diagnosis of major depression in statistical models examining interrelationships of vision, depression and disability. The sensitivity and specificity of the GDS were 63% and 77% respectively. A receiver operating characteristic curve showed that the GDS's ability to discriminate patients with and without major depression was no better than chance. Although the GDS was limited as a screen for major depression, it was useful in statistical models examining the interrelationships of vision, depression and disability. Although the GDS is unable to discriminate patients with and without major depression in this population, it is valuable as a continuous measure of depressive symptomatology to examine the interrelationships of vision, depression and disability. (RH)  
ISSN: 08856230

A service on the edge: inspection of services for deaf and hard of hearing people; by Social Services Inspectorate - SSI, Department of Health - DoH. London: Department of Health, 1997, 83 pp.

This report, based on inspections of services to deaf and hard of hearing people in eight local authorities, has been designed to help managers understand the range of needs of deaf and hard of hearing people so that they can plan and deliver sensitive and appropriate services. Assessment, specialist services, communication, access, information, and planning and management were identified as aspects of service needing further development. The inspection reports on in detail, and proposals for improving services are outlined, for: assessment of needs; social workers with deaf people; environmental equipment; supporting community groups and development work; communication with deaf and hard of hearing people; local interpreting and communication services; links between specialist workers and the rest of the social services; wider social services provision; information to the public; complaints; planning services; managing services; and training and staff development. A summary of the report is also available, which outlines the key issues for front line staff and their managers. (RH)  
From : Department of Health, PO Box 410, Wetherby, LS23 7LN.

A service on the edge: services for people who are deaf or hard of hearing: summary messages for managers; by Social Services Inspectorate - SSI, Department of Health - DoH. London: Department of Health, 1997, 3 pp.

This summary highlights the main messages from the Social Services Inspectorate (SSI) report, "A service on the edge". Managers, whether of specialist services or of other social services, should understand deaf people's needs and methods of communication. They should also consider how deaf people's needs are assessed, and ultimately access to specialist services. (RH)  
From : Department of Health, PO Box 410, Wetherby, LS23 7LN.

Staff knowledge regarding hearing loss and communication among nursing home residents; by L G Burnip, N P Erber.

Australian Journal on Ageing, vol 16, no 1,, 1997, pp 40-43.

Hearing loss is prevalent in nursing homes, and communication by residents is reported to be restricted both in quality and quantity. Programmes to manage hearing loss in nursing homes are uncommon, and residents are seldom referred for assessment of communication difficulties. To consider how these needs and difficulties are perceived, a questionnaire was completed by 140 staff in five nursing homes in Adelaide. They answered questions relating to the prevalence and effects of hearing loss, residents' opportunities for communication, and the communication environment. Findings suggest that staff underestimated the prevalence of hearing loss, that they recognise some of the communication obstacles encountered by residents, but that they are overly optimistic about residents' opportunities for communication, and also the ability of staff to improve that communication.  
ISSN: 07264240

Strategies for the prevention of blindness in national programmes: a primary health care approach; by World Health Organization - WHO. 2nd ed Geneva: WHO, 1997, 104 pp.

This book, presented in four parts, explains how well-planned national programmes help to ensure widespread blindness prevention and the co-ordination and efficient utilisation of resources available for health care. The first part presents the concept of avoidable blindness, and how activities organised nationally can be implemented at a local level, even with limited staff and resources. The essential components of national programmes are discussed in the second part, including strategies for mobilisation of national and international resources. Part three, on primary eye care, helps planners understand what a national programme entails in terms of essential clinical activities, personnel and training, supplies and equipment, and training material. The final part provides detailed advice on ways to combat each of the major blinding conditions: trachoma, blinding malnutrition, onchocerciasis, cataract, ocular trauma, glaucoma, diabetic retinopathy, and childhood blindness. Though recommended measures draw on state-of-the-art technical knowledge, emphasis is on simple activities easily carried out at the primary health care level. (RH)

ISBN: 9241544929

From : The Publications Centre, PO Box 276, London SW8 0DT.

Why can't I see so well any more?; by Canadian National Institute for the Blind.: HelpAge International, November 1997, pp 11-14.

Ageways, 46, November 1997, pp 11-14.

This article outlines the most common conditions which cause vision loss in older people, and describes some of the emotional reactions which many older people have to their changing vision. It is adapted from "Living with vision loss: a handbook for caregivers", published by the Canadian National Institute for the Blind (CNIB). (RH)

ISSN: 14696223

Windows to their world: the effect of sensory impairments on social engagement and activity time in nursing home residents; by Helaine E Resnick, Brant E Fries, Lois M Verbrugge.

The Journals of Gerontology Series B: Psychological sciences and social sciences, vol 52B, no 3, May 1997, pp S135-S144.

The relationships between three sensory and communication abilities and two areas of nursing home resident behaviour are examined. Data from 18,873 nursing home residents include measures of hearing, visual and communication abilities, and social engagement time spent in activities. An increasing level of visual impairment is associated with low levels of social engagement and little time in activities. Both moderate and severe hearing impairment are associated with little time in activities, while inadequate communication is associated with limits in both social engagement and time in activities. The combined effects of visual communication impairments are associated with low social engagement. Increased attention to sensory and communication losses may lead to improved quality of life in this population. (RH)

ISSN: 10795014

## **1996**

The Access Project: development platform for unified access to enabling environments; by Access Consortium, TIDE Programme, Commission of the European Union. London: RNIB, 1996, 8 pp.

Disabled and older people are expected to interact with an increasingly complex technological environment where user interfaces are usually designed only with the requirements of able-bodied users in mind. The ACCESS project of the European Union's TIDE (Technology Initiative for the Disabled and Elderly) Programme offers a novel approach to solving accessibility problems, which this document reports on. Specific examples discussed are communication aids for speech-motor and language-cognitive disabled users, and a hypermedia application for blind students.

ISBN: 186048011X

From : Dr John Gill, RNIB, 224 Great Portland Street, London W1N 6AA. (Contact as a partner in the ACCESS Consortium)

Better hearing; by Help the Aged. London: Help the Aged, 1996, 11 pp (Help the Aged advice leaflet).

This leaflet gives information on what to do about hearing loss, and information on hearing aids.

Price: FOC

From : Help the Aged, St James's Walk, London EC1R 0BE.

Consulting and involving older people with a visual impairment in the provision and development of personal social services; by Mark Davis, Social Services Development Unit, Royal National Institute for the Blind - RNIB. London: RNIB, 1996, 19 pp (User Consultation).

The NHS and Community Care Act 1990, section 46, and the guidance which followed, placed a legal duty on local authorities to consult with providers, service users and carers in the planning and delivery of services. This study is the first national research to look at what progress has been made to consult and involve older people with a visual impairment regarding the provision of personal social services.

ISBN: 1858780977

Price: FOC

From : Mark Davis, Community Care Officer - Older People, RNIB Social Services Development Unit, 7 The Square, 111 Broad Street, Edgbaston, Birmingham B15 1AS.

Depression and disability in older people with impaired vision: a follow-up study; by Barry W Rovner, Pamela M Zisselman, Yochi Shmuely-Dulitzki.

Journal of the American Geriatrics Society, vol 44, no 2, February 1996, pp 181-184.

Explores the prevalence and incidence of depression in older people with visual impairment.

ISSN: 00028614

Effects of sensory aids on the quality of life and mortality of elderly people: a multivariate analysis; by Ildebrando Appollonio, Corrado Carabellese, Lodovico Frattola, Marco Trabucchi.

Age and Ageing, vol 25, no 2, March 1996, pp 89-96.

Reports on a cross-sectional study which examined the relationship between the use of sensory aids and the quality of life and mortality of older people suffering from sensory deprivation. It found that an uncorrected sensory deprivation was associated with impairment of mood, self-sufficiency, activities of daily living, and social relationships.

ISSN: 00020729

The elderly with a learning disability (mental retardation): an overview; by Jane M McCarthy, Eleanor Mullan.

International Psychogeriatrics, vol 8, no 3, Fall 1996, pp 489-501.

There has been a considerable growth of interest in older people with a learning disability (LD), due in part to the increase in their life expectancy. This article reviews the literature, focusing on demographic data, functional abilities, mental health, physical health, and service use. Older people with learning difficulties will have high health and social care needs; and they share with their normally-ageing peers the problems of ageing: age-related infirmities of dementia, sensory impairment, urinary incontinence, and poor mobility. They develop psychiatric disorders that remain unrecognised and untreated. Some are cared for by ageing parents who may also be frail and have serious health problems. Further research is required on the quality of life, successful indicators of ageing, and guidance on the type of service that will meet the needs of this group. (RH)

ISSN: 10416102

Ethiopian elderly immigrants: a community-based social work and medical intervention to address eye care needs; by Richard E Isralowitz, Gideon Rosenthal, Tova Lifshitz (et al).

Journal of Gerontological Social Work, vol 27, no 1/2, 1996, pp 167-177.

The magnitude of eye-related disorders among people of African origin is considerable, especially those from countries - such as Ethiopia - which have experienced the ravages of war, drought, severe food shortages, malnutrition, poor sanitation and other related conditions. During the last decade, thousands of Ethiopian Jewish people have left Ethiopia for Israel. The transition process for many has not been an easy one, especially for the elderly, who for many reasons have found themselves struggling to adjust. This article describes a co-ordinated response by community, hospital and university-based medical and social work professionals and volunteers to deal with the problem of eye disorders among Ethiopian older people. The model of intervention, while at the initial stages of development, appears to have a positive impact on the quality of life of Ethiopian older people in the community.

ISSN: 01634372

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

Factors affecting contrasting results between self-reported and performance-based levels in physical limitations; by G I J M Kempen, M J G van Heuvelen, R H S van den Brink (et al).

Age and Ageing, vol 25, no 6, November 1996, pp 458-464.

The authors examined the role of socio-demographic variables, cognitive and affective functioning, and personality in discrepancies between performance-based and self-report measures for physical limitations in motor functioning, hearing and vision. Data are drawn from a community-based sample of people aged 57 or

over. The strength of association between self-reported and performance-based levels of physical limitations is moderate. Socio-demographic variables and levels of cognitive functioning explained some of the discrepancies between self-reported and performance-based vision. For motor functioning and hearing, discrepancies were substantially influenced by affective functioning and personality. Discrepancies may reflect bias in perception or true variation in the effect of limitations on daily functioning. Both self-report and performance-based measures seem to complement each other in providing useful information about physical limitations.  
ISSN: 00020729

A guide to the care of the elderly; by R B Shukla, D Brooks (eds), North Manchester General Hospital, Department of Medicine for the Elderly. London: HMSO, 1996, 361 pp.

This multidisciplinary textbook examines a variety of aspects of geriatric care, focusing on common medical problems, the management of specific diseases, and new ideas in the management of patients, research and audit. Specific topics covered include retirement, community care, health care of older people in developing countries, falls, sexuality, sensory impairment, incontinence, dementia, elder abuse, and legal and ethical issues in care.

ISBN: 0117018309

Price: £35.00

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

Hearing loss of former prisoners of war of the Japanese; by Thomas W Grossman, Harry D Kerr, James C Byrd. *Journal of the American Geriatrics Society*, vol 44, no 9, September 1996, pp 1089-1092.

This is a descriptive study of the prevalence, degree and types of hearing loss in a group of 75 older American veterans who had been prisoners of war (POWs) of the Japanese. Hearing aids were prescribed for eight veterans. Subjects were examined, and pure tone air and bone conduction, speech reception threshold, and speech discrimination were determined. Results were compared with age- and sex-matched controls from the largest recent American study of hearing loss. 95% of subjects had been imprisoned longer than 33 months. Starvation conditions (100%), head trauma (85%), and trauma-related loss of consciousness (23%) were commonly reported. 73% complained of hearing loss, and 22 out of 75 dated its onset to captivity. Most of those with the worst losses in hearing and speech discrimination were in this sub-group. When the entire group was compared with published age- and sex-matched controls from the Framingham study, no significant differences were found. The authors advocate screen examinations and long-term follow-up of populations with similar histories of starvation, head trauma, and torture. (RH)

ISSN: 00028614

A hospital survey of the care of elderly patients with diabetes mellitus; by A K Fletcher, J Dolben.

*Age and Ageing*, vol 25, no 5, September 1996, pp 349-352.

Elderly diabetic patients are at especially high risk of developing hypoglycaemia, diabetic retinopathy, foot ulcers and infection. This study examined 100 elder diabetic inpatients to assess level of diabetes supervision, prevalence of risk factors for complications (identifying inappropriate drug therapy), and uptake of chiropody and fundoscopic services. A large proportion (71%) had two or more risk factors for the development of foot complications: only 50% had seen a chiropodist in the preceding 12 months. 48% did not undergo annual fundoscopic examination. 14 patients were regularly taking long-acting oral hypoglycaemic agents. The results highlight the particular needs of elderly diabetic patients: a strategy should be devised to optimise their care.

ISSN: 00020729

The importance of friendship and family support in adaptation to chronic vision impairment; by Joann P Reinhardt.

*The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, vol 51B, no 5, September 1996, pp P268-P278.

There has been little empirical work on factors which predict better adaptation among visually impaired older people. This study assessed adaptation to vision loss and measurements of psychological well-being (life satisfaction and depressive symptoms), to test the effects of sociodemographic, vision, health and functional disability variables, and the quality of family and friendship support. Results highlighted the unique importance of friendship support, after accounting for family support in adjusting to vision impairment. Descriptive information on support components showed that participants perceived greater support from close family members than close friends. Yet, perceived friendship support played a significant role in their adaptation to later life impairment.

ISSN: 10795014

Improving compliance with glaucoma eye-drop treatment; by Jean Cooper.  
Nursing Times, vol 92, no 32, 7 August 1996, pp 36-37.

Many older patients attending ophthalmic out-patient clinics have been prescribed eye drops for long-term use to treat glaucoma but do not continue with their treatment. This review looks at chronic simple glaucoma, the problems of compliance with long-term medical treatment in older people, and the current and future treatment of glaucoma. Recommendations are made on the nurses' role in supporting these patients.

ISSN: 09547762

Interrelations of age, visual acuity, and cognitive functioning; by Timothy A Salthouse, Holly E Hancock, Elizabeth J Mainz (et al).

The Journals of Gerontology Series B: Psychological sciences and social sciences, vol 51B, no 6, November 1996, pp P317-P330.

It has been suggested that a large proportion of the age-related influences on many measures of cognitive functioning is mediated through a single common factor. This hypothesis has been supported by the discovery that much of the age-related variance in different cognitive measures is shared, and is not distinct or independent. These earlier results were replicated in this project. It was also discovered that measures of corrected visual acuity and processing speed share a very large proportion of the age-related variance in measures of working memory, associative learning, and concept identification. The apparent implication is that the common factor that appears to contribute to age-related differences in many cognitive measures is quite broad and may reflect a relatively general reduction in central nervous system functioning.

ISSN: 10795014

An orientation to vision loss program: meeting the needs of newly visually impaired older adults; by Julia J Kleinschmidt.

The Gerontologist, vol 36, no 4, August 1996, pp 534-538.

The programme described was developed to meet the needs of individuals and their families new to the difficult experience of sight loss. The programme and peer-counsellors aimed to help with: education regarding services and resources; emotional adjustment; tips and ideas for daily functioning; and enhancing families' awareness of how sight loss 'looks'. Evaluations were overwhelmingly positive: participants expressed satisfaction and recognised the value of the programme.

ISSN: 00169013

Public transport; by T A Roper, G P Mulley.

British Medical Journal, vol 313, no 7054, 17 August 1996, pp 415-418 (Caring for Older People).

Sixth in a series of 14 articles on the theme, Caring for older people. Most older people are able to use all forms of transport without any problems, but those with impaired mobility and sensory impairments may have some difficulties. This article describes some innovations in transport provision, and advice of help to older travellers.

ISSN: 09598138

Serving print disabled library patrons: a textbook for facilitators of library service to people with visual or physical impairments; by Bruce Edward Massis (ed). Jefferson: McFarland and Company, 1996, 190 pp.

This work, written by experts in the field, is intended as a basic reference source on how librarians can meet the needs of print impaired or disabled library users, by consideration of the materials available. Areas covered include: education and training; access to libraries; services to students; the impact of technology; production practices; and awareness issues for librarians.

ISBN: 0786402091

Price: US\$45.50 postpaid

From : McFarland and Company, Inc., Publishers, Box 611, Jefferson, North Carolina 28640, USA.

Staff perceptions of communication difficulty among nursing home residents; by L G Burnip, N P Erber.

Australian Journal on Ageing, vol 15, no 3, 1996, pp 127-131.

Hearing and vision impairment are prevalent among older people in long-term care, contributing to their communication difficulties. Data on 44,012 Australian nursing home residents were obtained with the resident Classification Instrument, a rating scale designed to determine each resident's need for nursing and personal care, and hence entitlement to Federal funding. Comparison with related studies suggests that nursing home staff in Australia underestimate the contribution hearing loss makes to the communication difficulties of the residents in their care. An alternative approach to the assessment of the communication needs of residents is recommended to permit a more accurate assessment of needs.

ISSN: 07264240



Talking it over : some suggestions for help with counselling; by Royal National Institute for the Blind - RNIB. London: Royal National Institute for the Blind, 1996, unnumbered.

Explains how counselling can help people who are losing their sight.

Price: FOC

From : RNIB Benefit Rights and Information Team, 224 Great Portland Street, London W1N 6AA.

Tinnitus ... the disruptive hearing condition which today is blighting the lives of millions; by Leslie Sheppard.

Elders: the Journal of Care and Practice, vol 5, no 1, April 1996, pp 5-13.

Describes the causes of tinnitus and outlines self-help and coping strategies.

ISSN: 09646914

Understanding hearing loss; by Kenneth Lysons. London: Jessica Kingsley, 1996, 150 pp.

Describes the mechanism of hearing and considers some of the problems caused by hearing loss. Topics covered include hearing aids, cochlear implants, lipreading and hearing tactics, employment, relationships and services.

ISBN: 1853022144

Price: £9.95

From : Jessica Kingsley Publishers Ltd, 116 Pentonville Road, London N1 9JB.

Vision and vision assessment; by Alan R Morse, Bruce P Rosenthal.

Journal of Mental Health and Aging, vol 2, no 3, Winter 1996, pp 193-204.

The prevalence of severe visual impairment increases from 14.3% for those aged 65 to 75, to 27.5% for those aged 85 and over. By age 75, almost 95% of the population requires some optical correction to maintain visual function, and more than 25% of over 85s has severe visual impairment. Such patients present special challenges in both evaluation and in working to maximise their usable vision. Performance on most common vision measures is affected by cognitive function, with ability to perform visual tasks at least partly resulting from the severity of the impairment. Although sensory loss is a well-known concomitant of ageing, its role as a determinant of patients' functioning is too often overlooked. Adequate assessment of vision is a first step toward understanding the role played by vision in the functioning of patients with cognitive impairment. (RH)

ISSN: 10784470

## 1995

Blindness - the daily challenge ...: RNIB telephone poll 1995; by Royal National Institute for the Blind - RNIB. London: Royal National Institute for the Blind, 1995, 15 pp.

Presents the findings of a survey of people with visual impairment and their views of some of the difficulties they encounter in everyday life.

ISBN: 1858780772

Price: £1.50

From : Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.

Changes in sight; by Robin Lovelock, Jackie Powell.

Community Care, no 1087, 21-27 September 1995, pp 26-27.

Examines whether the new community care arrangements are helping visually impaired people to get a proper assessment of their needs.

ISSN: 03075508

Characteristics and comorbidities of rural older adults with hearing impairment; by Diane G Ives, Paula Bonino, Neal Traven, Lewis H Kuller.

Journal of the American Geriatrics Society, vol 43, no 7, July 1995, pp 803-806.

Examines the prevalence of hearing impairment among older people in rural areas, and identifies relationships between hearing impairment, depression and cognitive impairment.

ISSN: 00028614

Dearest mum, dearest dad: adjusting to old-age deafness; by Angela Foulkes, Richard FitzSimons. Birmingham: Pepar, 1995, 96 pp.

A collection of personal letters portraying how individuals, carers and families can adjust to the onset of old-age deafness.

ISBN: 0948680377

Price: £8.95

From : Pepar Publications, The Gatehouse, 112 Park Hill Road, Harborne, Birmingham B17 9HD.

Distant voices; by Meg Bond, Antony Arthur, Mark Avis.

Nursing Times, vol 91, no 29, 19 July 1995, pp 38-40.

Discusses the importance of touch in communicating with patients with sensory impairments.

ISSN: 09547762

Dynamic balance in older persons: effects of reduced visual and proprioceptive input; by James O Judge, Mary B King, Robert Whipple, Jonathan Clive (et al).

The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 50A, no 5, September 1995, pp M263-M270.

Examines the contribution of visual input to balance performance in older people.

ISSN: 10795006

The effects of vision loss in old age; by A V Salvage.

Reviews in Clinical Gerontology, vol 5, no 1, February 1995, pp 95-102.

Examines the prevalence of visual impairment among older people in Britain and assesses the physical, practical, psychological and social effects of vision loss.

ISSN: 09592598

An evaluation of the quality and costs of services for adults with severe learning disabilities and sensory impairments; by Chris Hatton, Eric Emerson, Janet Robertson, Dawn Henderson (et al), Hester Adrian Research Centre, University of Manchester. Manchester: University of Manchester, 1995, 70 pp.

Presents the findings of two projects commissioned by the Department of Health to evaluate the quality and costs of four different models of residential service provision for adults with severe learning disabilities and additional sensory impairments.

ISBN: 1899617019

Price: £6.50

From : Hester Adrian Research Centre, The University of Manchester, Oxford Road, Manchester M13 9PL.

Hearing aids: value for money and health gain; by K H Lamden, A S St Leger, J Raveglia.

Journal of Public Health Medicine, vol 17, no 4, December 1995, pp 445-449.

Assesses the ability of hearing aids to reduce the handicap associated with hearing impairments in older people.

Hearing aids and telephones; by COST 219 UK Group. London: COST 219, 1995, 2 pp (Information Sheet 8).

Describes ways of reducing the difficulties hearing aid users may experience when using the telephone.

Price: FOC

From : Dr J Gill, COST 219, Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.

Hearing care for the older adult: audiologic rehabilitation; by Patricia B Kricos, Sharon A Lesner (eds). Oxford: Butterworth Heinemann, 1995, 282 pp (Butterworth-Heinemann series in communications disorders).

Addresses a variety of issues related to the rehabilitation of older people with hearing impairment.

ISBN: 0750695315

Price: £30.00

From : Reed Book Services Ltd, PO Box 5, Rushden NN10 9YX.

Hearing impairment in older adults: new concepts; by James Jerger, Rose Chmiel, Nancy Wilson, Robert Luchi. Journal of the American Geriatrics Society, vol 43, no 8, August 1995, pp 928-935.

Looks at the nature, prevalence and quality of life aspects of hearing loss in older people, and presents an approach to rehabilitation.

ISSN: 00028614

Information on music for people with partial sight; by National Music and Disability Information Service. Totnes: National Music and Disability Information Service, 1995, 22 pp.

Gives details of music published in large print, and provides information on the use of low vision aids and on making enlargements of standard music.

Price: £3.60/£3.00 (non-members/members)

From : National Music and Disability Information Service, Foxhole, Dartington, Totnes, Devon TQ9 6EB.

Letter from Don Cruickshank (Director General of OFTEL) to Age Concern England; by Don Cruickshank. London: Office of Telecommunications, 25 August 1995, 2 pp.

Reply to Age Concern regarding the implications of forthcoming European harmonisation of approval standards for telephones for people with hearing impairment.

Price: FOC (SAE)

From : Policy & Information Department, Age Concern England, London SW16 4ER.

Prevalence of hearing problems, and use of hearing aids among a sample of elderly patients; by R Liston, S Solomon, A K Banerjee.

British Journal of General Practice, vol 45, July 1995, pp 369-370.

Presents the results of a study which assessed the prevalence of hearing impairment in group of older people, and examined their attitudes to hearing difficulties and the wearing of hearing aids.

ISSN: 09601643

Prevalence of low vision in elderly patients admitted to an acute geriatric unit in Liverpool: elderly people who fall are more likely to have low vision; by C I A Jack, T Smith, C Neoh, M Lye (et al).

Gerontology, vol 41, no 5, September - October 1995, pp 280-285.

Examines the prevalence of impaired vision and common eye disorders in frail older people.

ISSN: 0304324X

Relationship between driver's license renewal policies and fatal crashes involving drivers 70 or older; by David T Levy, Jon S Vernick, Kim Ammann Howard.

JAMA, (Journal of the American Medical Association), vol 274, no 13, 4 October 1995, pp 1026-1030.

When applied in the US, tests of vision and knowledge for older drivers at licence renewal merit further attention as a means of improving traffic safety, and reducing the number of fatal road accidents.

ISSN: 0393554X

Reliability of screening for sensory impairment in depressed versus nondepressed older adults; by Lisa C Andelin, Cathy A Alessi, Harriet U Aronow.

Journal of the American Geriatrics Society, vol 43, no 6, June 1995, pp 684-687.

Examines the validity and reliability of hearing and near vision screening methods in older people suffering from depression.

ISSN: 00028614

Sensory impairments and mortality in an elderly community population: a six-year follow-up study; by I Appollonio, C Carabellese, E Magni (et al).

Age and Ageing, vol 24, no 1, January 1995, pp 30-36.

Examines the predictive value of hearing and visual impairment on mortality in older people. Concludes that screening for sensory functions and rectifying the problems may improve the quality of life of older people and reduce mortality.

ISSN: 00020729

Tactile identifier; by COST 219 UK Group. London: COST 219, 1995, 2 pp (Information Sheet 9).

A proposal for a standard for notches in telephone cards, to enable blind people to select the right orientation for inserting the card.

Price: FOC

From : Dr J Gill, COST 219, Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.

Ten things you should know about visual impairment; by Royal National Institute for the Blind - RNIB. London: Royal Institute for the Blind, 1995, Leaflet.

Describes the prevalence and causes of visual impairment.

Price: FOC

From : RNIB Customer Services, PO Box 173, Peterborough PE2 6WS.

Think dual sensory: draft good practice guidelines for older people with dual sensory loss; by Dual Sensory Loss Project, Department of Health - DoH. London: Department of Health, 1995, 73 pp.

Sets out in draft form good practice guidelines for social and health services in relation to older people who are both deaf and blind.

From : Dual Sensory Loss Project, Department of Health, Wellington House, 133-155 Waterloo Road, London SE1 8UG.

Understanding age-related macular degeneration; by Royal College of Ophthalmologists; Royal National Institute for the Blind - RNIB. London: Royal National Institute for the Blind, 1995, 11 pp.

Explains the causes and symptoms of macular degeneration, and looks at treatment options.

Price: FOC

From : RNIB Customer Services, PO Box 173, Peterborough PE2 6WS.

The use of deaf-aid communicators in a Salford hospital: a failure of communication?; by T A Roper.

Age and Ageing, vol 24, no 2, March 1995, pp 160-162.

Evaluates a scheme to improve communication for patients with hearing impairment. Lack of awareness of the aids and nurses' own strategies in dealing with patients' hearing impairment are cited as reasons for the scheme's lack of success.

ISSN: 00020729

Visible voices: developing deaf service user involvement in local services; by Lynn Hawcroft, Bob Peckford, Albert Thomson. Carlisle: British Deaf Association, 1995, 44 pp.

Describes and evaluates the work of the Deaf Services Participation Project, which worked with local deaf groups and specialist providers in order to develop methods of involving deaf people in health and social service agencies.

From : British Deaf Association, Advocacy Services Department, 38 Victoria Place, Carlisle, Cumbria CA1 1HU.

Vision in Alzheimer's disease; by Alice Cronin-Golomb.

The Gerontologist, vol 35, no 3, June 1995, pp 370-376.

Suggests that the examination of vision in Alzheimer's disease may be of diagnostic value as well as useful in the interpretation of cognitive and functional symptoms.

ISSN: 00169013

## 1994

Aging and Vision News; by Lighthouse National Center for Vision and Aging.

Aging and Vision News, vol 6, nos 1-2, special issue, Winter/spring 1994, 16 pp.

Includes articles on visual impairment and environmental gerontology, lighting, visual text accessibility for people with partial sight, access to public spaces, and programmes for visually impaired older people

From : Lighthouse NCVA, 111 East 59th Street, New York NY 10022 (until July 1994 temporary address 800 Second Avenue, New York NY 10017)

Audiological services for vision-impaired older adults; by R Osborn.

Australian Journal on Ageing, vol 13, no 2, May 1994, p 95.

Discusses a variety of services provided by the Association for the Blind, for people with impaired vision.

ISSN: 07264240

Confident living telelink programs; by J Gibbons.

Australian Journal on Ageing, vol 13, no 3, August 1994, pp 144-145.

Reports on the rehabilitation project developed by the Association for the Blind, which uses television to reach people who cannot attend centre-based rehabilitation.

ISSN: 07264240

Effects of similarity and duration on age differences in visual search; by Charles T Scialfa, Lisa L Harpur.

Canadian Journal on Aging, vol 13, no 1, Spring 1994, pp 51-65.

The visual search task, in one form or other, has been used frequently in gerontology, both as a means of describing age-related differences in search performance, and as an attempt to isolate the mechanisms or processes for the age differences obtained. In this Canadian study, young and old observers performed a feature search task in which a single target was embedded in five distractors. Target-distractor similarity was varied

quantitatively (along the feature dimension of orientation); display duration ranged from approximately 50-400 ms. Identification accuracy was worse on target-absence trials, particularly when distractor similarity was high and display duration brief. An age X duration interaction on accuracy was found to reflect generalised age deficits in sensitivity and duration-dependent age differences in bias. Results suggest that an age deficit in the rate of information extraction produces a greater dependence for older people on partial information gained from distraction. Additionally, the additive effects of age and similarity have implications for visual search tasks where display size is varied. (RH)

ISSN: 07149808

The forgotten millions: access to telecommunications for people with disabilities; by John Gill. London: European Commission, 1994, Unnumbered.

Discusses the challenges facing designers of telecommunication products in catering for the needs of older and disabled people.

ISBN: 9282673995

Price: FOC

From : Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.

The hearing-aid battery: a hazard to elderly patients; by David R Strachan, Helen Kenny, G A Hope.

Age and Ageing, vol 23, no 5, September 1994, pp 425-426.

Discusses the risks of corrosive damage from alkaline hearing aid batteries to confused patients.

ISSN: 00020729

The informability guide; by Central Office of Information Informability Unit. London: Central Office of Information, 1994, 32 pp (Campaign Planning Series).

Considers the needs and problems of people who are deaf or blind; who have learning difficulties, and older people, in relation to having access to information, and assesses how far government departments meet their needs for information about services and service standards.

Price: FOC

From : Informability Unit (Guide), Central Office of Information, Hercules Road, London SE1 7DU.

Issues concerning sensory disability in old age; by Katia Gilhome Herbst, Centre for Policy on Ageing - CPA.

Tripod : journal of the West Midlands Institute of Geriatric Medicine, no 20, 1994, pp 5-6.

This paper was presented at a one-day conference on "Living into old age: health promotion for older people" on 22nd September 1993, held by the West Midlands Institute of Geriatric Medicine, in association with Age Concern Birmingham. This paper focuses on people who have partially, or totally, lost their hearing after the normal acquisition of language. (KJ/RH)

ISSN: 09619194

Preventing disability and falls in older adults: a population-based randomized trial; by Edward H Wagner, Andrea Z LaCroix, Lou Grothaus (et al).

American Journal of Public Health, vol 84, no 11, November 1994, pp 1800-1806.

This article reports on a randomised controlled trial to evaluate the effects of a modest preventive intervention targeting risk factors for disabilities and falls among non-disabled older people. The main aim was to reduce the days of restricted activity due to illness. Risk factors focused on included physical inactivity, alcohol or prescription drug misuse, home safety hazards, and sensory impairment. Those in the intervention group reported a significantly lower incidence disability or falls, as compared with those receiving general health promotion visits, or 'usual care'. Benefits after two years indicated a narrowing of differences between the groups. The mechanisms by which the intervention may have improved outcomes requires further investigation.

ISSN: 00900036

Sensory loss: a neglected issue in social work; by H Sloss Luey.

Journal of Gerontological Social Work, vol 21, nos 3/4, 1994, pp 213-224.

Describes the co-ordination between social workers and specialists in other agencies in addressing the service needs of elderly people with hearing and/or sight loss.

ISSN: 01634372

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

A sound old age; by Hesham Kaddour, Matt Smith.

Care of the Elderly, vol 6, no 5, May 1994, pp 191-194.

A look at hearing aid provision and ways to encourage elderly people to use the devices.

ISSN: 09554262

Unrecognised visual problems amongst residents of Part III homes; by I Sturgess, A G Rudd, J Shilling.  
Age and Ageing, vol 23, no 1, January 1994, pp 54-56.

A survey of residents in the residential homes used in this study found unrecognised incidences of cataracts, glaucoma, refraction errors and non registered blindness and partial sightedness.

ISSN: 00020729

Vision impairment and functional disability among nursing home residents; by A Horowitz.

The Gerontologist, vol 34, no 3, June 1994, pp 316-323.

This study explored the relationship between visual impairment and functional dependency among nursing home residents, and the implications for nursing home services.

ISSN: 00169013

Visual acuity, visual disabilities and falling in the elderly; by Cynthia L Arfken, Helen W Lach, Sarah McGee, Stanley J Birge, J Philip Miller.

Journal of Aging and Health, vol 6, no 1, February 1994, pp 38-50.

This study assessed the link between poor vision and falling, and concluded that visual impairment played only a limited role in predicting falls in the elderly.

ISSN: 08982643

Visual disability among older people: a case study in assessing needs and examining services; by U Harries, R Landes, J Popay.

Journal of Public Health Medicine, vol 16, no 2, June 1994, pp 211-218.

Presents preliminary findings from a research project aiming to assess the health and social care needs of older people with visual problems and to consider implications of the data collected for the new commissioning authorities in the NHS.

Welcome to a world of books; by Royal National Institute for the Blind - RNIB. London: Royal National Institute for the Blind, 1994, Unnumbered.

Describes the RNIB Talking Book service.

From : Royal National Institute for the Blind Talking Book Service, Mount Pleasant, Wembley, Middlesex HAO 1RR.

Will-making for blind people: a guide for professional advisers; by Royal National Institute for the Blind - RNIB. London: Royal National Institute for the Blind, 1994, 11 pp.

Gives practical advice on how to assist blind people with the making of wills.

Price: FOC

From : RNIB Customer Services, PO Box 173, Peterborough PE2 6WS.

## 1993

Acquired deafness; by Mary Denny.

Elders: the Journal of Care and Practice, vol 2, no 1, January 1993, pp 55-61.

Highlights some of the emotional and social problems faced by elderly people with acquired deafness, and offers some practical guidance on how to alleviate these.

ISSN: 09646914

Coping again: an In Touch care guide to better sight for elderly people with central vision loss; by Margaret Ford, BBC Radio 4. London: Broadcasting Support Services for BBC Radio 4, 1993, 86 pp (In Touch Care Guides).

Discusses diagnosis of maculopathy and the use of different kinds of low vision aid; includes a personal account by Catherine Cookson

ISBN: 0906965713

Price: £3.50

From : Broadcasting Support Services, PO Box 7, London W3 6XJ

Identifying hearing loss and hearing handicap among chronic care elderly people; by Enza Ciurlia-Guy, Marlene Cashman, Brenda Lewsen.

The Gerontologist, vol 33, no 5, October 1993, pp 644-649.

Recommends that as the prevalence of hearing loss is so high testing of all institutionalised older persons be conducted where feasible.

ISSN: 00169013

"My sight is poor, but I'm getting on now": the health and social care needs of older people with vision problems; by Rachel Landes, Jennie Popay.

Health & Social Care in the Community, vol 1, no 6, November 1993, pp 325-335.

Presents findings from a survey of the needs of older people with visual impairment.

ISSN: 09660410

Partial sight: how to cope; by Mary Taylor. London: Robert Hale, 1993, 188 pp.

Information on organisations which assist the visionally impaired or blind, and suggestions on how to cope with 'everyday' situations such as writing letters and telling the time.

ISBN: 0709051387

Price: £6.99

From : Robert Hale Ltd, Clerkenwell House, Clerkenwell Green, London EC1R OHT

Prevalence of hearing loss among people aged 65 years and over: screening and hearing aid provision; by P S Wilson, D M Fleming, I Donaldson.

British Journal of General Practice, vol 43, October 1993, pp 406-409.

The aim of this study was to assess the prevalence of hearing loss among people aged 65 and over, and to offer hearing aids where necessary. The study was carried out in a large health centre practice in Birmingham with a computerised record system. All patients aged 65 and a 20% random sample of patients aged 66 and over were invited for interview. They were questioned about hearing loss and examined audiometrically. All patients with a hearing loss in the better ear of 35 decibels or more over the speech frequencies were offered a hearing aid. A total of 322 patients attended (72% of those invited), and of these, 34 patients already had a hearing aid. A further 142 were identified for whom a hearing aid was recommended; 69 accepted. The acceptance rate was higher among men than women (57% compared with 43%). 61 patients (19% of those screened) had an asymmetrical hearing loss, and of these 24 required consultant assessment; none had serious underlying pathology. There is a large unmet need for hearing aid provision. Simple audiometric assessment in health centres provides an opportunity to meet this need. (RH)

ISSN: 09601643

The Salford eye care project; by Henshaw's Society for the Blind; Salford Family Health Services Authority. Manchester: Henshaw's Society for the Blind, 1993, 40 pp.

The project's objective was to promote eye care among both public and professionals, through preventative action and the provision of information.

From : Henshaw's Society for the Blind, Warwick Road, Old Trafford, Manchester M16 0GS

Sensory impairment and quality of life in a community elderly population; by C Carabellese, I Appollonio, R Rozzini, A Bianchetti (et al).

Journal of the American Geriatrics Society, vol 41, no 4, April 1993, pp 401-407.

Concludes that quality of life for community dwelling elderly people is significantly linked to sensory impairment, identifying different quality of life factors associated with loss of sight and hearing.

ISSN: 00028614

Sound barriers; by Counsel and Care. London: Counsel and Care, 1993, 21 pp.

Study of the needs of older people with hearing loss living in residential care and nursing homes.

Price: £5.00

From : Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG

Telelink and the visually-impaired elderly: a group dynamic analysis; by T Thomas, J Urbano.

Australian Journal on Ageing, vol 12, no 1, February 1993, pp 25-29.

Describes the Telelink programme, a special telephone group support system designed to bring small groups of elderly people with visual impairments together each week for stimulation, social interaction or therapy. Investigates the factors which contribute to its' effectiveness.

ISSN: 07264240

A telephone group support programme for the visually-impaired elderly; by Trang Thomas, John Urbano.  
Clinical Gerontologist, vol 13, no 2, 1993, pp 61-71.

Assesses the impact on quality of life of a telephone group link for people with visual impairment, including its effect on levels of social contact, mental health and coping strategies

ISSN: 07317115

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

## 1992

Blindness in later life: rehabilitation training, anxiety, and health; by Michael Tobin, Eileen Hill. Birmingham: RNIB, 1992, 4pp.

Looks at the existence of anxiety and depression amongst the registered blind aged over 65 years, and sees justification for rehabilitation measures to alleviate these.

Communication disorders, education and aging; by Karen Patterson (ed).

Educational Gerontology, vol 18, no 3, March 1992, 304 pp.

This special issue looks at communication needs and disorders, and examines the role of education in overcoming communication barriers. Topics include training for clinicians, the effect of hearing loss and hearing aid use and swallowing disorders.

ISSN: 03601277

Hearing loss prevalence and management in nursing home residents; by M Bunch Garahan, J Waller, M Houghton, W Tisdale (et al).

Journal of the American Geriatrics Society, vol 40, no 2, February 1992, pp 130-134.

Looks at the prevalence and management of hearing loss and hearing impairment among nursing home residents.

ISSN: 00028614

Psychological strategies for assisting older adults who are partially sighted; by P Thompson, J Goldhaber, P Amaral, L Ringering.

Journal of Visual Impairment and Blindness, January 1992, pp 78-80.

Explores the psychological barriers to rehabilitation for visually impaired older people, and examines successful therapeutic approaches to overcoming them.

The relationship between low vision and performance of activities of daily living in nursing home residents; by M Marx, P Werner, J Cohen-Mansfield, R Feldman.

Journal of the American Geriatrics Society, vol 40, no 10, October 1992, pp 1018-1020.

Examines the relationship of visual impairment with the ability to perform activities of daily living.

ISSN: 00028614

Strathclyde Regional Council community care plan 1992/93-1994/95: volume 2 : Analysis of community care needs and resources; by Strathclyde Regional Council. Glasgow: Strathclyde Regional Council, March 1992, 157 pp.

The White Paper, "Caring for people: community care in the next decade and beyond" (Cm 849) and subsequent Scottish Office circular (SW1/1991) indicate that the Community care Plan should "set out strategic objectives, and priorities ... and specific targets". This volume quantifies the population requiring services, including older people, dementia, mental illness, people with mental handicap, physical handicap, sensory impairment, alcohol, drug misuse, and HIV/AIDS. It identifies the resources provided by the Social Work Department. (RH)

Vision and aging: issues in social work practice; by Nancy Weber (ed). New York: The Haworth Press, 1991 / 1992, 196 pp (whole issue).

Journal of Gerontological Social Work, vol 17, no 3/4, 1991 / 1992, 196 pp (whole issue).

This volume focuses on the individuals, service systems, programmes and policies impacted by vision loss.

ISBN: 1560242515

Price: £13.50

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



Vision, aging and driving: the problems of older drivers; by Donald W Kline, Theresa J B Kline, James L Fozard, William Kosnik, Frank Schieber, Robert Sekuler.  
The Journals of Gerontology, vol 47, no 1, January 1992, pp P27-P34.  
Assesses the possible contributions of visual ageing to declines in driving effectiveness.  
ISSN: 00221422

Visual problems in the elderly population and implications for services; by R P L Wormald, L A Wright, P Courtney, B Beaumont, A P Haines.  
British Medical Journal, vol 304, no 6836, 9 May 1992, pp 1226-1229.  
Examines the prevalence of visual disabilities and common eye diseases among older people in Inner London, and concludes that such problems may be largely undetected in the community.  
ISSN: 09598138

## **1991**

Dark adaptation and falls in the elderly; by Marion E T McMurdo, Alan Gaskell.  
Gerontology, vol 37, no 4, Jul-Aug 1991, pp 221-224.  
Impaired adaptation to the dark due to reduced retinal sensitivity was found among a group of elderly fallers, and lighting in the home was found to be inadequate.  
ISSN: 0304324X

Facing up to deafness; by Deborah Tolson, Iain Swan.  
Nursing Times, vol 87, no 23, 5 June 1991, pp 26-29.  
Deafness in adults.  
ISSN: 09547762

Misconceptions of health professionals regarding hearing loss in the elderly; by Bobba Olinger, Jess Dancer, Karen Patterson.  
Educational Gerontology, vol 17, no 1, Jan-Feb 1991, pp 33-40.  
Examines health professionals' attitudes toward hearing loss, hearing aids and ageing.  
ISSN: 03601277

Opportunistic screening of visual acuity of elderly patients attending outpatients clinic; by C A Long, R Holden, E Mulkerrin, D Sykes.  
Age and Ageing, vol 20, no 6, Nov 1991, pp 392-395.  
Investigation into the prevalence of visual disability in patients attending a local geriatric outpatients clinic, using a simple screening test which could be included in the routine assessment of patients.  
ISSN: 00020729

Sight restored; by Philip Beed.  
Nursing Times, vol 87, no 30, 24 July 1991, pp 46-48.  
How an older woman with a cataract was cared for before and after surgery.  
ISSN: 09547762

Word deafness mistaken for Alzheimer's disease: differential characteristics; by Mario F Mendez, Samuel Rosenberg.  
Journal of the American Geriatrics Society, vol 39, no 2, February 1991, pp 209-211.  
The correct differentiation of pure word deafness, (PWD), from Alzheimer's has implications for the prognosis and treatment of patients. This report evaluated a patient who was misdiagnosed, and characterises the clinical features of PWD, comparing them to Alzheimer's.  
ISSN: 00028614

## **1990**

The ageing process and visual disability: investigating change; by Michael Tobin, Eileen Hill.  
New Beacon, November 1990, pp 381-385.  
Describes an investigation which is concerned with monitoring changes in the skills and self-perceived needs of blind and partially-sighted older people. Argues that an improvement in services will depend in part upon a better understanding how people adjust to and cope with visual impairment in old age.

Hearing and vision loss in an aging population: myths and realities; by Mary Janet Hudson (et al).  
Educational Gerontology, vol 16, no 1, 1990, pp 87 - 96.  
Five myths common to hearing loss and five myths common to vision loss are discussed. Each myth is contrasted with its reality  
ISSN: 03601277

Reducing late-life dependence resulting from declining visual acuity; by C E Vaughan, S Hobson.  
Journal of Visual Impairment and Blindness, September 1990, pp 370-372.  
Describes a programme for delivering low vision devices to older people with visual impairment in rural areas in the United States.

## **1989**

Co-ordinating services for visually handicapped people: report to the Minister for the Disabled [by the Working Group]; by R M Orton (chairman), Department of Health - DoH. London: HMSO, 1989, 15 pp.  
Considers ways of ensuring more effective co-ordination between health, social services, voluntary and other agencies in establishing a person's visual impairment and arranging for the necessary services.  
ISBN: 0113211937  
Price: £3  
From : HMSO Publications Centre, PO Box 276, London SW8 5DT

Day brought back my night: aging and new vision loss; by Stephen Charles Ainlay. London: Routledge, 1989, 166 pp.  
Age-related visual disorders  
Price: £25.00

Hearing loss leading to impaired ability to communicate in residents of homes for the elderly; by J K Anand, Ivy Court.  
British Medical Journal, vol 298, no 6685, 27 May 1989, pp 1429-1430.  
Examines the prevalence of hearing impairment among older people in residential care, and its impact on communication and independence.  
ISSN: 02670623

The normal eyeball: senior systems 42; by Anne Roberts (comp).  
Nursing Times, vol 85, no 45, 8 November 1989, pp 55-58 (Systems of life no 177).  
Changes to the eye which may occur in later life  
ISSN: 09547762

The prevalence of hearing impairment and reported hearing disability among adults in Great Britain; by A C Davis.  
International Journal of Epidemiology, vol 18, no 4, 1989, pp 911-917.  
Estimates for the prevalence of self-reported hearing disability and measured hearing impairment as a function of age in the adult population of Great Britain (GB) are reported from two 2-stage surveys. The main study was conducted in Cardiff, Glasgow, Nottingham and Southampton, with rigorous audiological assessment at the second stage. A supplementary study used a sample representative of GB with simplified domiciliary audiological assessments. In the main study, neither stage showed any gross bias arising from the cities chosen. The estimates from the first stage are free from bias arising from non-response. The estimates from the second stage are relatively free from bias arising from non-attendance. For the present purposes, defining a "significant" level of hearing impairment as at least 25 dBHL averaged over the frequencies 0.5, 1.2, 4 kHz, 16% of the adult population (17-80 years) have a bilateral, about one in four unilateral or bilateral hearing impairment. About 10% of the adult population (aged 17 and over) report bilateral hearing difficulty in a quiet environment. (RH)  
ISSN: 03005771

Providing for old age; by Hal Neslen.  
New Beacon, March 1989, pp 73-77.  
Discusses the service provision for older people with severe visual impairment.

## 1988

Coping with sensory loss: Booklet no 6 [of] Home work: meeting the needs of elderly people in residential homes; by Judith Hodgkinson, Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, 1988, 27 pp (Booklet no 6 of a set of 9 booklets).

"Home work", a set of nine booklets for care staff, covers a wide range of facets of life in a residential care setting for older people. The aim is to provide information and ideas, and to raise questions that will help staff in seeking better ways to work in home. This sixth booklet concentrates mainly on the causes and effects of sight and hearing losses, and the action which should be taken to help residents cope. The impact of the deterioration of touch, taste and smell are also outlined. (RH)

ISBN: 0904139662

Home work: meeting the needs of elderly people in residential homes; by Judith Hodgkinson, Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing - CPA, 1988, 9 booklets - boxed set.

"Home work", a set of nine booklets for care staff, covers a wide range of facets of life in a residential care setting for older people. The nine booklets comprise: the admission process; residential living; lifestyle; promoting mobility; encouraging residents' activities; nutrition and catering; coping with sensory loss; coping with mental frailty; managing incontinence; and health illness and death. (RH)

ISBN: 0904139573

From : Publications Officer, Centre for Policy on Ageing, 19-23 Ironmonger Row, London EC1V 3QP.

## 1987

Caring for and communicating with blind and visually impaired elderly people; by L N Bentz.

Journal of Visual Impairment and Blindness, vol 81, no 7, September 1987, pp 326-327.

Outlines the behavioural indicators of visual impairment and offers suggestions for caring for patients with visual impairment or blindness.

Guide to the requirements for text communication equipment for use by hearing-impaired people and others; by Working Group for the Hearing-Impaired, Office of Telecommunications (OFTEL). London: OFTEL, 1987, 4 pp (WGHI (87) 35).

Hearing impaired people who are unable to use the telephone can communicate over the public switched network using suitable keyboards, modems and receiving equipment. This guide defines the preferred transmission standards, the character set and protocols to which keyboards and receiving equipment used by people with impaired hearing should conform. It aims to encourage the supply or adaptation of equipment for the technically inexperienced to make the best use of text communication.

Independent living for the handicapped elderly community: a national view; by J E Crews, W D Frey, P E Peterson.

Journal of Visual Impairment and Blindness, vol 81, no 7, September 1987, pp 305-308.

Examines independent living programmes for older and multiply disabled blind people in the United States.

Models of interaction: services to blind elderly persons; by J Joseph.

Journal of Visual Impairment and Blindness, vol 81, no 7, September 1987, pp 302-304.

Describes how services for blind people can interact with external services.

'So little for so many': a survey of provision to hearing impaired people by social services department; by Brian Grover, Julia Thompson, Royal National Institute for the Deaf - RNID. London: RNID, 1987, 21pp + appendix (RNID research report no 1).

Preliminary findings from a national survey

Visual disability and associated factors in the elderly; by Dee A Jones, Norman J Vetter, Christina R Victor.

Health Visitor, vol 60, August 1987, pp 256-257.

Examines the proportion of elderly people with visual difficulties and associated psychological implications.

ISSN: 00179124

## 1986

Ethical issues in the delivery of services to elderly blind and visually impaired clients; by Jamie Casabianca, Lynne Luxton, American Foundation for the Blind. New York: American Foundation for the Blind, 1986, pp 27-32.

IN: Ethical issues in the field of blindness: papers presented at the 1985 Helen Keller Seminar, October 23-24, 1985, 1986, pp 27-32.

Services to older blind and visually impaired people in the US have been delivered through two separate systems: rehabilitation services to the blind, and services to older people. This article reviews the history of both these systems, and discusses the ethical issues involved in providing services. Such issues include: current policies and legislation; choice of service delivery models; independence; involving the family; assessment and evaluation; and quality of life. (OFFPRINT). (RH)

Hearing impairment in the elderly; by Royal National Institute for the Deaf - RNID. London: RNID, 1986, 12pp.

Report of a working party on the needs of elderly hearing impaired people and the services provided for them.

Hearing problems and the elderly; by Gerhard Salomon.

Danish Medical Bulletin, vol 33, supplement no 3, November 1986, 22 pp.

A report based on the work of an international working group on 'Hearing problems of the elderly' convened by the Kellogg International Health and Aging Program.

ISSN: 00116092

Home visits for the deaf; by Hilary Sesta.

New Society, no 1215, 11 April 1986, p 24.

An audiological unit in Manchester provides a home counselling services.

ISSN: 00286729

In touch at home; by Margaret Ford. Oxford: Clio Press, 1986, 87pp.

Adaptions and alterations to the home for visually handicapped people.

Noises off; by Kevin Murphy.

Nursing Times, vol 82, no 17, 23 April 1986, pp 16-17.

Hearing impairment campaign launched by the RNID.

ISSN: 09547762

Visual disability in the elderly; by Tim Cullinan. London: Croom Helm, 1986, 95pp.

Causes of poor sight and ways of helping those who suffer.

## 1985

Acquired hearing loss and psychiatric illness: an estimate of prevalence and co-morbidity in a geriatric setting; by M R Eastwood (et al).

British Journal of Psychiatry, vol 147, November 1985, pp 552-556.

Hearing impairment and mental disorders among residents of nursing and residential homes.

ISSN: 00071250

Deafness: a common and severe handicap; by Cyril Josephs.

New Age, no 29, Spring 1985, pp 20-22.

Causes and management of deafness.

ISSN: 01446630

Waiting for a white stick; by John Morgan, Julie Shaw.

The Health and Social Service Journal, no 4977, 5 Dec 1985, p 1540.

Report on a survey to examine whether the blind registration scheme was effective.

ISSN: 09522271

## 1984

Aging and the color of pills; by Peter D Hurd, Julia Blevins.

The New England Journal of Medicine, vol 310, no 3, 19 January 1984, p 202.

Decline in visual acuity with age may lead to difficulty in discriminating between medications that are similar in appearance.

ISSN: 00284793

Assessment of hearing health knowledge; by Jay M Singer, Winifred W Brownell.

The Gerontologist, vol 24, no 2, April 1984, pp 160-166.

Many elderly people lack adequate knowledge about their hearing disabilities and the availability of hearing aids.

ISSN: 00169013

An eye on old age; by R A Weale.

The Lancet, no 8384, 5 May 1984, pp 1008-1009.

The author believes there is a case for establishing priorities in gerontological research to modify the evolution of senescence.

ISSN: 01406736

Hearing difficulty and its psychological implications for the elderly; by Dee A Jones, Christina R Victor, Norman J Vetter.

Journal of Epidemiology and Community Health, vol 38, 1984, pp 75-78.

From a study of patients aged 70+ hearing difficulty was found to be associated with both depression and anxiety.

ISSN: 0143005X

The hearing loss epidemic: a challenge to gerontology; by John O Darbyshire.

Research on Aging, vol 6, no 3, September 1984, pp 384-394.

Recommends a holistic approach to management of the social, mental and aural well-being of elderly people with hearing difficulties.

ISSN: 01640275

In touch with cataracts; by Margaret Ford, In Touch, BBC Radio 4; Age Concern England - ACE.: Age Concern and Radio 4, 1984, 36 pp.

Discusses issues of relevance for cataracts sufferers, with information for people awaiting surgery.

ISBN: 0862420377

The informal care group: problem or potential; by Anne Yeadon.

Journal of Visual Impairment and Blindness, vol 78, no 4, April 1984, pp 149-154.

Informal and formal systems of care can work together to benefit a visually impaired blind person.

## 1983

Hearing acuity in a healthy elderly population: effects on emotional, cognitive and social status; by Paula D Thomas (et al).

Journal of Gerontology, vol 38, no 3, May 1983, pp 321-325.

A study of physically healthy, independent-living elderly people found that hearing impairment is not synonymous with depression, isolation and confusion.

ISSN: 00221422

## 1982

Acquired hearing loss and elderly people; by Frank Glendenning (ed), Beth Johnson Foundation; University of Keele. Stoke-on-Trent: Beth Johnson Foundation, 1982, 96 pp.

Papers arising from a seminar arranged by the Department of Adult Education and the Beth Johnson Foundation at Keele, in March 1982.

Day for night: circadian rhythms in the elderly; by C A Armstrong-Esther, L H Hawkins.  
Nursing Times, vol 78, no 30, 28 July 1982, pp 1263-1265.  
Loss of response to the light-dark cycle plus a change in routine, eg admission to hospital, can lead to confusion, incontinence and sleep disturbance.  
ISSN: 09547762

Some psychological problems of acquired deafness; by John M Stevens.  
The British Journal of Psychiatry, vol 140, May 1982, pp 453-456.  
A study to identify the psychological problems in middle aged and elderly subjects and to determine whether hearing aids improve these.  
ISSN: 00071250

Sound sense: how local groups can help hard of hearing people; by Susan Natrass, Age Concern Greater London. London: Age Concern Greater London, 1982, 38pp.  
A handbook of numerous schemes and local projects to help hard of hearing elderly people.

## 1981

Deaf is not daft; by Margaret Meade.  
New Age, no 16, Autumn 1981, pp 16-17.  
Age Concern, in conjunction with the Kent County Council Social Services established a project to help deaf, elderly people.  
ISSN: 01446630

Feeling lonely in a world of silence; by Katia Herbst.  
Social Work Today, vol 12, no 35, 12 May 1981, pp 18-20.  
Hearing difficulty often leads to depression and isolation.  
ISSN: 00378070

Induced hearing deficit generates experimental paranoia; by Philip G Zimbardo, Susan M Anderson, Loren G Kabat.  
Science, vol 212, 26 June 1981, pp 1529-1531.  
Paranoid reactions are frequently observed when gradual deafness occurs in later life.  
ISSN: 00368075

Problems of the elderly deaf; by Jean Hough.  
Geriatric Medicine, vol 11, no 11, Nov 1981, pp 63-64.  
Practical hints on communication with the hard of hearing.  
ISSN: 0268201X

Public attitudes to deafness: a survey carried out on behalf of the Department of Health and Social Security; by Claire Bunting, Office of Population Censuses and Surveys - OPCS, Social Survey Division. London: HMSO, 1981, 43 pp (SS 1117).  
This survey aimed to explore what general views or stereotypes the public have of deaf people, and whether these appear to stigmatise, or at least characterise the deaf in discriminatory ways. The survey also aimed to discover the general public's attitudes towards particular aspects of deaf people's lives and what they know about deafness. The information was required by the Department of Health and Social Security (DHSS), the Health Education Council (HEC), and other bodies concerned with the deaf, to improve the impact of their work in this field. The findings should point to areas where the public could be more tolerant, to misconceptions that could be corrected, and to gaps in knowledge where information may help relationships with the deaf. (RH)  
ISBN: 0116907517

Social impact of hearing loss in the aged; by Michael L Norris, David R Cunningham.  
Journal of Gerontology, vol 36, no 6, Nov 1981, pp 727-729.  
Results of an investigation indicated that social involvement was not related significantly to the amount of hearing loss.  
ISSN: 00221422

Some characteristics of the hearing-impaired elderly who do not present themselves for rehabilitation; by Charlotte Humphrey, Katia Gilhome Herbst, Shaista Faurq.  
British Journal of Audiology, vol 15, 1981, pp 25-30.  
A study of the elderly deaf who possess hearing and those who do not.  
ISSN: 03005364

Ways to bring light into their darkness; by Peter Ryan.  
Social Work Today, vol 12, no 35, 12 May 1981, pp 14-18.  
Guidelines towards rehabilitation for elderly people who have suffered deterioration or loss of sight.  
ISSN: 00378070

## **1980**

The aged deaf: integration of a disabled group into an agency serving elderly people; by Gaylene Becker, Gay Nadler.  
The Gerontologist, vol 20, no 2, April 1980, pp 214-221.  
Although unusual in America integration of deaf elderly people into a day centre was found to be beneficial.  
ISSN: 00169013

Growing old in silence; by Gaylene Becker. Berkeley; London: University of California Press, 1980, 148pp.  
A study of the aged deaf showing their capacity for adapting to their social environment.

Hearing impairment and mental state in the elderly living at home; by Katia Gilhome Herbst, Charlotte Humphrey.  
British Medical Journal, vol 281, no 6245, 4 October 1980, pp 903-905.  
Results of a survey show an association between deafness and dementia due to age, and a relation between depression and deafness independent of age.  
ISSN: 02670623

Light for low vision: proceedings of the Symposium held at University College London on the 4th April 1978.  
Hove: Partially Sighted Society, 1980, 118pp.  
Various papers on how lighting and other aids can help to make the best use of residual vision.

Light for low vision: proceedings of the Symposium held at University College, London on 4th April 1978: sponsored jointly by the Chartered Institution of Building Services, Lighting Division, and the Partially Sighted Society; by Partially Sighted Society. Hove: Partially Sighted Society, 1980, 118 pp.  
Various papers on how lighting and other aids can help to make the best of residual vision.

Out of the silence; by Elinor Harbridge.  
Community Care, no 314, 19 June 1980, pp 20-21.  
Workers for the Schemes for the Deaf charity give a new lease of life to residents of a home in Cardiff.  
ISSN: 03075508

What do they hear?: improving the communication environment for hearing impaired residents in homes for the elderly; by Paul Ward.  
Social Work Service, no 22, Feb 1980, pp 49-53.  
Effective use of aids is as important as their provision - demonstrated by a pilot programme in two homes.  
ISSN: 01419307

## **1979**

Communication barriers in the elderly; by Rosemary F McCall, Age Concern England - ACE. Mitcham: Age Concern England, 1979, 16 pp.  
Deafness and other handicaps can result in loneliness for the elderly. The author describes the problems and suggests how visitors can help.  
ISBN: 0904502813

Deafness: a hearing aid alone is not enough; by L. Fisch.  
Geriatric Medicine, June 1979, pp 28-29, 31-32.  
Types of hearing loss in the elderly and the social disadvantages of deafness.

ISSN: 0268201X

The elderly person with failing vision: a report to the Department of Health and Social Security, May 1979; by Disabled Living Foundation - DLF. London: Disabled Living Foundation, 1979, 34pp.  
Evidence collected by the DLF during a series of seminars on improving services for the visually handicapped.  
ISBN: 0901908363

Evaluation of an auditory rehabilitation scheme: paper presented at 3rd Conference of the British Society of Audiology, Manchester, 20th July, 1979; by S D G Stephens, L J Barcham, A L Corcoran (et al), Department of Auditory Rehabilitation, Royal National Throat, Nose and Ear Hospital; Social Services Department, London Borough of Islington. [London]: [Royal National Throat, Nose and Ear Hospital], 1979, 19 pp (typescript).  
A scheme for the first-time hearing aid users.

Not good enough for the blind: the NAOMI report; by National Association of Orientation and Mobility Instructors. Kidlington, Oxon.: National Association of Orientation and Mobility Instructors, 1979, 28pp + appendices.  
The results of a survey of services to blind and partially sighted people in the United Kingdom.

Preventing institutionalization of elderly blind persons; by Arnold M Gross.  
Journal of Visual Impairment and Blindness, vol 73, Feb 1979, pp 49-53.  
Describes a project in the USA using volunteer help to keep the elderly blind within the community.

Sensory deprivation in the elderly; by Charlotte R Kratz.  
Nursing Times, vol 75, no 8, 22 Feb 1979, pp 330-332.  
Sensory loss in the elderly and how it can be alleviated.  
ISSN: 09547762

## 1978

Binaural analysis in the aging auditory system; by Linda Warren (et al).  
Journal of Gerontology, vol 33, no 5, 1978, pp 731-736.  
A study of elderly people who have difficulty in understanding speech when background noise is present.  
ISSN: 00221422

Evaluation of a follow up service for elderly people prescribed hearing aids: report of a pilot project; by P R Ward (et al).  
British Journal of Audiology, 12, 1978, pp 127-134.  
1976-77 Register p. 249 refers  
ISSN: 03005364

Final report on the findings of a pilot project to evaluate follow-up services for elderly people prescribed hearing aids; by P R Ward (et al), Institute of Biometry and Community Medicine, University of Exeter. Exeter: University of Exeter, 1978, 27pp + appendices.  
1976-77 Register p 249 refers

Hearing impairment in homes for the elderly; by David Martin, Bob Peckford.  
Social Work Service, no 17, October 1978, pp 52-62.  
Research by North Yorkshire social services department into the prevalence, needs and staff recognition of hearing impaired residents. 1977-78 register refers.  
ISSN: 01419307

Vision in the elderly; by R J McWilliam.  
Health Bulletin, vol 36, no 2, March 1978, pp 69-71.  
A survey to assess the prevalence of vision deficiencies in a group of old people.  
ISSN: 03748014

Visually disabled people at home; by T R Cullinan.  
Health Trends, vol 10, no 4, November 1978, pp 90-92.  
Surveys reveal many elderly people who do not seek help for visual defects.



ISSN: 00179132

## 1977

The blind, the deaf and the physically handicapped; by Nicholas Bosanquet.

Nursing Times, vol 73, no 26, 30 June 1977, pp 1006-1007 (Inside the social services).

The post-Seebohm social services structure appears not to be serving the needs of blind, deaf or physically handicapped people. Staffing and economic constraints mean that it is difficult for local councils to meet their existing commitments, let alone to take on new ones. (RH)

ISSN: 09547762

Blindness and partial sight; by Astrid Klemz. Cambridge: Woodhead-Faulkner, 1977, 150pp.

A guide for social workers and others concerned with the care and rehabilitation of the visually handicapped.

Helping the deaf: do you know who does what?; by Corinne Pearlman.

Modern Geriatrics, vol 7, no 11, November 1977, pp 44-45.

Statutory and voluntary services available for the deaf.

Many old people are unnecessarily deaf; by Sue Jones.

Residential Social Work, vol 17, no 2, Feb 1977, pp 36-38.

A survey of old people's homes revealed that many of the staff had very little knowledge of residents' hearing problems and how they can be overcome.

Report of a sub-committee appointed to consider the role of social services in the care of all ages; by AW Hunt (chairman), Advisory Committee on Services for Hearing Impaired People, Department of Health and Social Security - DHSS. London: Department of Health and Social Security, 1977, 33 pp + appendices.

Appendices include a survey of the services for the hearing-impaired provided by local authorities in England and Wales.

Survey of the registered blind and partially sighted 1976; by Royal borough of Kingston upon Thames Social Services Department.

Clearing House for Local Authority Social Services Research, no 6, 1977, pp 85-114.

A survey to identify and assess the needs of the registered blind in the borough.

Two surveys of the needs of the blind in Waltham Forest; by London Borough of Waltham Forest.

Clearing House for Local Authority Social Services Research, no 9, 1977, pp 1-33.

Surveys undertaken in 1975 and 1976, the second being specifically on the needs of the elderly blind.

## 1976

Age related decrement in hearing for speech: sampling and longitudinal studies; by Moe Bergman, Vera G Blumenfeld, Debra Cascardo (et al).

The Journals of Gerontology, vol 31, no 5, 1976, pp 533-38.

A 10-year study was conducted in which 282 adults in age decades 20s to 80s were tested in a comprehensive battery of tasks requiring the perception of speech under a variety of conditions in which the speech signal was degraded. The original results were plotted to reveal differences in performance of the population sample in each decade. In follow-up studies after 3 years and 7 years, samples of the original subject population were retested. The results of the first, stratified sampling and of the longitudinal studies are compared. The two most apparent trends are: the perception of degraded (distorted and competed) speech undergoes a noticeable decline beginning with the 5th decade of life; and the decline is sharply steeper in the 7th decade.

The needs of the elderly blind in a London borough; by Astrid Klemz.

New Beacon, vol 60, no 716, December 1976, pp 309-313.

The results of a 1976 survey of the elderly blind by the Social Services Department, Waltham Forest.

## 1975

Deafness in middle age - how big is the problem?; by M F D'Souza, L M Irwig, H T Trevelyan (et al).

Journal of the Royal College of General Practitioners, vol 25, 1975, pp 472-78.

Screening for hearing defect by questionnaire was undertaken in two group practices in South-east England for 2278 people aged 40-64 years. The prevalence of deafness in the combined populations of these two practices as measured by audiogram was found to be 5.8%. This figure is much more than estimates derived from American data for use in the UK. The prevalence of deafness was shown to increase with lower social class and age. The questionnaire was found to be unreliable for prevalence studies, but was thought to have some use as a screening instrument. There was an incidental finding of increased hearing defects in the left ears of men: the firing of rifles was felt to be a possible explanation of this. The authors suggest that with the increasing ageing population, the provision of better health care for deaf people will present a growing challenge to the National Health Service (NHS). (RH)

ISSN: 00358797

International register of research on blindness and visual impairment; by J M Gill (comp). Coventry: University of Warwick, Warwick Research Unit for the Blind, 1975, unnumbered.

Covers research in the natural, behavioural and technological sciences. Also lists relevant bodies, journals and information services.

The use of hearing aids by the hearing impaired: [papers presented to Second International Conference of the British Society of Audiology, Southampton, July 1975]; by D N Brooks.

Describes a Manchester scheme whereby people issued with hearing aids for the first time are followed up by a voluntary trained visitor to advise on problems and encourage use of the aid. See Register D10

## 1973

Deafness: report of a departmental enquiry into the promotion of research; by Annette Rawson, Department of Health and Social Security - DHSS. London: HMSO, 1973, 49 pp (DHSS reports on health and social subjects, no 4).

This report points to problems in the fields of hearing and deafness, and in the organisation of research. Views collected by the author about priority areas for research and how best it should be organised differed widely. The evidence in favour and the factors against the establishment of a specialist institute of hearing research are examined, alternative courses of action are discussed, and a set of interlocking proposals is reviewed. (RH)

ISBN: 011320504x

## 1972

Voluntary visitors to the elderly deaf; by Dennis Clark.

British Medical Journal, vol 4, 1972, pp 766-768.

This paper describes the voluntary visiting service to older deaf people who attended the Weston-super-Mare Hospital and were issued with hearing aids through the National Health Service (NHS) from 1968 to 1970. The author discusses the effects of the service, and acknowledges the role of volunteers in relieving the isolation of older deaf people, and in helping to maintain a link with audiological and sociomedical departments at the hospital. (RH)

ISSN: 02670623

## 1971

Deafness - let's face it; by T H Sutcliffe, Royal National Institute for the Deaf - RNID. London: Royal National Institute for the Deaf, 1971, 54 pp.

Reprint of a report first published by the Central Board for Finance of the Church of England, 1970.

## 1951

Report on the special welfare needs of deaf-blind persons; by Committee on the Development of Welfare Services for Blind and Partially Sighted Persons, Ministry of Health. London: HMSO, 1951, 11 pp.

The Committee considered the special needs of deaf-blind people living in their own homes, or in need of care and attention and requiring residential accommodation under Section 21 of the National Assistance Act 1948. (RH)

