

New Literature on Old Age

EDITOR

Gillian Crosby

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Centre for Policy on Ageing
25-31 Ironmonger Row
London EC1V 3QP

Telephone: +44 (0) 20 7553 6500
Fax: +44 (0) 20 7553 6501
Email: cpa@cpa.org.uk
Web: www.cpa.org.uk

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ABUSE

- 206/1 Abuse is in the eyes of the beholder: using multiple perspectives to evaluate elder mistreatment under round-the-clock foreign home carers in Israel; by Liat Ayalon.
Ageing and Society, vol 31, part 3, April 2011, pp 499-520.
The study investigated the differences in the perceived occurrence of abuse and neglect between older care recipients, their family carers, and foreign home-care workers in Israel. Participants included 148 family members and foreign home-care workers and 75 care recipients, who completed a survey of abuse and neglect. Findings revealed significant discrepancies in their reports of neglect, with 66% of foreign home-care workers more likely to identify neglect, 28% of the older adults, or 30% of their family members. The different participants assigned the responsibility for the abuse to different perpetrators. Overall, the results suggest that even with round-the-clock home care, the basic needs of many older adults are not met, and that many experience substantial abuse. In conclusion, better education regarding elder abuse and neglect may lead to more accurate and consistent reports, and using data from all three sources may improve the early identification of abuse and neglect. (JL)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>
- 206/2 The Archstone Foundation Elder Abuse & Neglect Initiative; by Laura Mosqueda, Mary S Twomey, Laura Giles (eds) (et al.): Routledge.
Journal of Elder Abuse & Neglect, vol 22, nos 3/4, 2010, pp 217-386 (whole issue).
This double issue of the Journal looks at the projects of the Archstone Foundation's Elder Abuse and Neglect Initiative, California (US). The work described is being undertaken by a diverse group of people, i.e academics, nonprofit organizations, government agencies and this issue helps to promote promising practices and communicate lessons learned. Currently, it is estimated that approximately 2 million older adults, representing 5% of Americans aged 65 and over, are subject to abuse and neglect each year at the hands of the very people they depend on for care. The Archstone Foundation is a private grantmaking organisation whose mission is to contribute toward the preparation of society in meeting the needs of an ageing population. In 2006, the Foundation launched a five year US\$8 million Elder Abuse and Neglect Initiative with the goal of improving the quality and coordination of elder abuse and neglect service in the state of California. There are currently 20 projects that comprise the Initiative in the Foundation. (KJ)
ISSN: 08946566
From : Taylor & Francis Group, LLC, 325 Chestnut Street, Philadelphia, PA 19106, USA.
<http://www.taylorandfrancis.com>
- 206/3 Strategies to address financial abuse; by Shawna Reeves, Julia Wysong.: Routledge.
Journal of Elder Abuse & Neglect, vol 22, nos 3/4, 2010, pp 328-334.
Financial abuse is a growing problem for older adults. This article outlines four major strategies for addressing elder financial abuse: (a) education and outreach, (b) general detection and universal screening, (c) legal interventions, and (d) multidisciplinary teams. Future efforts should be devoted to understanding the efficiency and effectiveness of these various strategies in order to keep older adults from becoming victims of financial abuse and to intervene as soon as possible once financial abuse has been identified. (KJ)
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<http://www.taylorandfrancis.com> DOI: 10.1080/08946566.2010.490182

AGE DISCRIMINATION

- 206/4 Ageism in first episode psychosis; by E Mitford, R Reay, K McCabe (et al).
International Journal of Geriatric Psychiatry, vol 25, no 11, November 2010, pp 1112-1118.
To consider the characteristics of first episode psychosis in older adults in a county in North East England. The present study used a naturalistic design to compare individuals aged 65 years and over with those under 65, with a first episode psychosis. Data were collected on demographics,

diagnosis at presentation and hospital admissions in the first year. Almost a quarter of all patients were aged 65 years or older. The older group were admitted later on after presentation, but with longer average hospital stays ($p = 0.01$), compared to the younger group, with no difference in the use of the Mental Health Act. Late onset schizophrenia (40-59 years) and very late onset schizophrenia-like psychosis (60+ years) formed a considerable proportion of patients. There is a substantial proportion of older people with first episode psychosis, with a significant use of hospital bed days. There are large gaps in services for this group who often do not have the same access to those offered to younger people, e.g. Assertive Outreach or crisis teams, access to Clozapine and CBT. Ageism exists in all forms; the elderly are doubly disadvantaged in view of their age and mental illness. There is a substantial proportion of older people with first episode psychosis, with a significant use of hospital bed days. There are large gaps in services for this group who often do not have the same access to those offered to younger people, e.g. Assertive Outreach or crisis teams, access to Clozapine and CBT. Ageism exists in all forms; the elderly are doubly disadvantaged in view of their age and mental illness. In view of the Age Discrimination Act (2006) the elderly functionally ill group of patients should be entitled to the same level of care and equal access to services as younger people. More attention and interventions need to be focused on this overlooked group.

ISSN: 08856230

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

206/5

International comparison of age discrimination laws; by Joanna N Lahey.

Research on Aging, vol 32, no 6, November 2010, pp 679-697.

European age discrimination legislation is discussed in the context of the U.S. Age Discrimination in Employment Act (ADEA) and related state laws. U.S. law was originally introduced to protect productive older workers from age stereotypes, but more recently preventing age discrimination has become important as a means of keeping costs down on entitlement programs as the population ages. Changes in enforcement, penalties, exemptions, length of time to file, and burden of proof have changed the effects of the laws over time. The ADEA has had both positive effects on currently employed older workers and negative effects on the hiring of older workers. Enforcement and publicity are offered as possible explanations for the strength of these positive and negative effects. Age discrimination legislation in Europe, indicated in the Framework Directive 2000/78, is driven by economic and political considerations. European legislation calls for less enforcement and more exemptions than the corresponding U.S. cases that could lead to smaller effects on employment. However, pensions, disability, unemployment, and social security potentially have a stronger effect on social norms for retirement age than does anti-discrimination legislation. (KJ)

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

ALCOHOL AND DRUG MISUSE

206/6

The prospective relationship between binge drinking and physician visits among older adults; by Kristi Rahrig Jenkins, Robert A Zucker.

Journal of Aging and Health, vol 22, no 8, December 2010, pp 1099-1113.

The objectives are to (a) determine if binge drinking is related to physician visits and (b) estimate the degree to which the relationship between binge drinking and physician visits can be explained by other health characteristics. Method: Data on a sample of 4,960 older adults (70+ years of age in 2002) from the Health and Retirement Study (HRS) were used. Three linear regression models estimated the impact of binge drinking on physician visits. In the fully adjusted models, binge drinking did have an effect on the number of physician visits by older adults, with more frequent binge drinkers having fewer physician visits. This negative relationship exists even when demographic as well as other current health characteristics are controlled. The implications of these results are discussed in terms of more broadly communicating the risks associated with binge drinking and more effectively targeting interventions to older binge drinkers. (KJ)

ISSN: 08982643 From : <http://jah.sagepub.com/>

ASSESSMENT

(See 206/88, 206/102)

ATTITUDES TO AGEING

- 206/7 'If I look old, I will be treated old': hair and later-life image dilemmas; by Richard Ward, Caroline Holland.
Ageing and Society, vol 31, part 2, February 2011, pp 288-307.
This paper considers the social symbolism of hair, how it is managed and styled in later life, and what attitudes to appearance in general and hairstyling in particular reveal about ageism in contemporary culture. The study draws on findings from a two-year participative study of age discrimination in the United Kingdom, the Research on Age Discrimination (RoAD) project. Using data collected by qualitative methods it explores narratives of image and appearance related to hair and associated social responses. In particular it focuses on older people's accounts of the dual processes of the production of an image and consumption of a service with reference to hairdressing - and the dilemmas these pose in later life. The findings are considered in the context of the emerging debate on the ageing body. The discussion underlines how the bodies of older people are central to their experience of discrimination and social marginalisation, and examines the relevance of the body and embodiment to the debate on discrimination. A case is made for further scrutiny of the significance of hairdressing to the lives of older people and for the need to challenge the assumption that everyday aspects of daily life are irrelevant to the policies and interventions that counter age discrimination and promote equality. (JL)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>
- 206/8 Medical and psychology students' knowledge and attitudes regarding aging and sexuality; by Rachel J Snyder, Richard A Zweig.
Gerontology & Geriatrics Education, vol 31, no 3, 2010, pp 235-255.
The current study surveys medical and doctoral psychology students (N = 100) from an urban northeastern university regarding knowledge and attitudes toward elderly sexuality and ageing using the Facts on Aging Quiz, the Aging Sexuality Knowledge and Attitudes Scale, and measures of interest in gerontology, academic/clinical exposure to ageing and sexuality, and contact with elders. The current study found that psychology students demonstrated greater ageing knowledge than medical students; however, both groups showed gaps in knowledge about sexuality. Married students had greater academic/clinical exposure and greater knowledge about ageing but less permissive attitudes toward elderly sexuality. Generally, knowledge about ageing was the strongest correlate of knowledge about sexuality. Level of knowledge about sexuality was not associated with attitudes. Attitudes toward sexuality and ageing may be more strongly tied to demographic variables reflective of religious beliefs or adherence to sociocultural norms. (KJ)
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<http://www.taylorandfrancis.com>
- 206/9 Reflection on life experience as an aid to deeper learning; by Sally Roberts, Daniel Fitzpatrick (et al).
Nursing Older People, vol 22, no 10, December 2010, pp 33-37.
Examines the rationale for a four-week life experience placement for nursing students developed at the school of community and health sciences at the City University, London. The authors describe how students' perceptions of old age were challenged by listening to an older person's life history and observing older people in groups and in the community. Nursing student Daniel Fitzpatrick reflects on his experience of undertaking the placement in relation to his own feelings and expectations of old age. (JL)
ISSN: 14720795 From : <http://www.nursingolderpeople.co.uk>

- 206/10 Trading years for perfect health: Results from the Health and Retirement Study; by Liat Ayalon, Bellinda L King-Kallimanis.
Journal of Aging and Health, vol 22, no 8, December 2010, pp 1184-1197.
To evaluate the preferences of an ethnically diverse national sample of older Americans regarding length of life versus health quality. Methods used involved a time trade-off task administered as part of the 2002 wave of the (US) Health and Retirement Study. Results: Respondents equated 6.86 (SD = 3.46) years of perfect health with 10 years of life in imperfect health. Women and those who ranked their health less favourably were more likely to give up years of life for perfect health. Relative to Whites, Blacks were more willing to live longer in imperfect health. Those of lower levels of education were more likely to prefer 10 years of life in imperfect health. It would seem that there is wide variability in responses to the time trade-off task that is partially associated with self-rated health, gender, ethnicity, and education. (KJ)
ISSN: 08982643
From : <http://jah.sagepub.com/>

BLACK AND MINORITY ETHNIC GROUPS

- 206/11 Black and minority ethnic older people and mental well-being: possibilities for practice; by Jill Manthorpe, Jo Moriarty, Martin Stevens (et al).
Working with Older People, vol 14, issue 4, December 2010, pp 32-37.
There is a shortage of examples of arrangements and practice approaches that focus on mental well-being in black and minority ethnic (BME) older people. This article draws on a practice enquiry bringing together accounts of social care practice across different social care settings from four parts of the UK, away from highly populated areas that have been the focus of most previous research. Over 80 practitioners, managers, older people and carers were interviewed over 2009-10. They described and reflected on the support for older people from BME backgrounds, particularly focusing on how they might promote mental well-being. (JL)
ISSN: 13663666
From : <http://www.pierprofessional.com/wwopflyer/index.html>
- 206/12 The challenges of conducting focus-group research among Asian older adults; by Kalyani K Mehta.
Ageing and Society, vol 31, part 3, April 2011, pp 408-421.
Last of four articles that together make up a special issue on research methodology and ageing. This paper investigates the value of focus groups as a data collection method in studies of older people with particular reference to those living in large cities in Asia. Some of the method's strengths derive from the interaction among older people with a shared history and lived experiences. Focus-group exchanges have the potential for inter-personal learning and reminiscence benefits. One difficulty with the method, however, is that many Asian people are inhibited about sharing personal problems in a group context. The paper draws from a number of studies in Singapore, and highlights the challenges of conducting focus groups with older participants. Ethical issues such as confidentiality, cultural sensitivities such as language and respect for religion and tradition are discussed. Also, lessons learnt from conducting research using the group setting are discussed. Culturally relevant responses to these challenges are offered which could be useful for future researchers in Asia. (JL)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

CARERS AND CARING

(See Also 206/52)

- 206/13 The demographic characteristics and economic activity patterns of carers over 50: evidence from the English Longitudinal Study of Ageing; by Athina Vlachantoni.
Population Trends, no 141, Autumn 2010, pp 51-73.
Studies on informal care provision have often focused on the provision of care for persons with

a long term physical or mental ill-health or disability, or problems related to old age. However, the provision of care and support more broadly, for example in the form of childcare for grandchildren, can also impact on various aspects of a carer's life, such as their employment (if under the state retirement age), lifetime earnings and, by extension, pension income in later life. This article uses data from Wave 3 of the English Longitudinal Study of Ageing (ELSA) to explore the demographic characteristics, caring patterns, health status and economic activity patterns of carers aged over 50 in England. The results suggest that the nature of care provision differs across age groups, and that caring can be quite a different experience for older men and women. This article also sheds light on the characteristics of 'round-the-clock' carers, a relatively under-researched group which makes up just over one fifth of all carers aged 50 and over. (KJ)
ISSN: 03074463

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

206/14

Reconsidering the term 'carer': a critique of the universal adoption of the term 'carer'; by Victoria Molyneux, Sarah Butchard, Jane Simpson and Craig Murray.
Ageing and Society, vol 31, part 3, April 2011, pp 422-437.

This article considers the historical development of the term 'carer'. It examines research in various carer-related settings in the UK, such as mental health, physical and intellectual disabilities, cancer, palliative care and dementia. The authors argue that the term carer is no longer effective, and that its continued use should be reconsidered. This conclusion is based on the consistent failure of the term carer as a recognisable and valid description of the relationship between carers and those for whom they care. Also, the term may imply burden and therefore devalue the individual who is cared for, polarising the two individuals who would otherwise work together. Suggests that the description of the caring relationship should focus on the relationship from which it arose. A more accessible term may increase uptake of support services currently aimed at carers. (JL)

ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

CENTENARIANS

206/15

Storytelling reveals the active, positive lives of centenarians; by Tina Koch.
Nursing Older People, vol 22, no 8, October 2010, pp 31-36.

The study aimed to present alternative stories of ageing that countered the prevailing negative stereotypes of older people by interviewing centenarians about their lives. Sixteen healthy UK centenarian volunteers were interviewed in their places of residence. The participants talked about living as independently as possible, their continuing growth and development and their ongoing close relationships. Difficulties and loss were considered to be 'part of life' indicated by comments such as: 'accept whatever life brings', 'just plod on', 'do whatever you can to make things better and then move on'. In conclusion the centenarians presented a positive picture of ageing which counteracts negative stereotypes. (JL)

ISSN: 14720795

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

COUNSELLING

206/16

Supervision and formulation - specialist skills for psychologists working with older people; by Louisa Shirley (ed): Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.

PSIGE Newsletter, no 112, October 2010, pp 1-79 (whole issue).

The editor of this issue introduces the term "formulation" as being a 'plausible story' devised between therapist and client. Formulation is 'a tool used by clinicians to relate theory to practice.' Formulation is model-driven and therefore evidence-based; secondly, formulation is a narrative. This, according to the author, makes it both accessible and open to question from other perspectives. This issue looks at how formulation is used by psychologists and what a specific model looks like; the training involved to use formulation; how they can influence other services to adopt a formulation-based approach; what should a shared formulation process look

like; and finally, how can formulation be used to understand the service itself. This issue also focuses on the importance attributed to reflective, non-managerial, clinical supervision as gleaned from trainees by doctoral tutors in older adult placements and other aspects of clinical supervision are considered. (KJ)

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CRIME

206/17

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

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

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

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

DEMENTIA

(See Also 206/94)

206/18

Course of neuropsychiatric symptoms in residents with dementia in long-term care institutions: a systematic review; by Roland Wetzels, Sytse Zuidema, Iepke Jansena (et al).

International Psychogeriatrics, vol 22, no 7, November 2010, pp 1040-1053.

Neuropsychiatric symptoms (NPS) occur frequently in residents of long-term care institutions. The aim of this study was to review the literature systematically on the course of NPS in residents with dementia in long-term care institutions. A systematic literature search was conducted using Medline, PsychInfo, Embase and Cinahl. Search terms included "dementia", "long-term care institutions", "NPS", "longitudinal", and additional related terms. All titles and abstracts were independently assessed for inclusion and for methodological quality by two researchers, and the full texts of relevant papers were retrieved. Inclusion criteria were: dementia diagnosis, long-term care institutions, NPS, and longitudinal design. The literature search revealed 1982 papers of which 18 met the inclusion criteria. The patients were predominately female and aged 75 years and over. The follow-up period ranged from three months to one year. The number of assessments ranged from two to five, and 12 different assessment instruments were used to study NPS. Aberrant motor behavior, depression, anxiety, and euphoria showed decline over time, and psychosis remained constant whereas apathy, agitation, irritability, and disinhibition increased over time. All symptoms showed specific intermittent courses. The methodological quality of the literature was limited by the small sample sizes, short follow-up periods, and lack of comprehensive neuropsychiatric assessment instruments. In the reviewed studies, NPS in institutionalized residents with dementia showed a heterogeneous course, although methodological limitations and the diversity of the studies call for caution in interpretation. Future research should focus on large prospective cohort studies with institutionalized residents with dementia, examining a wide range of NPS. (KJ)

ISSN: 10416102

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206/19

Evaluation of special and traditional dementia care in nursing homes: results from a cross-sectional study in Germany; by S Weyerer, M Schäufele, I Hendlmeier.

International Journal of Geriatric Psychiatry, vol 25, no 11, November 2010, pp 1159-1167.

Two-thirds of all residents in nursing homes in Germany suffer from some type of dementia. The

researchers investigated whether or not dementia patients receiving special (segregated or partially segregated) care exhibited a better quality of life than their counterparts residing in traditional nursing homes. In a cross-sectional study in 28 special dementia care facilities in the city of Hamburg (admission criterion: mobile dementia patients with behaviour problems) 594 residents were compared to a group of nursing home residents with dementia (n = 573) in 11 randomly selected nursing homes who were receiving traditional integrative care. Primary features such as cognitive and functional impairment, and behaviour problems were assessed by qualified nursing staff. Controlling for confounding variables, for dementia patients in special care units as compared to a reference group in traditional integrative care, the level of volunteer caregiver involvement was higher and there was more social contact to staff, fewer physical restraints, more involvement in home activities, and more frequent use of psychiatrists. There was no significant difference between the two care settings with regard to overall use of psychotropic drugs, however, residents in special dementia care used antipsychotics significantly less often and antidepressants more often. Significant differences for a number of indicators of the quality of life point in favour of special dementia care. Future evaluation studies ought to examine not only the general efficacy of types of care designed especially for dementia patients but also the efficacy of the respective individual components (i.e. caregiver ratio). (KJ)
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

206/20

Humour, irony and sarcasm in severe Alzheimer's dementia: a corrective to retrogenesis?; by Inger Moos.

Ageing and Society, vol 31, part 2, February 2011, pp 328-346.

Retrogenesis is the process by which degenerating mechanisms in the brain, as found in Alzheimer's disease, reverse the order of acquisition of functions in normal child development, including language. The aim of this study was to analyse the communicative competence of people with moderately severe Alzheimer's disease according to FAST (Functional Assessment Staging of Alzheimer's disease) as to the occurrence of humour, irony and sarcasm in conversations with their professional caregivers. The study used data from an earlier study analysing audio recordings of everyday conversations between nursing home residents in Denmark with Alzheimer's disease and their professional caregivers, and focused on three participants. Concludes that the comprehension and production of humour, irony and sarcasm in the three study participants are correctives to retrogenesis concerning speech and language abilities in severe Alzheimer's disease. (JL)

ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

206/21

Impact of early onset dementia on caregivers: a review; by D van Vliet, M E de Vugt, C Bakker (et al).

International Journal of Geriatric Psychiatry, vol 25, no 11, November 2010, pp 1091-1100.

When it comes to dementia, caregiving can have adverse effects on the psychological and physical health of the informal caregiver. As yet, little is known about the impact of caring for a young dementia patient. This review provides an overview of the literature concerning the impact of early onset dementia (EOD) on informal caregivers and on children of EOD patients. The available literature comparing the impact on EOD and late onset dementia (LOD) caregivers will also be provided. PubMed, Psychinfo, and Cinahl were searched for articles that considered the psychological or psychosocial impact of EOD on informal caregivers and children. The methodological quality of the studies was assessed in order to make better judgments about the value of each article. Seventeen articles were included, of which the overall methodological quality was limited. The results showed that EOD caregivers experienced high levels of burden, stress, and depression. When compared with LOD caregivers, results were inconclusive. Furthermore, the caregivers of EOD patients experienced a variety of psychosocial problems, including relational problems, family conflict, problems with employment, financial difficulties, and problems concerning diagnosis. Whether there is a difference in impact between EOD and LOD on caregivers is still unclear. The studies conducted are methodologically too limited to answer this question. Nevertheless, it is clear that EOD caregivers do seem to experience high levels of psychological suffering and specific problems related to their phase in life. (KJ)

ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

- 206/22 Increasing prevalence of dementia among very old people; by Johan Mathillas, Hugo Lovheim, Yngve Gustafson.
 Age and Ageing, vol 40, no 2, March 2011, pp 243-249.
 The study compared the prevalence of dementia in two population-based cross-sectional samples of very old people in northern Sweden in 2000-02 and in 2005-07. In total, 430 men and women aged 85 and older were evaluated for dementia in the first cross-section and 465 individuals in the second. The prevalence of dementia in the total sample was 26.5% in 2000-02 and 37.2% in 2005-07. There was also an increase in the prescription of different antihypertensive agents, antilipemic agents and choline esterase inhibitors, and more people had had heart surgery in the later sample. An overall increase in the age-specific prevalence of dementia was detected over the five years. Possible reasons for this may be extended survival among individuals with risk factors for dementia and among individuals with established dementia. (JL)
 ISSN: 00020729 From : <http://ageing.oxfordjournals.org/>
<http://www.bgs.org.uk/>
- 206/23 Investigating the causes of behaviours that challenge in people with dementia; by John Keady, Lesley Jones.
 Nursing Older People, vol 22, no 9, November 2010, pp 25-29.
 Explores ways of understanding challenging behaviour in people with dementia and presents a composite case study of 'Frank', an 86-year-old man diagnosed with Alzheimer's disease who has been admitted to an NHS in-patient health assessment ward. A three-step approach to investigate, formulate and personalise a range of interventions is shared, together with ways of intervening in behaviours that challenge. (JL)
 ISSN: 14720795 From : <http://www.nursingolderpeople.co.uk>
- 206/24 It's a walk in the park: exploring the benefits of green exercise and open spaces for people living with dementia; by Neil Mapes.
 Working with Older People, vol 14, issue 4, December 2010, pp 25-31.
 Explores the benefits of green exercise and open spaces for people living with dementia. These benefits are set within the existing general evidence base concerning well-being and connection with nature. The scale of the social, economic and demographic challenges are outlined to enable potential opportunities to be identified. The benefits of green exercise, contact and connection with nature and open spaces for people with dementia and the current research gaps are identified. A case study of Dementia Adventure is highlighted, as are implications for practice. (JL)
 ISSN: 13663666 From : <http://www.pierprofessional.com/wwopflyer/index.html>
- 206/25 Modelling the impact of modifying lifestyle risk factors on dementia prevalence in Australian population aged 45 years and over, 2006-2051; by Binod Nepal, Laurie Brown, Geetha Ranmuthugala.: Blackwell Publishing.
 Australasian Journal on Ageing, vol 29, no 3, September 2010, pp 111-116.
 The aim of the study was to model impact of modifiable risk behaviour on dementia prevalence among the Australian population aged 45 years and over. A group-based computer model was constructed to estimate the impact of modifying risk behaviour on dementia prevalence. Based on population ageing, the number of people aged 45 years and over living with dementia is expected to triple from 187 000 in 2006 to 650 000 by 2051. A drop in proportion ever smokers by 5% every 5 years would lower population with dementia by 2% in 2051. If obesity rate drops by 5%, dementia prevalence would be lower by 6%. A decline in physical inactivity rate by 5% would reduce dementia by 11%. Persistence of the growing trend in obesity and physical inactivity would result in a larger than expected dementia epidemic. Improving the risk behaviours has potential to make a substantial reduction in the number of people with dementia. (KJ)
 ISSN: 14406381 From : [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1741-6612/issues](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1741-6612/issues)

- 206/26 Retrospective evaluation of revised criteria for the diagnosis of Alzheimer's disease using a cohort with post-mortem diagnosis; by C A De Jager, T E M Honey, J Birks (et al). International Journal of Geriatric Psychiatry, vol 25, no 10, October 2010, pp 988-997. The criteria currently used to diagnose Alzheimer's disease (AD) require the presence of dementia, i.e. cognitive impairment sufficient to affect normal social and/or occupational function. Dubois et al., (2007) have recently proposed a set of revised criteria that may aid the diagnosis of the earlier stages of AD, and do not require the presence of dementia. The authors aimed to evaluate the new predementia-AD criteria through their retrospective application to the OPTIMA cohort with post-mortem (PM) confirmed diagnoses. The criteria were evaluated for sensitivity and specificity using cognitive, neuroimaging and cerebrospinal fluid data and clinical information for exclusion criteria. Limitations in choice of cognitive test, use of CT scans rather than MRI and missing CSFs affected the outcomes. Analyses were carried out for the whole cohort (n = 243) and on a mild-stage subgroup (n = 99). Of the four options for fulfilling the revised-criteria, the best results for the whole cohort were achieved using memory and CSF data with exclusion criteria applied (.68 sensitivity and .93 specificity). The pattern was similar for the mild cohort, but with lower sensitivity. Specificities of 1.0 were reached with supportive criteria, CSF and CSF plus MTL. The revised-criteria, when applied to our cohort, offer good specificity and reasonable sensitivity when compared with the gold standard of PM diagnosis. The criteria were not more effective for early stage dementia.
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 206/13, 206/60)

- 206/27 An analysis of patient register data in the Longitudinal Study - what does it tell us about the quality of the data?; by Steve Smallwood, Kevin Lynch. Population Trends, no 141, Autumn 2010, pp 148-166. This article uses data for members of the ONS Longitudinal Study (LS) from both Census 2001 enumeration and patient registrations "frozen" on census day 2001 from the National Health Service Central Register (NHSCR) to examine potential sources of difference in area of usual residence. Overall 95.7 per cent of ONS LS members enumerated at census resided in the same area as recorded on the NHSCR data. Where areas differed, or the ONS LS member was not on the NHSCR on census day, subsequent NHSCR records were examined. Records flagged on the NHSCR as ONS LS members in England and Wales on census day but with no census record were also investigated. (KJ)
ISSN: 03074463
From : <http://www.statistics.gov.uk>
- 206/28 A cross country review of the validation and/or adjustment of census data; by Rebecca Newell, Steve Smallwood. Population Trends, no 141, Autumn 2010, pp 112-126. This article reviews existing procedures employed by various countries in the evaluation of, and/or adjustment, either of census data, or of population estimates based upon census data. The work was carried out to ensure all potential demographic techniques are considered by the ONS for the post census evaluation process of the 2011 Census. (KJ)
ISSN: 03074463
From : <http://www.statistics.gov.uk>
- 206/29 The ESRC Centre for Population Change - working in partnership with ONS and GROS; by Jane Falkingham. Population Trends, no 141, Autumn 2010, pp 7-9. This article introduces a number of articles based on research within the Centre for Population Change, highlighting the breadth of research taking place within the Centre and its relevance for researchers in academia and national and local government. (KJ)
ISSN: 03074463 From : <http://www.statistics.gov.uk>

- 206/30 Exploratory analysis of seasonal mortality in England and Wales, 1998 to 2007; by Gary Brown, Vanessa Fearn, Claudia Wells.
Health Statistics Quarterly, no 48, Winter 2010, pp 58-80.
Reports research carried out to inform possible methods of describing seasonal mortality in relation to extremes of temperature. Daily and monthly Central England Temperatures for 1998 through to 2007 were supplied by the Met Office Hadley Centre and daily death occurrence data between 1993 and 2007 was extracted from the death registrations database held by the Office for National Statistics (ONS). Five days with statistically significant excess mortality were identified between these dates, the largest being on 31 December 1999. Three of the five days coincided with extremely hot weather occurring in August 2003 and July 2006. However, more extreme temperatures were seen on some days with no excess mortality. Concludes that there is a weak but significant relationship between temperature in both the summer and winter months, although daily mortality cannot be predicted from temperature alone. The prevalence of other factors such as influenza in winter and air pollution in summer should also be considered. (JL)
ISSN: 14651645 From : <http://www.statistics.gov.uk/hsq/>
- 206/31 Mortality statistics : deaths registered in 2009: Review of the Registrar General on deaths in England and Wales, 2006. Laid before Parliament pursuant to Section 19, Registration Service Act 1953; by Office for National Statistics - ONS, National Statistics. 4th ed.: Palgrave Macmillan, 2010, 1, unnumbered (DR_09)(Series DR).
Series DR, which presents mortality statistics on deaths registered since 2006 in England and Wales, classified by sex and age and by other selected information collected at the time of registration. This publication replaces the annual reference volumes DH1, DH2, and DH4 and contains selected tables from these publications. (KJ/RH)
Price: to order
From : Macmillan Distribution (MDL), Houndmills, Basingstoke, Hants RG21 6XS.
<http://www.macmillandistribution.co.uk>
- 206/32 The UK population: how does it compare?; by Jil Matheson.
Population Trends, no 142, Winter 2010, pp 6-29.
This is the fourth demographic report for the UK, providing an overview of the latest statistics on the population. This year's article compares the UK with other European countries and a range of nations from around the world. Statistical comparisons are made for fertility, mortality, ageing, migration and population density. The UK has an ageing population, but one that is not ageing as rapidly as some other countries such as Germany, Italy and Japan. Although life expectation in the UK is improving in line with most western European countries, relatively high levels of fertility ensure that the proportion of the population that is young remains high. Around one in ten residents of the UK are foreign born, a lower proportion than many developed countries. UK population density has increased steadily and is the fourth highest in the EU. (JL)
ISSN: 03074463 From : <http://www.statistics.gov.uk>

DEPRESSION

- 206/33 Comprehensive assessment of depression and behavioral problems in long-term care; by Raymond T C M Koopmans, Sytse U Zuidema, Roeslan Leontjevas (et al).
International Psychogeriatrics, vol 22, no 7, November 2010, pp 1054-1062.
The IPA Taskforce on Mental Health Issues in Long-Term Care Homes seeks to improve mental health care in long-term care (LTC) homes. The aim of this paper is to provide recommendations on comprehensive assessment of depression and behavioural problems in order to further stimulate countries and professionals to enhance their quality of care. Existing guidelines on comprehensive assessment of depression or behavioural problems in nursing home (NH) patients or patients residing in LTC homes were collected and a literature review was carried out to search for recent evidence. Five guidelines from several countries all over the world and two additional papers were included in this paper as a starting point for the recommendations. Comprehensive assessment of depression in LTC homes consists of a two-step screening

procedure: an investigation to identify factors that influence the symptoms, followed by a formal diagnosis of depression according to DSM-IV-TR or the Provisional Diagnostic Criteria for Depression in Alzheimer Disease in cases of dementia. Comprehensive assessment of behavioral problems encompasses three steps: description and clarification of the behaviour, additional investigation, and assessment of probable causes of the behaviour. The procedure starts in the case of moderate behavioural problems. The recommendations given in this paper provide a useful guide to professional workers in the LTC sector, but clinical judgment and the consideration of the unique aspects of individual residents and their situations is necessary for an optimal assessment of depression and behavioural problems. The recommendations should not be rigidly applied and implementation will differ from country to country. (KJ)
ISSN: 10416102 From : <http://www.journals.cambridge.org/ipg>

206/34

Depression in nursing homes; by John Snowdon.
International Psychogeriatrics, vol 22, no 7, November 2010, pp 1143-1148.
Although studies have shown the prevalence of depression in nursing homes to be high, under-recognition of depression in these facilities is widespread. Use of screening tests to enhance detection of depressive symptoms has been recommended. This paper aims to provoke discussion about optimal management of depression in nursing homes. The utility of the Cornell Scale for Depression in Dementia (CSDD) is considered. CSDD data relating to residents assessed in 2008-2009 were collected from three Sydney nursing homes. CSDD scores were available from 162 residents, though raters stated they were unable to score participants on at least one item in 47 cases. Scores of 13 or more were recorded for 23% of residents in these facilities, but in most of these cases little was documented in case files to show that the results had been discussed by staff, or that they led to interventions, or that follow-up testing was arranged. Results of CSDD testing should prompt care staff (including doctors) to consider causation of depression in cases where residents are identified as possibly depressed. In particular, there needs to be discussion of how to help residents to cope with disability, losses, and feelings of powerlessness. Research is needed, examining factors that might predict response to antidepressants, and what else helps. Accreditation of nursing homes could be made to depend partly on evidence that staff regularly search for, and (if found) ensure appropriate responses to, depression. (KJ)
ISSN: 10416102 From : <http://www.journals.cambridge.org/ipg>

206/35

The effect of helping behavior and physical activity on mood states and depressive symptoms of elderly people; by Orly Sarid, Itshak Melzer, Ilan Kurz (et al).: Routledge.
Clinical Gerontologist, vol 33, no 4, 2010, pp 270-282.
The current study examines the effects of helping behaviour and physical activity on mood states and depressive symptoms of older adults. Participants (n = 102) reported their chronic conditions, volunteering, supporting behaviour, and physical activity. Helping behaviour, as well as physical activity, was practiced by more than half of the participants. Physical activity was positively associated with cheerfulness and vigor and explained 4% of the variance in both moods. No links were detected between the level of physical activity and depressive symptoms. Helping behaviour was positively correlated with cheerfulness and vigour and explained 6% and 22% of these moods, respectively. It was negatively correlated with depressive symptoms and explained 6% of the variance in their occurrence. The positive link between helping behaviour and physical exercise can be explained by adaptation theories of ageing which regard the psychological benefits of multiple forms of activity in late life. (KJ)
ISSN: 07317115
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
<http://www.informaworld.com/smpp/title~content=t792303983~db=all>

206/36

High incidence of clinically relevant depressive symptoms in vulnerable persons of 75 years or older living in the community; by Els Dozeman, Harm W J van Marwijk, Digna J F van Schaik (et al).: Taylor & Francis.
Aging & Mental Health, vol 14, no 7, September 2010, pp 828-833.
Clinically relevant depressive symptoms are highly prevalent in people who are 75 years of age

or older. However, very old people with a vulnerable health status are under-represented in studies focussing on incidence and risk factors, while the risk of developing depressive symptoms is expected to be very high in this group. The incidence rates of clinically relevant depressive symptoms and their predictors were investigated in a vulnerable elderly population. In a community-based cohort, 651 vulnerable elderly (75+) people were identified by means of the COOP-WONCA charts (Dartmouth Coop Functional Health Assessment Charts/World Organisation of Family Doctors). To study the incidence of clinically relevant symptoms of depression and their predictors, 266 people with no symptoms (Centre for Epidemiologic Studies Depression Scale, CES-D score 16 at baseline) were selected and measured again at six and 18 months. The incidence of clinically relevant symptoms of depression was defined as a CES-D score ≥ 16 , in combination with at least a five-point change between measurements. Logistic regression analyses were applied to determine risk indicators. After 18 months, the incidence rate of all clinically relevant symptoms of depression was 48% (95% confidence interval, CI 44.2-51.8). No specific risk factors were identified within this population. Estimates of the incidence of depressive symptoms were considerably higher than those previously found in elderly populations living in the community. A vulnerable health status is associated with a high risk of depressive symptoms. (KJ)

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From : <http://www.informaworld.com/CAMH>

206/37

Late life depression : a comparison of risk factors and symptoms according to age of onset in community dwelling older adults; by D Gallagher, A N Mhaolain, E Greene (et al). International Journal of Geriatric Psychiatry, vol 25, no 10, October 2010, pp 981-987.

It has been reported that late onset depression is more frequently associated with acquired organic pathology and that patients are less likely to report a family history of depression. Differences in phenomenology according to age of onset have been described although these have not been consistently replicated. The majority of these studies have been in hospital populations. The aim of this study is to address this question in a sample of community dwelling older adults. 89 subjects with GMS-AGECAT depression were identified from a sample of 1231 community dwelling adults aged 65 years and over. Subjects were analysed across a range of aetiological and phenomenological variables according to age of onset of first depressive episode. Subjects with late onset depression (60+) were significantly less likely to report a family history of depression, were less likely to report previous hospitalisation for depression and had greater cognitive impairment. Late onset subjects were also less likely to report feelings of guilt or thoughts that life was not worth living in the previous month. While the study found that patients with late onset depression differed from early onset patients according to certain aetiological risk factors, it did not find a distinctive profile of depressive symptomatology which might be considered clinically useful at an individual level. These findings are consistent with studies based in hospital populations.

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

206/38

The reliability of three depression rating scales in a general population of Dutch older persons; by O Van De Rest, N Van Der Zwaluw, A T F Beekman (et al).

International Journal of Geriatric Psychiatry, vol 25, no 10, October 2010, pp 998-1005.

The aim of this study was to compare the reliability of three rating scales for assessing depressive symptoms in a community-based, non-clinically depressed older population. The study sample comprised of 302 independently living subjects aged 65 years or older. Depressive symptoms were assessed using the centre for epidemiologic studies depression scale (CES-D), the geriatric depression scale (GDS-15) and the Montgomery and Åsberg depression rating scale (MADRS) at three time points: at baseline, after 13 weeks (except the GDS-15) and after 26 weeks. Three dimensions of reliability were compared: (i) internal consistency (Cronbach's alpha), (ii) reproducibility (Spearman correlations) and (iii) the intra- and inter-rater reliability (Spearman correlations to compare the differences between correlations of subjects tested by the same vs. different raters at three time points). Cronbach's alpha was high for the CES-D (0.84), good for the MADRS (0.72) and relatively low for the GDS-15 (0.55). Reproducibility was also higher

for the CES-D (0.71) than for the MADRS (0.61) and the GDS-15 (0.52). The rater had little influence on CES-D scores (intra/inter-rater ratio = 0.99). The GDS-15 and the MADRS, however, performed better when administered by the same rater. The CES-D was the most reliable scale for measuring depressive symptoms in a non-clinically depressed older population. (KJ)

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DIET AND NUTRITION

206/39

Does diet influence physical performance in community-dwelling older people?: findings from the Hertfordshire Cohort Study; by Helen Martin (et al).

Age and Ageing, vol 40, no 2, March 2011, pp 181-186.

The study, from Hertfordshire, looked at the impact of variations in the UK diet on physical performance in community-dwelling older adults. 628 men and women aged 63-73 years took part in the study. Diet was assessed using an administered food frequency questionnaire; physical performance was assessed by the time taken to complete a three-mile walk, chair-rise test and one-legged balance test. Study findings indicated that variations in diet may be linked to differences in physical performance for women but not for men. Concludes that further work is needed to determine the role of variations in diet on physical performance and its decline with age among older adults. (JL)

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<http://www.bgs.org.uk/>

206/40

Investigating age-related changes in taste and affects on sensory perceptions of oral nutritional supplements; by Orla Kennedy, Clara Law, Lisa Methven (et al).

Age and Ageing, vol 39, no 6, November 2010, pp 733-737.

Sip feeds are oral nutritional supplements (ONSs) that are commonly prescribed to malnourished patients to improve their nutritional and clinical status. However, ONSs are poorly consumed and frequently wasted, with sweetness being identified as one of the factors leading to patients' dislike of ONSs. The objective of this study was to investigate if age affects sweetness thresholds and if this impacts upon perceived sweetness intensity, hedonic (sweetness and overall) and ranked preference of ONS products. Design of the study was prospective, and observational. Subjects: thirty-six young adults (18-33 years) and 48 healthy older adults (63-85 years). The setting was the Department of Food and Nutritional Sciences and the Clinical Health Sciences at the University of Reading, UK. Detection and recognition threshold levels, basic taste identification and 'just about right' level of sweetness were examined. Three ONSs (chocolate, vanilla, strawberry) and sucrose solutions were evaluated for hedonic sweetness, overall hedonic liking, sweetness intensity and rank preference. Results showed significant differences were found in both sweetness detection and recognition thresholds ($P = 0.0001$) between young and older adults, with older adults more likely to incorrectly identify the taste ($P = 0.0001$). Despite the deterioration in sweetness sensitivity among the older adults, there were no significant differences found in sweetness intensity perceived for the ONS products presented ($P > 0.05$) when compared with the young adults. However, across both groups sweetness intensity was found to be correlated with overall product dislike across all flavour variants tested ($R = 0.398$, $P = 0.0001$).

Conclusions reached were that sweetness appears to be one of many factors contributing to the dislike of ONSs. Manufacturers are encouraged to reconsider the formulations of these products so that beneficial effects of ONSs can be delivered in a more palatable and acceptable form and wastage reduced. (KJ)

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EMPLOYMENT

(See Also 206/64)

- 206/41 Older workers' withdrawal from the labour market 1991 to 2007: impact of socio-demographic characteristics, health and household circumstances; by Ercilia Dini. Population Trends, no 142, Winter 2010, pp 49-74. This article presents an analysis of the withdrawal from the labour market of older workers in England and Wales between 1991 and 1995 and in England between 2002/03 and 2006/07. It examines the relationship between withdrawal from the labour market and demographic and socio-economic characteristics of older workers, their labour market status, health status, housing, household circumstances and caring commitments at the start of each period being considered. (JL)
ISSN: 03074463
From : <http://www.statistics.gov.uk>

END-OF-LIFE CARE

- 206/42 Dying for a change; by Charles Leadbeater, Jake Garber, Demos. London: Demos, 2010, 136 pp. The institutionalised ways we cope with dying do not align with how most people aspire to die. Most people want to die with family and friends nearby, cared for, free from pain, with medical support available when needed. Yet most people will die in hospitals and care homes, often cut off from friends and family, dependent on systems and procedures that feel impersonal, over which they have little control and which too often offer them little dignity. The UK government spend large sums of taxpayer's money - at least £20 billion a year - on services that leave too many people feeling confused, frustrated and distressed too much of the time. The country should be able to provide people with better ways to die. This paper argues for improvements to existing services: making end of life advance care plans the norm; training more in the medical profession in palliative care; and more greatly integrating the care services provided by the public, private and voluntary sectors. It also suggests radical innovations: a new infrastructure of home hospices, the creation of a compassionate care benefit and a properly trained volunteer support network providing palliative care - a perfect opportunity for the Big Society. The challenge is to help people to achieve what is most important to them at the end of life. Dying for Change describes how that challenge can be overcome. (KJ)
Price: £10.00 or download From : <http://www.demos.co.uk>

- 206/43 The oldest old and GP end-of-life care in the Dutch community: a nationwide study; by Eburn Abarshi, Michael A Echteld, Lieve Van den Block (et al). Age and Ageing, vol 39, no 6, November 2010, pp 716-722. Provision of adequate care for the oldest old is increasingly crucial, given the current ageing trends. This study explores differences in end-of-life care of the oldest (85+ years) versus the younger (65-84 years) old; testing the hypothesis that age could be an independent correlate of receiving specialised palliative care services (SPCS), having palliative-centred treatment and dying in a preferred place. General practitioners (GPs) participating in the nation-wide representative network in the Netherlands were asked to fill in patient, illness and care characteristics of all registered patients ≥65 years, who died non-suddenly in their practices between 2005 and 2008, using standardised forms. Associations with the palliative care variables were tested using multiple logistic regression. Results: nine hundred and ninety patients were registered. Among the oldest old, there were more women than men, more patients with heart failure than cancer, less hospital and home deaths and more residential care home deaths compared with the younger old. Of the oldest old, fewer received SPCS and more preferred to die in a residential care home than the younger old. Age was independently associated with palliative care provided: compared with the younger group, the oldest old received SPCS less often (OR = 0.7) and were treated with a palliative-centred goal more often (OR = 2.4); but age was not related to dying in a preferred place, i.e. independent of other characteristics. This study shows age to be independently associated with receiving SPCS in the Dutch community.

Although the GPs do recognise the 'palliative phase' in the oldest old, involvement of specialist teams is somewhat less. (KJ)

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

<http://www.bgs.org.uk>

206/44 Partner care at the end-of-life: identity, language and characteristics; by Anne Corden, Michael Hirst.

Ageing and Society, vol 31, part 2,, February 2011, pp 217-242.

In this paper the authors present data from research on couples where one partner died, drawing on a study of the financial implications of a partner's death. Information was gathered from a study based on the British Household Panel Survey of over 750 couples separated by death, and from interviews with 44 recently bereaved women and men from all age groups. The article describes the findings on adopting an identity of caregiving, people's characteristics and circumstances, health care needs, service contacts, and trends over time, and discusses models showing a range of factors and their success in predicting whether people described themselves as providing care. The study findings showed that carer self-identification was influenced by the partner's health care needs and service contacts, including receipt of welfare benefits. The authors conclude that further research is required to investigate the circumstances under which providing care equates with adopting or assigning a carer identity. (JL)

ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

206/45 Researching the end-of-life in old age: cultural, ethical and methodological issues; by Liz Lloyd, Kate White, Eileen Sutton.

Ageing and Society, vol 31, part 3, April 2011, pp 386-407.

Third of four articles that together make up a special issue on research methodology and ageing. This article looks at how increased life expectancy coupled with the rise in chronic disease has had a significant impact on dying trajectories in old age. This poses ethical and methodological challenges for researchers, not least because it is often difficult to establish whether an older person is dying from, as opposed to living with, one or more diseases. This article reports a comprehensive literature review of empirical research on the end-of-life in old age. It presents two inter-related themes by first exploring the social and cultural contexts of death and then critically analysing the methods and ethical approaches adopted by researchers. Material was drawn from both cross-cultural studies and studies in which cultural factors were of prime interest, and were selected with a view to investigating the concept of a good death in old age. First, the article examines the evidence of cultural similarities and differences and the impact of social and cultural change on ideas concerning a good death. It then identifies contemporary influences and pressures on end-of-life care for older people. Finally, the article explores the significance of communication and the roles of families and service providers in this arena. (JL)

ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

EXERCISE

(See Also 206/24)

206/46 Exploring patterns of daily physical and sedentary behaviour in community-dwelling older adults; by Sue Lord (et al).

Age and Ageing, vol 40, no 2, March 2011, pp 205-210.

The study aimed to quantify and describe habitual active and sedentary behaviour in older, community-dwelling adults and to explore the characteristics that contribute to this behaviour. 56 community-dwelling older adults with an average age of 79 years wore an ActivPAL accelerometer for seven days and were assessed for a range of motor, cognitive and affective characteristics. Seven variables derived from accelerometry considered to represent four characteristics of habitual behaviour (volume, frequency, intensity and variability) were submitted to principal components factor analysis (PCA). Factor scores were retained and used as dependent variables in regression analysis. Three significant orthogonal factors emerged from

the PCA, accounting for 80% of the variance in test scores: 'walking behaviour' which accounted for 39% of variance in the model; 'sedentary behaviour' explaining 24.3% of total variance; and 'postural transitions' which accounted for 16.7% of total variance. Concludes that walking, sedentary and transitory behaviours are distinct from each other, and together explain daily function. Further research on a larger sample is indicated to explore the characteristics that explain these behaviours, in particular the interplay between sedentary behaviour and periods of physical activity. (JL)

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<http://www.bgs.org.uk/>

206/47

The health benefits of exercise for older people; by Hugh Bethell.

GM (Geriatric Medicine), vol 40, no 10, October 2010, pp 539-542.

The importance of exercise for older people is great. Exercise delays the onset of a variety of diseases, increases performance and quality of life, reduces dependency and prolongs life. There is a dose-response relationship between the amount of exercise taken and the benefits which accrue. Unfortunately, although a higher level of exercise produces greater benefits it is less likely to be maintained. Also, the later in life exercise is adopted the more likely it is to be dropped. Regular vigorous exercise should be encouraged in all older people and the sooner they adopt the exercise habit, the more they gain from it. (KJ)

ISSN: 0268201X From : <http://www.gerimed.co.uk>

206/48

Unexpected effects of cognitive-behavioural therapy on self-reported exercise behaviour and functional outcomes in older adults; by Joanne Kraenzle Schneider, James H Cook, Douglas A Luke.

Age and Ageing, vol 40, no 2, March 2011, pp 163-168.

Nearly 61% of older adults do not maintain recommended physical exercise levels emphasising the need for interventions that promote exercise. This study aimed to compare self-reported exercise behaviour and functional outcomes over one year across three groups of older adults: a cognitive-behavioural therapy (CBT) group, an attention-control education group and a control group. All three groups received exercise training three times per week for two weeks and then once a week for eight weeks, during which time the therapy and education groups received their interventions. Blinded data collectors measured follow-up exercise behaviour and functional outcomes at three-month intervals. Compared to the control group both the CBT and exercise group did better on self-reported strengthening exercises. Unexpectedly, the control group outperformed the CBT and education groups on their six-minute walking distance. (JL)

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<http://www.bgs.org.uk/>

EXTRA-CARE HOUSING

206/49

What is the 'extra' in extra care housing?; by Fay Wright, Anthea Tinker, Ruth Mayagoitia (et al).

British Journal of Social Work, vol 40, no 7, October 2010, pp 2239-2254.

The article discusses key findings from a multidisciplinary study of ten remodelled extra care schemes for older people. It argues that the absence of a clear national definition of 'extra care' makes it difficult for older people, their relatives and social workers to decide whether an extra care scheme is appropriate. Schemes were idiosyncratic. Only a minority provided an optional communal cooked lunch. A common problem was high care staff turnover so that temporary agency staff often had little idea of what an extra care scheme should provide. Although the tenants interviewed were largely satisfied with the care, some were distressed by carers' attitudes. Although assessment for an extra care place was based on the amount of paid care an older person had at home, this was unsound as it was common for care needs to decline in a scheme's improved physical environment. Building design, however, did not always take account of declining strength and poor mobility. Main scheme entrances were often difficult for some tenants to operate and were a barrier to going outside. (KJ)

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FALLS

206/50

A multicentre randomised controlled trial of day hospital-based falls prevention programme for a screened population of community-dwelling older people at high risk of falls; by Simon Conroy, Denise Kendrick, Rowan Harwood (et al).

Age and Ageing, vol 39, no 6, November 2010, pp 704-709.

The objective of this study was to determine the clinical effectiveness of a day hospital-delivered multifactorial falls prevention programme, for community-dwelling older people at high risk of future falls identified through a screening process. The design of the study was a multicentre randomised controlled trial. The setting was an eight general practices and three day hospitals based in the East Midlands, UK.

Participants: three hundred and sixty-four participants, mean age 79 years, with a median of three falls risk factors per person at baseline.

Interventions: a day hospital-delivered multifactorial falls prevention programme, consisting of strength and balance training, a medical review and a home hazards assessment.

The main outcome measure was rate of falls over 12 months of follow-up, recorded using self-completed monthly diaries. Results: one hundred and seventy-two participants in each arm contributed to the primary outcome analysis. The overall falls rate during follow-up was 1.7 falls per person-year in the intervention arm compared with 2.0 falls per person-year in the control arm. The stratum-adjusted incidence rate ratio was 0.86 (95% CI 0.73-1.01), $P = 0.08$, and 0.73 (95% CI 0.51-1.03), $P = 0.07$ when adjusted for baseline characteristics. There were no significant differences between the intervention and control arms in any secondary outcomes. This trial did not conclusively demonstrate the benefit of a day hospital-delivered multifactorial falls prevention programme, in a population of older people identified as being at high risk of a future fall. (KJ)

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

<http://www.bgs.org.uk>

FAMILY AND INFORMAL CARE

206/51

Adult children and parental care-giving: making sense of participation patterns among siblings; by Anu M Leinonen.

Ageing and Society, vol 31, part 2, February 2011, pp 308-327.

The study analysed Finnish working carers' perceptions of their sibling relations and the sharing of responsibility for parental care, and the rationales that interviewees provided regarding the participation or non-participation of their siblings in the parents' care. The study used data from a subset of 20 qualitative interviews conducted as part of the WoCaWo (Working Carers - Caring Workers) research project on Finnish working carers. The article reports on findings on the equity of the division of care responsibilities among siblings, and identifies three participation patterns: absence (where siblings did not participate in parental care), backup (where siblings provided occasional backup), and togetherness (where primary carers emphasised close ties among siblings and caring was shared). All the interviewees offered rationales for unequal division of care tasks and responsibilities among siblings, and the article discusses these rationales and their variations by participation patterns. (JL)

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

206/52

Sibling influence on care given by children to older parents; by Natalia Tolkacheva, Marjolein Broese van Groenou, Theo van Tilburg.

Research on Aging, vol 32, no 6, November 2010, pp 739-759.

This study examines the degree to which siblings' behaviors and characteristics influence a child's caregiving. A sample of 186 older parents in need of care with at least two adult children reported on characteristics and caregiving of all their children ($N = 703$). Multilevel regression models show that there is evidence of children's joint caregiving efforts: The more care siblings give, the more care the child gives. Results demonstrate that the more sisters a child has, the less

care that child gives. Children also substitute and support each other: The greater the number of siblings with partners and the lower the frequency of sibling emotional support exchanges with a parent, the more care the child gives. The study reflects the various outcomes of sibling solidarity when older parents become dependent. (KJ)

ISSN: 01640275

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

GERONTOLOGY (GENERAL)

206/53

Storying later life: issues, investigations, and interventions in narrative gerontology; by Gary Kenyon, Ernst Bohlmeijer, William L Randall (eds.): Oxford University Press, 2011, 397 pp. Narrative gerontology is so named for its emphasis on the biographical, or inside, dimensions of the experience of ageing. This volume reflects a selection of new directions and insights, and constitutes a general broadening and deepening of narrative gerontology, exploring its implications for theory and research in the field of ageing, and for the quality of life of older adults themselves. Part 1 looks at issues in narrative gerontology, including narrative foreclosure in later life; memory, metaphor and meaning; narrative events and biographical construction; late-modern identity construction; the dwelling place of age; and the narrative frame in discourse on ageing. Part 2 covers investigations including topics as follows: narratives of Nazi followers; stories of the athletic self; gender and ageing; gender differences in narrative gerontology; expressions of self in a writing versus reminiscence group; narrative coherence and traumatic war experiences; and self-defining memories in couples therapy. Part 3 looks at a range of interventions in narrative gerontology, including Tai Chi as narrative care, reminiscence interventions, enhancing contact between younger and older adults through life stories, and work with dementia patients. (JL)

Price: £32.50

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<http://www.oup.com>

HEALTH CARE

(See Also 206/56)

206/54

Obesity research and health promotion: special issue; by Anthony Blinkhorn (ed). Health Education Journal, vol 69, no 4, December 2010, pp 372-446 (whole issue). Special issue featuring seven articles, topics as follows: demographic and lifestyle variables associated with obesity; obesity and physical activity in school aged children; motivational interviewing and obesity; public policy and obesity in the United States; body mass index and health behaviour in Taiwan; obesity and physical activity among Hispanic college students; and adulterated silicone use among transgender adults. (JL)

ISSN: 00178969

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

HOME CARE

206/55

Home and community based services utilization and aging in place; by Fengyan Tang, Yeonjung Lee.

Home Health Care Services Quarterly, vol 29, no 3, 2010, pp 138-154.

This study examines the relationship between home and community-based service (HCBS) utilization and perceived service needs for ageing in place versus relocation, using the data from the Community Partnership for Older Adults Survey (US). Among the vulnerable, community-dwelling older adult sample (N = 2,001), users of adult day programmes, housekeeping, senior lunch, helpline, or personal assistance services were more likely to indicate they would need regular help to remain living on their own. By contrast, users of senior centers, personal assistance, or visiting nurse services were more likely to indicate they would move out due to health problems. Home repair service users were less likely to perceive the need for

relocation. Findings have implications for improving long-term care and supportive service systems to meet the current and future needs of community-dwelling older adults. (KJ)

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HOSPITAL SERVICES

(See Also 206/83)

- 206/56 Age and outcome in acute emergency medical admissions; by Declan G Byrne, Siok Li Chung, Kathleen Bennett (et al).
Age and Ageing, vol 39, no 6, November 2010, pp 694-698.
There is a lack of outcome information with respect to older health service users. The purpose of this study was to examine 30-day in-hospital mortality and its predictors in all elderly patients admitted as a medical emergency to our hospital. All patients admitted between 2002 and 2008 were studied, linking anonymised clinical, administrative, laboratory and mortality data. Significant univariate predictors of outcome, including co-morbidity and illness severity score, were entered into a multivariate logistic regression model, adjusting the univariate estimates of the effect of age on in-hospital mortality. The authors admitted 23,114 consecutive acute medical admissions between 2002 and 2008; 30-day in-hospital mortality was 20.7% in the over 75 age category versus 4.5% in those younger. The unadjusted OR for a 30-day in-hospital mortality in the over 75 category of 5.21 (95% CI 4.73, 5.73) fell to 4.69 (95% CI 4.04, 5.44) when adjusted for outcome predictors excluding acute illness severity and 2.93 (95% CI 2.50, 3.42) when acute illness severity was added as a covariate. When the interaction between age and co-morbidity is examined, the odds ratio adjusts to 3.22 (95% CI 2.63, 3.6). Acute illness severity is more important than co-morbidity in explaining the outcome in older patients admitted as medical emergencies. Service planning for acute elderly care should be based on effective disease management programmes but recognise the contribution of acute illness severity to outcome when conditions deteriorate. (KJ)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>
<http://www.bgs.org.uk>
- 206/57 Listen to patients, speak up for change; by Patients Association.: The Patients Association, 2010, 103 pp.
Second report by the Patients Association containing 17 first hand accounts of failings in hospital patient care, mostly by family members of older patients. The report follows on from the Association's previous report, 'Patients... not numbers, people... not statistics' (2009). The aim of the report (as with the previous year's) was to amplify the voices of individuals who had so courageously shared their stories and to call for the NHS and the Coalition Government to take urgent remedial action. (JL)
From :: [http://www.patients-association.com/dbimngs/Listen%20to%20patients,%20Speak%20up%20for%20change\(1\).pdf](http://www.patients-association.com/dbimngs/Listen%20to%20patients,%20Speak%20up%20for%20change(1).pdf)
- 206/58 The quality of life and factors associated with in the medically hospitalised elderly; by Anne-Sofie Helvik, Knut Engedal, Geir Selbæk.: Taylor & Francis.
Aging & Mental Health, vol 14, no 7, September 2010, pp 861-869.
The present study describes the quality of life (QOL) and explores health-related factors associated with domains of the QOL in the acutely ill and hospitalised elderly. In all, 484 elderly (65-101 years, 241 men) patients hospitalised in an acute medical unit participated. Their QOL (in its overall and physical, psychological, social and environmental domains) was assessed with the World Health Organisation's WHOQOL-BREF. The QOL was explored with multiple linear regression analysis. Health-related variables controlled for socio-demographic background were the independent variables. The overall QOL was good in two-thirds of the elderly patients. In multiple linear regression models, lower physical QOL was significantly associated with a

number of medications, impaired personal activities of daily living (PADL), impaired cognition, depression and anxiety. Lower psychological QOL was significantly associated with impaired PADL, impaired cognition, depression and anxiety. Lower social QOL was significantly associated with depression and anxiety. Lower environmental QOL was significantly associated with female gender, impaired PADL, depression and anxiety. The results indicate that improvement in the medical state, functional status and/or emotional condition of elderly medically hospitalised patients may improve their QOL. (KJ)

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HOUSING

206/59

Ageing populations and housing needs: comparing strategic policy discourses in France and England; by Sarah Hillcoat-Nalletamby, James Ogg, Sylvie Renaut and Catherine Bonvalet.

Social Policy & Administration, vol 44, no 7, December 2010, pp 808-826.

Set against a broad European policy agenda which promotes 'ageing in place' and representations of older people as active, independent citizens, this article compares recent English and French policy discourses on population ageing and its implications for the housing needs of increasingly large numbers of older citizens. Through analysis of six recent strategic policy statements representing each government's official responses to population ageing and its social policy implications for the 21st century, the researchers demonstrate how differences in the social representation of the ageing process and of older peoples themselves permeate policy discourse, influencing the perceptions of the housing needs of older citizens and the role that housing itself may play in promoting independent living. In England, demographic ageing, housing and its role in facilitating independent living and active ageing are explicitly articulated, whilst in France, the housing environment has until recently, been portrayed as one which must accommodate the illness, incapacity and dependency of later life. Our article offers explanations for these differences in terms of cultural variations in the social representations or 'constructions' of later life, divergences in political philosophies and welfare principles. (KJ)

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206/60

Living arrangements of couples separated by the death of a partner in England and Wales, 1971 to 2001; by Micahel Hirst, Anne Corden.

Population Trends, no 141, Autumn 2010, pp 127-147.

Understanding trends and changes in the circumstances of couples separated by death is important for policy initiatives to reduce vulnerabilities associated with end of life care and for those who live on. This article uses widow(er)hood statistics and census data from the Office for National Statistics Longitudinal Study. It examines changes in couples' living arrangements and households at four successive censuses from 1971 to 2001 and shows how these differ by age and gender on the death of a spouse or partner. Findings draw attention to the effects of ageing and mortality improvements as well as wider social and economic trends in family and household formation, residential independence in older age, and policy developments on long-term care provision for older people. (KJ)

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INCOME AND PERSONAL FINANCE

(See 206/76)

INEQUALITY AND HUMAN RIGHTS

(See Also 206/78)

- 206/61 Inequalities in cancer survival: Spearhead Primary Care Trusts are appropriate geographic units of analyses; by Libby Ellis, Michael P Coleman.
Health Statistics Quarterly, no 48, Winter 2010, pp 81-90.
'Spearhead' local authorities (LAs) and primary care trusts (PCTs) are those identified by the Department of Health as facing the greatest health challenges in England on the grounds of inequality and deprivation. The study looked at cancer survival rates in Spearhead LAs and PCTs, lower than the rest of England. (JL)
ISSN: 14651645 From : <http://www.statistics.gov.uk/hsq/>
- 206/62 Inequalities in disability-free life expectancy by area deprivation: England, 2001-04 and 2005-08; by Michael P Smith, Olugbenga Olatunde, Chris White.
Health Statistics Quarterly, no 48, Winter 2010, pp 36-57.
Life expectancy (LE) and disability-free life expectancy (DFLE) for males and females at birth and at age 65 were estimated using a combination of survey, mortality and population data. Survey data provided an estimate of the prevalence of limiting long-standing illness or disability (LLSI) used in the DFLE metric. The prevalence of LLSI among males and females rose incrementally with increasing levels of deprivation in both periods. Males and females at birth and at age 65 in the less deprived areas could expect longer, healthier lives than their counterparts in more deprived areas in both 2001-04 and 2005-08. This analysis suggests that the inequality in DFLE between deprived and affluent area clusters has increased during the first decade of the 21st century. (JL)
ISSN: 14651645 From : <http://www.statistics.gov.uk/hsq/>

INFORMATION

- 206/63 Analysis of library associated information needs of staff in a specialist palliative and gerontological care centre in Mid-West Ireland; by J Callinan, K McLoughlin, P McCarthy.: Wiley-Blackwell.
Health Information and Libraries Journal, vol 27, no 4, December 2010, pp 286-294.
Milford Care Centre is a major centre for specialist palliative and gerontological care in the Mid-West of Ireland. In August 2008, a Librarian was employed to support the information, research, teaching and professional development needs of staff and students. In planning associated with this role, it was necessary to undertake an analysis of the information needs of staff. The objectives: (1) To understand the information needs of staff with regard to the new Library and Information Service. (2) To identify current access to and levels of skill in information literacy and ICT. (3) To ascertain the need for training in those skills. A web-based questionnaire was disseminated by email and printed copies were left at other locations. Assistance with obtaining journal articles was rated most highly by respondents as being an important service. Eighty-three per cent indicated that they did not have access to online health databases. Small group classes were considered the preferred method of providing training. Afternoons were also considered more convenient for visiting the library. The results will be used to plan the development of the library with a better insight of users needs and assist us to utilise resources more effectively. (KJ)
ISSN: 14711834
From : <http://www.interscience.wiley.com/journal/hilj>
- 206/64 Employment advice in primary care: a realistic evaluation; by G Pittam, M Boyce, J Secker (et al).
Health and Social Care in the Community, vol 18, no 6, November 2010, pp 598-606.
Every organisation in the UK is affected by mental distress and ill-health in the workforce. The first point of contact for most people with common mental health problems, such as mild to moderate anxiety or depression, is their general practitioner. The location of specialist

employment advisers in GP surgeries is therefore a logical attempt to address the issue of people falling out of the workplace, through the provision of early intervention and combined vocational and psychological treatment packages. In 2007 the Richmond Fellowship, a national mental health charity, received a grant to provide four employment advisers to work with GP surgeries in Eastern England. The aim was to help people with mental health problems gain work (Regain clients) or retain their current employment (Retain clients). In this study a realistic evaluation framework was applied to address the question of what works, for whom and in which contexts through interviews with key stakeholders including 22 clients of the project, five primary health care staff and the four employment advisers. The interventions that Retain clients found most helpful were careers guidance (including psychological profiling) and developing strategies to negotiate and communicate with employers. These appeared to help individuals to take control, broaden their horizons and move forward. In many cases this was supported by assistance in helping clients think through whether they wanted to consider a career change. For Regain clients the most important interventions were help with interview skills, CV writing and assertiveness training. Employment outcomes were considerably higher for the Retain clients than for the Regain clients. The study indicates that it could be more effective for Retain and Regain services to be delivered through different care pathways to avoid diluting the services offered and consequently reducing their effectiveness. (KJ)

ISSN: 09660410 From : <http://www.ingentaconnect.com/content/bsc/hssc>

206/65 Improving access to information: a key requirement for reducing social exclusion; by Charlie Hislop.

Working with Older People, vol 14, issue 4, December 2010, pp 38-43.

A key factor in the social exclusion of older people is poor access to information, often stemming from communication strategies that do not take account of their circumstances or needs. In recent years, there has been a series of programmes and initiatives that have sought to address the issues, from which there is much to learn. Information strategies for older people need to concentrate on improving access and quality, and require partnership working. Older people's groups need to be fully involved as partners, and effective strategies need to work through community and neighbourhood networks. (JL)

ISSN: 13663666 From : <http://www.pierprofessional.com/wwopflyer/index.html>

INTERGENERATIONAL ISSUES

206/66 Intergenerational mentoring in Germany: older people support young people's transitions from school to work; by Tabea Schlimbach.

Working with Older People, vol 14, issue 4, December 2010, pp 4-15.

The high demands that today's young school leavers face in Germany and the increasing recognition of an ageing population with skills and experience to share has led to a rapid increase in mentoring projects where older people work with young school leavers to help them find their way into employment. While still in its infancy, intergenerational mentoring flourishes in Germany and is enjoying enormous public attention. (JL)

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INTERNATIONAL AND COMPARATIVE

(See Also 206/59, 206/66, 206/84, 206/87, 206/89, 206/98)

206/67 Divorce and the wellbeing of older Australians; by Matthew Gray ... (et al).

Ageing and Society, vol 31, part 3, April 2011, pp 475-498.

In most developed countries, the number of older people who have experienced divorce at some point in their lives will increase in coming decades. However, there is a lack of research on the long-term effects of divorce in later life. This study, drawing from Australian data, examines the long-term impacts of divorce on the well-being of older Australians. Dimensions of well-being examined are social interaction and connectedness, perceived social support, life satisfaction,

and physical and mental health. Findings suggest that while divorce has a long-lasting, negative impact on well-being that persists into later life for both men and women, the negative effects of divorce are largely confined to those who do not re-partner. One important difference between men and women is that for women who are divorced and remain single, the negative effects of divorce are found for general health, vitality and mental health. For men, there appear to be no long-term effects of divorce on physical or mental health. While there appears to be some effect of divorce on perceived social support for both older men and women, the effects of divorce on social support are less pervasive in later life than the effects of divorce on satisfaction with life. (JL)

ISSN: 0144686X

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

206/68

No way out but working?: income dynamics of young retirees in Korea; by Yunjeong Yang. *Ageing and Society*, vol 31, part 2, February 2011, pp 265-287.

Older people in Korea have a higher risk of poverty than younger adults. This paper attempts to examine changes in the level and sources of income around the time of retirement, with retirement being defined as separation from one's main lifetime employment. It uses longitudinal data from the Korean Labour and Income Panel Study's Waves 1-9, and follows 580 younger retirees aged at least 50 years who retired during 1998-2005. The paper demonstrates that the prevalence of low income across the retirement transition was related to gender, previous career status and current working status. In particular, there was a noticeable increase in the prevalence of low income among permanent retirees compared to those who continued working in retirement. Examines different factors associated with the individuals' economic wellbeing after retirement, and finds that working status in retirement is indeed the factor that most influences the probability of low-income entry among male retirees, while for women, the nature of co-residence with working household member(s) and household assets most mattered. Concludes that being in paid work after retirement remains an important substitute for the immature old-age safety-net in Korea. (JL)

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

206/69

Post-disaster quality of life among older survivors five years after the Bam earthquake: implications for recovery policy; by A Arkanan, M Mazaheri, M Vanrooyen ... (et al). *Ageing and Society*, vol 31, part 2, February 2011, pp 179-196.

Older people are among the most vulnerable in major disasters. In their aftermath, it is crucial to institute efforts that will maintain a high level of quality of life (QoL). This paper presents and evaluates QoL assessments of older survivors five years after the Bam earthquake in Iran. A cross-sectional analysis of 210 randomly-selected survivors was carried out in 2008 using a structured questionnaire. A comparison of the results with data on the general population showed that experiencing the earthquake may adversely affect psychological dimensions of QoL even five years later, but paradoxically the earthquake resulted in better social relationships in affected communities than in the general population. Lower QoL associated with female gender, higher age, living alone, severe earthquake-related injury, poor quality of living conditions, increased dependency in the activities of daily living, living in an urban area, and being temporarily housed. Suggests that recovery experts and donors should carry out long-term monitoring of health status and QoL in disaster-affected communities, with a focus on psychological wellbeing. (JL)

ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

206/70

Understanding ageing in sub-Saharan Africa: exploring the contributions of religious and secular social involvement to life satisfaction; by Ivy A Kodzi ... (et al). *Ageing and Society*, vol 31, part 3, April 2011, pp 455-474.

The study looked at how older people today perceive their ageing experience in sub-Saharan Africa. The international gerontology literature demonstrates that, apart from financial wellbeing and health status, religious and secular forms of social involvement are key predictors of life satisfaction in older ages. No formal analysis, however, exists on the effects of religious and non-religious social involvement on the subjective wellbeing of older people in sub-Saharan

nations. This study sought to fill this gap by examining the relationship between religious identity, religiosity, and secular social engagement using survey data from a sample of 2,524 men and women aged 50 or more years living in informal settlements in Nairobi. Significant differences in life satisfaction were found between Muslims, Catholics and non-Catholic Christians. Secular social support, personal sociability and community participation had positive effects on subjective wellbeing. Next to health status, the social involvement of older people was very important for life satisfaction. (JL)

ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

LEGISLATIVE ISSUES

(See 206/5)

LEISURE

206/71

Older men's participation in community-based men's sheds programmes; by J Ormsby, M Stanley, K Jaworski.

Health and Social Care in the Community, vol 18, no 6, November 2010, pp 607-613.

The purpose of this qualitative study was to investigate the lived experience of older men taking part in community-based shed programmes. Five men, aged 65 and over, who attended two different community sheds participated in semi-structured in-depth interviews in 2007. Data were analysed thematically with six main themes emerging as follows: 'company of fellas'; 'everybody's got a story to tell'; 'still got some kick'; 'passing on your experiences'; 'get on your goat' and; 'nobody's boss'. Participation in community-based men's sheds positively influences the health and well-being of older Australian men through provision of a 'men's space' in which meaningful activities occur. Provision of community-based men's shed programmes as among a range of activity options in the community may contribute positively to the physical, mental, social and occupational health of older men. (KJ)

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LONG TERM CARE

(See 206/18, 206/33, 206/77)

MEDICAL ISSUES

(See Also 206/100)

206/72

A cross-section analysis of FT3 age-related changes in a group of old and oldest-old subjects, including centenarians' relatives, shows that a down-regulated thyroid function has a familial component and is related to longevity; by Andrea Corsonello, Alberto Montesanto, Maurizio Beradelli (et al).

Age and Ageing, vol 39, no 6, November 2010, pp 723-727.

Several studies suggest that a decreased thyroid activity might be favourable in oldest-old subjects and that subclinical thyroid hyperfunction may be detrimental. Objectives of this research was to verify whether declining levels of circulating thyroid hormones may contribute to longevity.

Design of the study involved a cross-sectional observational study. All subjects were born in Calabria (southern Italy) and their ancestry in the region was ascertained up to the grandparents. The subjects were six hundred and four home-dwelling subjects (301 females, 303 males), divided into three groups: 278 individuals 60-85 years old; 179 children or nieces/nephews of centenarians who are 60-85 years old; 147 individuals older than 85 years. Thyroid function parameters were measured in the frame of a comprehensive geriatric assessment. Results: FT3 and FT4 levels were negatively associated with age. Lower levels of FT3, FT4 and TSH were found in centenarians' children and nieces/nephews with respect to age-matched controls.

Indeed, being a relative of centenarians qualified as an independent correlate of thyroid parameters. Age-related subtle thyroid hypofunction (either due to a familial component or due to a reset of the thyroid function occurring between the sixth and the eighth decade of life) appears to be related to longevity. (KJ)

ISSN: 00020729 From : <http://www.ageing.oxfordjournals.org>
<http://www.bgs.org.uk>

206/73

Seasonal variation of serum vitamin D and the effect of vitamin D supplementation in Irish community-dwelling older people; by Roman Romero-Ortuno (et al).

Age and Ageing, vol 40, no 2, March 2011, pp 168-174.

The study, from Dublin, Ireland, looked at vitamin D deficiency in older adults and the potential benefits of vitamin D supplementation including seasonal variation. Study participants taking supplements were found to have a higher mean serum 25(OH)D compared with those not taking supplements. There is a case for universal vitamin supplementation in Irish older people. Further research is needed to establish the optimum dose. (JL)

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MEDICATION

206/74

Interventions to optimise prescribing in care homes: systematic review; by Mathumalar Loganathan (et al).

Age and Ageing, vol 40, no 2, March 2011, pp 150-162.

Drug prescribing for older people is a complex process and inappropriate prescribing can lead to potentially severe consequences. The purpose of the study was to review research on interventions to optimise drug prescribing in care homes. Search terms included were 'nursing home', 'inappropriate prescribing', 'education' and 'intervention'. 16 studies were found that met the inclusion criteria. Four intervention strategies were identified: staff education, multi-disciplinary team (MDT) meetings, pharmacist medication reviews and computerised clinical decision support systems (CDSSs). The review demonstrated mixed results with substantial evidence and promising options for some of the interventions. Education including academic detailing seemed to show most promise. Concludes that a multi-faceted approach and clear policy guidelines are likely to be required to improve prescribing for these vulnerable patients. (JL)

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MENTAL HEALTH

(See Also 206/18, 206/35, 206/90)

206/75

Can maintaining cognitive function at 65 years old predict successful ageing 6 years later?: the PROOF study; by Karine Castro-Lionard (et al).

Age and Ageing, vol 40, no 2, March 2011, pp 259-265.

The study aimed to establish whether the preservation of cognitive abilities in newly-retired people aged 65 years and living at home predicts successful ageing six years later. 976 questionnaires were emailed to a sample of healthy French pensioners with an average age of 72 years. Successful ageing was defined through health status and psychological well-being. Cognitive abilities had been assessed six years earlier according to an objective method (Free and Cued Selective Recall Reminding Test (FCSRT), the Benton visual retention test and the similarities subtest of the Wechsler Adult Intelligence Scale-Revised) and a subjective one (Goldberg's anxiety scale, Mac Nair's scale and a Visual Analogue Scale to evaluate memory abilities change in the last five years). Study findings confirmed that the preservation of cognitive abilities at retirement age can predict successful ageing. (JL)

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<http://www.bgs.org.uk/>

206/76

Financial capacity in older adults: a review of clinical assessment; by Donna M Pinsker, Nancy A Pachana, Jill Wilson (et al): Routledge.

Clinical Gerontologist, vol 33, no 4, 2010, pp 332-346.

Financial capacity is a critical issue of autonomy for older people. However, determining the point at which a cognitively impaired older adult is no longer capable of independent financial management poses an onerous task for family members, and health and legal professionals. At present, there is no agreed-upon standard for evaluating financial capacity, and issues pertaining to the level of impairment that constitutes incapacity remain largely unresolved. In the absence of validated assessment guidelines, determinations of capacity are frequently based on neuropsychological measures and clinical judgment, although there is limited evidence to support the validity of these methods in capacity determinations. In this paper, various cognitive, psychiatric, social, and cultural factors that potentially contribute to financial incapacity in older adults are described. The strengths and weaknesses of clinical approaches and instruments currently used in capacity determinations are evaluated, and specific recommendations are made regarding broader assessment approaches. Finally, directions for future research and instrument development are offered. (KJ)

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206/77

Prevalence of psychiatric disorders among older adults in long-term care homes: a systematic review; by Dallas Seitz, Nitin Purandare, David Conn.

International Psychogeriatrics, vol 22, no 7, November 2010, pp 1025-1039.

The population of older adults in long-term care (LTC) is expected to increase considerably in the near future. An understanding of the prevalence of psychiatric disorders in LTC will help in planning mental health services for this population. This study reviews the prevalence of common psychiatric disorders in LTC populations.

The reviewers searched electronic databases for studies on the prevalence of major psychiatric disorders in LTC using medical subject headings and key words. They only included studies using validated measures for diagnosing psychiatric disorders or psychiatric symptoms. Our review focused on the following psychiatric disorders: dementia, behavioural and psychological symptoms of dementia (BPSD), major depression, depressive symptoms, bipolar disorder, anxiety disorders, schizophrenia, and alcohol use disorders. They also determined the prevalence of psychiatric disorders in the U.S. LTC population using data from the 2004 National Nursing Home Survey (NNHS). A total of 74 studies examining the prevalence of psychiatric disorders and psychological symptoms in LTC populations were identified including 30 studies on the prevalence of dementia, 9 studies on behavioural symptoms in dementia, and 26 studies on depression. Most studies involved few LTC facilities and were conducted in developed countries. Dementia had a median prevalence (58%) in studies while the prevalence of BPSD was 78% among individuals with dementia. The median prevalence of major depressive disorder was 10% while the median prevalence of depressive symptoms was 29% among LTC residents. There were few studies on other psychiatric disorders. Results from the 2004 NNHS were consistent with those in the published literature.

Dementia, depression and anxiety disorders are the most common psychiatric disorders among older adults in LTC. Many psychiatric disorders appear to be more prevalent in LTC settings when compared to those observed in community-dwelling older adults. Policy-makers and clinicians should be aware of the common psychiatric disorders in LTC and further research into effective prevention and treatments are required for this growing population. (KJ)

ISSN: 10416102

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

206/78

Psychiatric morbidity and people's experience of and response to social problems involving rights; by N J Balmer, P Pleasence, A Buck.

Health and Social Care in the Community, vol 18, no 6, November 2010, pp 588-597.

Psychiatric morbidity has been shown to be associated with the increased reporting of a range of social problems involving legal rights ('rights problems'). Using a validated measure of psychiatric morbidity, this paper explores the relationship between psychiatric morbidity and rights problems and discusses the implications for the delivery of health and legal services. New representative national survey data from the English and Welsh Civil and Social Justice Survey (CSJS) surveyed 3040 adults in 2007 to explore the relationship between GHQ-12 scores and the self reported incidence of and behaviour surrounding, rights problems. It was found that the prevalence of rights problems increased with psychiatric morbidity, as did the experience of multiple problems. It was also found the likelihood of inaction in the face of problems increased with psychiatric morbidity, while the likelihood of choosing to resolve problems without help decreased. Where advice was obtained, psychiatric morbidity was associated with a greater tendency to obtain a combination of 'legal' and 'general' support, rather than 'legal' advice alone. The results suggest that integrated and 'outreach' services are of particular importance to the effective support of those facing mental illness. (KJ)

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From : <http://www.ingentaconnect.com/content/bsc/hsc/2010>

206/79

Social desirability does not confound reports of wellbeing or of socio-demographic attributes by older women; by Sharron E Dawes ... (et al).

Ageing and Society, vol 31, part 3, April 2011, pp 438-454.

This California-based study assessed the relationship of social desirability response bias with self-reported physical, mental and cognitive health, successful ageing, and socio-demographic attributes among 1,860 older women. The women were aged between 57 and 91 years and lived in the San Diego community. Measures included a ten-item Marlowe-Crowne Social Desirability Scale, and self-report scales of physical, mental and cognitive health, successful ageing and wellbeing, as well as standard socio-demographic attributes. Bivariate correlation and multiple regression models indicated that social desirability scores negatively associated with self-reported levels of hostility, anxiety, perceived stress and self-reported cognitive failures, and that they predicted additional variance in multiple regression analyses above models containing socio-demographic predictors alone. On the other hand, even the strongest associations were what are generally considered 'small effects'. Overall, while the findings support the general validity of most of the self-report measures in studies of normal and successful ageing, consideration of social desirability response bias in the interpretation of self-reports of low levels of some key constructs (anxiety, hostility, stress, self-perceived cognitive deficits) is warranted. (JL)

ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

MENTAL HEALTH SERVICES

206/80

Empowered or overpowered? Service use, needs, wants and demands in elderly patients with cognitive impairments; by C A G Wolfs, M E De Vugt, M Verkaaik (et al).

International Journal of Geriatric Psychiatry, vol 25, no 10, October 2010, pp 1006-1012.

Examination of clinical practice reveals that current treatment options are often not sufficiently utilized by patients suffering from dementia or mild cognitive impairment. This study aimed to investigate to what extent and in what way these patients utilize the available treatment options, as well as to identify factors and reasons that play a role in the non-utilization of these options. Semi-structured interviews by telephone were held with the patients' caregivers. Counselling, medication, activities and home care were the options that were most frequently utilized by the 252 patients and caregivers who were included in the study. Group guidance and admissions were the main treatment categories that had not been utilized (although they were proposed). The most important reasons given were refusal by the patient and the fact that help was not necessary yet according to the caregiver. Burden of care and cognition were the most important factors in predicting which of the treatment options were not utilized. Most patients

and caregivers are not aware of the treatment options available to them. Awareness of these options is necessary to avoid situations in which patients and caregivers find themselves with their backs against the wall and the need for care support has become an acute necessity. Health care professionals should play an important role with regard to this empowerment. (KJ)
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

MIGRATION

- 206/81 Migration in later life: evidence from the British Household Panel Study; by Maria Evandrou, Jane Falkingham, Marcus Green.
Population Trends, no 141, Autumn 2010, pp 74-91.
This article uses data from the British Household Panel Study over the period 1991 - 2007 to examine the factors associated with residential mobility among people aged 50 and over. In line with earlier research, the likelihood of migrating, that is, changing address, is found to vary according to the demographic and socio-economic characteristics of the older person. Those in late middle age (50-59) and the oldest-old (90 and over) were most likely to move. Migration was also strongly associated with changes in partnership, health and economic status during the last 12 months, highlighting the importance of seeing migration within a life course context with certain life course events such as divorce, widowhood or retirement being important triggers for prompting a move. As divorce and remarriage become more common in later life, 'relationship driven migration' is likely to become more important, adding a new category to the classical typology of later life migration. (KJ)
ISSN: 03074463 From : <http://www.statistics.gov.uk>

OLDER MEN

(See 206/97)

OLDER OFFENDERS

- 206/82 Doing time: health care in the criminal justice system; by Christian Duffin.
Nursing Older People, vol 22, no 10, December 2010, pp 14-18.
Prisoners over the age of 60 are the fastest growing age group in prison but they face isolation because their specialist health, social and resettlement needs are not being met. Explores the problems faced by this group and highlights with examples of good practice including two case studies. Refers to a 2003 report by the Centre for Policy on Ageing and the Prison Reform Trust, 'Growing Old in Prison: a Scoping Study on Older Prisoners' (Howse, Kenneth). The report found that more than 80% of male prisoners aged over 60 had a chronic illness or disability. (JL)
ISSN: 14720795 From : <http://www.nursingolderpeople.co.uk>

OLDER WOMEN

(See 206/97)

PALLIATIVE CARE

- 206/83 Barriers to providing palliative care for older people in acute hospitals; by Clare Gardiner, Mark Cobb, Merryn Gott, Christine Ingleton.
Age and Ageing, vol 40, no 2, March 2011, pp 233-242.
The study aimed to explore the perspectives of health professionals regarding barriers to optimal palliative care for older people in acute hospitals. 58 health professionals participated in eight focus groups and four semi-structured interviews. Participants identified various barriers to palliative care provision for older people, including attitudinal differences to the care of older people, a focus on curative treatments within hospitals and a lack of resources. Participants also reported differing understandings of whose responsibility it was to provide palliative care for older people, and uncertainly over the roles of specialist and generalist palliative care providers

in acute hospitals. Concludes that additional research is required to further explore age-related issues contributing to poor access to palliative care. (JL)

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

<http://www.bgs.org.uk/>

PENSIONS AND BENEFITS

206/84

Non-take up of social benefits in Greece and Spain; by Manos Matsaganis, Horacio Levy, Maria Flevotomou.

Social Policy & Administration, vol 44, no 7, December 2010, pp 827-844.

Even though interest in non-take up of social benefits is considerable in many European countries, the topic is under-researched in southern Europe. This article provides preliminary estimates of the extent of non-take up of two pairs of means-tested retirement benefits in Greece and Spain. The benefits examined are: (1) the minimum pension supplements pensioner social solidarity benefit EKAÇ and complementos por mínimos; and (2) the social pensions pension to uninsured elderly and pensión de jubilación no contributiva. The article finds that non-take up of social benefits in the two countries is rather extensive, examines the methodological difficulties inherent in the analysis of non-take up, and concludes with a discussion of the results and their implications. (KJ)

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PERSONALISATION

206/85

Implementing a community-based self care training initiative : a process evaluation; by J South, F Darby, A-M Bagnall (et al).

Health and Social Care in the Community, vol 18, no 6, November 2010, pp 662-670.

Within the UK, there is growing recognition that individuals will need to take increased responsibility for managing their own health for there to be improvements in population health. The current evidence base on self care interventions reflects an interest in enhancing self care knowledge, skills and behaviour in relation to the management of long-term conditions. In contrast, this paper reports on a community-based self care initiative that was designed to promote self care approaches in the general population. The principal component was a self care skills training course delivered to groups of lay people in community and workplace settings. Self Care for People was piloted in three primary care trusts and a process evaluation was undertaken. The aim of this paper is to examine the feasibility, relevance and acceptability of the initiative. Qualitative interviews were conducted with a sample of stakeholders involved in implementation including coordinators, trainers and key informants from organisations hosting the course. In total 40 interviews and two focus groups were conducted from 2006 to 2008 and the data were analysed thematically. The evaluation found that implementation was relatively straightforward with few major barriers reported. Recruitment to the self care skills training course took place in both workplace and community group settings, including in organisations supporting socially excluded groups. The course was seen to provide a valuable space for contemplation on personal health, however, participation could raise sensitive issues that needed to be dealt with by skilled facilitators. Motivations for involvement differed markedly in host organisations and different strategies for marketing were adopted. The paper concludes by suggesting that while Self Care for People was both feasible and relevant to different stakeholder groups, there needs to be flexibility in responding to the needs of participants in different settings. (KJ)

ISSN: 09660410

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

PREVENTION

(See Also 206/54)

- 206/86 Prevention and management of hyperthermia during a heatwave; by Ella McLafferty. *Nursing Older People*, vol 22, no 7, September 2010, pp 23-27.
Many older people in the UK are at risk of developing and dying from heat-related illnesses during a heatwave. This article defines the term heatwave and identifies the thermoregulatory responses to hot weather. Also discusses the effects of the ageing process on thermoregulation or core body temperature and outlines the symptoms of heatstroke and heat exhaustion. Finally the treatment of heat-related illnesses and their prevention are explained. (JL)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>
- 206/87 Preventive home visits to older home-dwelling people in Denmark; are invitational procedures of importance?; by A Ekmann, M Vass, K Avlund.
Health and Social Care in the Community, vol 18, no 6, November 2010, pp 563-571.
Since 1998 all municipalities in Denmark have been required by law to offer two annual preventive home visits to all home-dwelling citizens aged 75 or over. The influence of invitational procedures on acceptance rates has not been investigated. The aim of this study was to describe and investigate whether different invitational procedures were associated with first preventive home visit acceptance rates. The study was based on secondary analyses of data from the Danish Intervention Study on Preventive Home Visits. Data were collected from 1998 to 2002. Of the 4060 participants in the main study, 3245 reported receiving an offer for an identifiable preventive home visit, of whom 2399 (73.9%) provided complete data for the main analyses in the present study. Invitational procedures were categorised as: (1) a letter with a proposed date and time for the visit, (2) a visitor telephone call, and (3) a letter with encouragement to phone the visitor for appointment (letter without a proposed date). Covariates included sex, age, experience with preventive interventions, functional ability, self rated health, social relations and psychosocial characteristics. Statistical analyses included chi-square tests, and bi- and multivariable logistic regression analyses. Different invitational procedures were associated with first preventive home visit acceptance rates. Significantly more men (75.1%) than women (62.8%) declined the first preventive home visit regardless of the invitational procedure. Compared to 'letter with a proposed date', men had an odds ratio of 1.78 (95% CI: 1.16-2.74) for declining visits when 'telephone call' was used and an odds ratio 2.81 (95% CI: 1.79-4.40) when 'letter without a proposed date' was used as the invitational procedure. In women the odds ratios were 1.23 (95% CI: 0.91-1.68) and 1.87 (95% CI: 1.37-2.55), respectively. (KJ)
ISSN: 09660410
From : <http://www.ingentaconnect.com/content/bsc/hssc>
- 206/88 Targeting, care management and preventative services for older people: the cost-effectiveness of a pilot self-assessment approach in one local authority; by Paul Clarkson, Jane Hughes, David Challis (et al).
British Journal of Social Work, vol 40, no 7, October 2010, pp 2255-2273.
As social services councils face a more constrained economic environment and as eligibility criteria tighten, the issue of targeting becomes increasingly relevant. This paper presents findings from a pilot project in one local authority that aimed to target access to assessment for older people with low-level needs who would normally have fallen under eligibility thresholds. Self-assessment was used as a tool whereby these older people could identify, with assistance, their preferences for a range of preventative services. Via a randomised design, the study evaluated the costs and benefits, in terms of reported satisfaction, of the approach compared with the usual care management assessment. Although self-assessed cases were offered more advice as to a wider range of preventative services, which generated greater costs, total costs were lower for this group. This cost saving arose from the use of staff with a lower unit cost who also spent less time on administrative duties and gathering information. Satisfaction with self-assessment

was comparable to a professional assessment, therefore representing a cost-effective approach. The project offers evidence of how councils can target resources through assessment and how self-assessment approaches may be appropriately configured to offer value for these users whilst also generating resource savings. (KJ)

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PSYCHOLOGY

(See 206/16, 206/48)

QUALITY OF LIFE

206/89

Comparing the importance of different aspects of quality of life to older adults across diverse cultures; by Anita E Molzahn, Mary Kalfoss, Kara Schick Makaroff, Suzanne Skevington.

Age and Ageing, vol 40, no 2, March 2011, pp 192-199.

The aim of the study was to examine the relative importance of 31 internationally agreed areas of quality of life (QOL) to older adults in 22 countries in relation to health status, age and level of economic development. There were significant differences in the importance given to various aspects of QOL for people living in medium and higher-development countries. Culture explained 16% of the variance in the importance ratings of QOL, although cultural differences were reduced once health status, gender and age were taken into account. Understanding the self-reported importance of diverse aspects of QOL for different cultures may assist national and international policy makers to decide on priorities for the development of programmes for the ageing population. (JL)

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<http://www.bgs.org.uk/>

REMINISCENCE

206/90

Coping mediates the relationships between reminiscence and psychological well-being among older adults; by Philippe Cappeliez, Annie Robitaille.: Taylor & Francis.

Aging & Mental Health, vol 14, no 7, September 2010, pp 807-818.

Cross-sectional and longitudinal studies have demonstrated an association between various functions of reminiscence and well-being in later adulthood. This study investigates to what extent the links between reminiscence (self-positive and self-negative functions) and psychological well-being (depressive symptoms, anxiety level and life satisfaction) are mediated by assimilative and accommodative coping. This mediational model was tested using structural equation modelling. The results support the hypothesis that coping completely mediates the links between reminiscence and psychological well-being. Specifically, self-positive reminiscences are related to improved psychological well-being via assimilative and accommodative coping, while, in contrast, self-negative reminiscences are associated to reduced psychological well-being through their negative relationships with both coping modes. These findings suggest that reminiscence contributes to psychological well-being in part because it promotes assimilative and accommodative coping, which are protective mechanisms through which the self-system constructs continuity and meaning over the life course. (KJ)

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RESEARCH

(See Also 206/12, 206/45)

- 206/91 Cross-cultural gerontology research methods: challenges and solutions; by Iris Chi.
Ageing and Society, vol 31, part 3, April 2011, pp 371-385.
Second of four articles that together make up a special issue on research methodology and ageing. This article reviews the historical development and modern state of cross-cultural research in gerontology. Cross-cultural research in gerontology is important because the social processes of ageing vary. It aims to distinguish universal from culturally-specific processes and determine how cultural factors influence individual and population ageing. In doing so, it has to overcome many challenges such as how to design an equivalent and unbiased study, how to access different cultures, and how to ensure that questions are meaningful for different cultures. Appropriate strategies include using an international multicultural research team, becoming familiar with the local culture, maintaining good relationships with community leaders, studying only those aspects of behaviour that are functionally equivalent, using appropriate measures, and encouraging equal partnership and open communication among colleagues. To highlight the complexity of cross-cultural research and lessons learnt from such research experience, the article describes an example study of long-term care that involved researchers from more than 30 countries. (JL)
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From : <http://www.journals.cambridge.org/aso>
- 206/92 The development of culturally-sensitive measures for research on ageing; by Berit Ingersoll-Dayton.
Ageing and Society, vol 31, part 3, April 2011, pp 355-370.
First of four articles that together make up a special issue on research methodology and ageing. This article examines the problem of importing existing measures developed in other countries when creating research instruments for use with older people. These measures often fail to address any cultural aspects present. The article discusses a mixed-methods approach to measurement that incorporates input from older adults in Thailand for whom the measure is intended. Using 44 people in five focus groups and 23 in-depth interviews, the process begins with an identification of the culturally-meaningful domains of the construct under study. Then input is gathered from other studies before a preliminary quantitative measure is developed. Finally, the measure is reviewed by a panel of experts. Based on further pre-testing and cognitive interviews with older people, the measure is again modified. Subsequently, the measure is incorporated into a large-scale survey and tested for its psychometric qualities. In addition to providing a template for culturally-sensitive measurement development in gerontology, this article also examines issues that researchers should consider when attempting the development of such measures. (JL)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>
- 206/93 Methodologies for ageing populations; by Kalyani K Mehta.
Ageing and Society, vol 31, part 3, April 2011, pp 353-421.
Special issue featuring an introduction and four articles on the theme of research methodology and ageing. The papers arise from a gerontological conference organised by the University of Singapore. The four authors contributing to the articles are from the United States, the United Kingdom and Singapore and are from different disciplinary backgrounds such as sociology, social work and social policy. The aim of these papers is to discuss the challenges in undertaking research with and about older people and to draw together the lessons that the authors have learned from cross-cultural gerontological research. (JL)
ISSN: 0144686X
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RESIDENTIAL AND NURSING HOME CARE

(See Also 206/18, 206/19, 206/34, 206/74, 206/77)

- 206/94 Ethical and practical concerns of surveillance technologies in residential care for people with dementia or intellectual disabilities: an overview of the literature; by Alistair R Niemeijera, Brenda J M Frederiks, Ingrid I Riphagen (et al).
International Psychogeriatrics, vol 22, no 7, November 2010, pp 1129-1142.
Technology has emerged as a potential solution to alleviate some of the pressures on an already overburdened care system, thereby meeting the growing needs of an expanding population of seriously cognitively impaired people. However, questions arise as to what extent technologies are already being used in residential care and how ethically and practically acceptable this use would be. A systematic literature review was conducted to explore what is known on the moral and practical acceptability of surveillance technologies in residential care for people with dementia or intellectual disabilities, and to set forth the state of the debate. A total of 79 papers met the inclusion criteria. The findings show that application and use of surveillance technologies in residential care for vulnerable people generates considerable ethical debate. This ethical debate centres not so much around the effects of technology, but rather around the moral acceptability of those effects, especially when a conflict arises between the interests of the institution and the interests of the resident. However, the majority of articles lack in depth analysis. Furthermore, there are notable cultural differences between the European literature and American literature whereby in Britain there seems to be more ethical debate than in America. Overall however, there is little attention for the resident perspective. No ethical consensus has yet been reached, underlining the need for clear(er) policies. More research is thus recommended to determine ethical and practical viability of surveillance technologies whereby research should be specifically focused on the resident perspective. (KJ)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>
- 206/95 A further opinion on reimagining nursing homes; by Nicholas G Castle.: Routledge.
Journal of Aging & Social Policy, vol 22, no 4, October-December 2010, pp 334-338.
A commentary of the article discussing the possible reimagining of long-term care (LTC) is provided. The reimagining article examines how to diminish the role of nursing homes in the LTC system. Castle considers the text is provocative but also thought-provoking. In this commentary, Castle provides a further opinion that we could do better within the current system using the current resources. (KJ)
ISSN: 08959420
From : Taylor & Francis Group, LLC, 325 Chestnut Street, Philadelphia PA 19106, USA.
<http://www.informaworld.com>
- 206/96 Reimagining nursing homes: the art of the possible; by Robert L Kane.: Routledge.
Journal of Aging & Social Policy, vol 22, no 4, October-December 2010, pp 321-333.
Long-term care (LTC) needs to be reconceptualized. The current efforts to reinvent the nursing home perpetuate a flawed model of care. The heritage of the nursing home as the dominant model for LTC needs to be reexamined. The basic LTC building blocks_housing, services, and medical care_can be combined in various ways to meet consumers' needs and preferences. Innovative solutions are needed that can offer reasonable service while recognizing the value of acceptable risk taking. Modest personal care should not come at the price of surrendering one's autonomy. (KJ)
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RETIREMENT

- 206/97 Do men and women differ in their retirement planning?: Testing a theoretical model of gendered pathways to retirement preparation; by Jack Noone, Fiona Alpass, Christine Stephens. *Research on Aging*, vol 32, no 6, November 2010, pp 715-738.
Previous literature has situated retirement and retirement planning within the male's domain by positioning women as unconcerned and therefore ill prepared for retirement. However, women's increasing representation in the workforce requires a re-examination of their retirement plans and the factors that enable them. In this study, a subsample of 2,277 working men and women from the New Zealand Health, Work, and Retirement Survey provides the basis for a structural equation model examining the effects of socioeconomic status, work involvement, and retirement perceptions on retirement planning. This model also tests for gender differences to assess the extent to which women are disadvantaged in terms of their retirement planning and the factors that may affect retirement plans. Results indicated that perceptions of retirement and economic living standards were associated with financial preparedness. However, women were still economically disadvantaged compared to men and this impacted negatively on their financial preparations. Retirement and retirement planning is now of greater concern for women. Future promotional initiatives should be aimed at these groups to assist their financial preparations for the future. (KJ)
ISSN: 01640275
From : <http://roa.sagepub.com>

RURAL ISSUES

- 206/98 Aging in rural Japan: Limitations in the current social care policy; by Kimiko Tanaka, Miho Iwasawa.: Routledge.
Journal of Aging & Social Policy, vol 22, no 4, October-December 2010, pp 394-406.
Owing to equal and increased opportunities for education and employment, today's trend in Japanese marriages is characterized by late and less frequent marriage. This paper discusses unavoidable diversity in rural families to point out the anticipated consequences of aging in rural areas and to discuss limitations in current public social care policies. Specifically, the averaged proportion of never-married and single persons at ages 45 to 49 and 50 to 54 in legally recognized depopulated cities, towns, and villages in Japan is calculated to illustrate the expected diversity in families in rural depopulated areas. It also illustrates the need for future studies to develop better social care policies for increasing numbers of single caregivers and single elders. (KJ)
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<http://www.informaworld.com>

SEXUALITY

(See 206/8)

SLEEP

- 206/99 Day-time sleep and active ageing in later life; by Susan Venn, Sara Arber.
Ageing and Society, vol 31, part 2, February 2011, pp 197-216.
The concept of 'active ageing' has received much attention through strategic policy frameworks and government and non-governmental initiatives. The primary goal of these initiatives is to encourage older people to be active and productive, and to enhance quality of life, health and wellbeing. It is well known that with increasing age, night-time sleep deteriorates, which has implications for how older people maintain activity levels. This in turn leads to an increased propensity for day-time sleep. Using data from 62 interviews with people aged 65_95 years living in their own homes who reported poor sleep, this paper explores the meanings of day-time sleep, and how the attitudes and practices of 'active ageing' are intricately linked to the

management of day-time sleep and bodily changes that arise from the ageing process. The desire to be active in later life led to primarily dichotomous attitudes to day-time sleep; older people either chose to accept sleeping in the day, or resisted it. Those who accepted day-time sleep did so because of recognition of decreasing energy in later life, and an acknowledgement that napping is beneficial in helping to maintain active lives. Those who resisted day-time sleep did so because time spent napping was regarded as being both unproductive and as a negative marker of the ageing process. (JL)

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

206/100

A pilot randomized controlled trial of sleep therapy in Parkinson's Disease (PD): effect on patients and caregivers; by I Leroi, P Baker, P Kehoe (et al).

International Journal of Geriatric Psychiatry, vol 25, no 10, October 2010, pp 1073-1079.

By means of a controlled trial, to investigate the efficacy, tolerability and feasibility of a multi-component sleep therapy intervention versus basic sleep hygiene education in PD patients with sleep disturbances and their live-in carers. Patient-carer dyads were randomised to either of the two interventions. Quantitative measures of sleep, psychiatric and overall functioning were administered at baseline and two weeks after the intervention to patients and carers. Sleep disturbances in the PD patients improved significantly in both the groups. Between group comparisons in both carers and patients revealed no significant differences on any outcome measures. The intervention was found to be well tolerated, feasible and could easily be translated into the clinical setting. This pilot study makes the case for further, more rigorous study of pragmatic, non-pharmacological interventions for sleep disturbances in PD. (KJ)

ISSN: 08856230

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

SOCIAL CARE

(See Also 206/55)

206/101

Patterns of commissioning, contracting and care management in social care services for older people in England; by Helen Chester, Jane Hughes, David Challis.

British Journal of Social Work, vol 40, no 8, December 2010, pp 2523-2537.

A current objective of social care policy in England is to provide more personalised care services. This has implications for the provision of community based care for older people. Using data from a national postal survey of local authorities in England, this paper explores whether a typology of commissioning, contracting and care management arrangements, key components in the delivery of social care, can be discerned through the analysis of a series of indicators. Over two thirds of local authorities responded and arrangements were categorised on an empirical basis, resulting in the formulation of seven categories of authority. These were found to vary in the level of activity in three domains: commissioning and contracting arrangements; employment practices; and flexibility in service provision at the level of the service user. The extent to which the typology constitutes a viable ideal type is explored, together with its relevance to the emergent policy agenda. (JL)

ISSN: 00453102

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206/102

Predicting who will use intensive social care: case finding tools based on linked health and social care data; by Martin Bardsley (et al).

Age and Ageing, vol 40, no 2, March 2011, pp 265-270.

The costs of delivering health and social care services are rising as the population ages and more people live with chronic diseases. This study aimed to determine whether predictive risk models can be built that use routine health and social care data to predict which older people will begin receiving intensive social care. The study focused on five health and social care providers across England. Study participants were all aged 75 or over and continuously registered with a general practitioner. Study findings showed that it was possible to construct models that predicted which

people would begin receiving intensive social care in the coming 12 months. The performance of the models was improved by selecting a dependent variable based on a lower cost threshold as one of the definitions of commencing intensive social care. (JL)

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<http://www.bgs.org.uk/>

206/103

Social work in the context of adult social care in England and the resultant implications for social work education; by Mark Lymbery, Karen Postle.

British Journal of Social Work, vol 40, no 8, December 2010, pp 2502-2522.

The introduction of policies such as personalisation to transform adult social care, combined with scrutiny of social workers' roles and functions, has created considerable uncertainty about the future of social work with adults. Explores the implications of these policy changes, outlining the implications for both social work practice and education. Argues that a number of dilemmas for practitioners (the balance between a preventative focus and tight budgets, autonomy and protection, safeguarding and capacity) will exist in the changed policy framework. Suggests that the various core functions of social work (assessment, advocacy and brokerage, safeguarding and capacity) contain elements of conflict and incompatibility. As a result, the future of social work in this policy area runs a strong risk of becoming both fragmented and isolated. This could be reflected in the education requirements for social workers where, both historically and as a result of recent disasters involving social work services to children, the key priorities clearly relate to child protection rather than adult social care. Suggests that there are a number of core areas of practice that are common across social work, and argues for the maintenance of a generic qualification. Also specifies particular aspects of practice with adults that should continue to be highlighted. (JL)

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SOCIAL EXCLUSION

(See Also 206/65)

206/104

Promoting social inclusion?: the impact of village services on the lives of older people living in rural England; by Peter Dwyer, Irene Hardill.

Ageing and Society, vol 31, part 2, February 2011, pp 243-264.

A project with a user-participatory approach examined the extent to which village services, or rural community-based services and activities, promote the social inclusion of people aged 70 or over living in remote rural communities in England. The study focused on services for older people (lunch clubs, welfare rights information and advice, befriending schemes and community warden support) in three different regions. The authors discuss the findings, using extracts from interviews with 69 service users and key informants involved in the management, delivery or financing of the services. They argue that village services promote social inclusion in various ways by enhancing older rural residents' access to resources, rights, goods and services that encourage social interaction and meaningful participation in community life. They also note that the overwhelming majority of users of village services are female, that older men are often reluctant to engage with the services on offer, and that village service providers need to find innovative ways of engaging with older men in rural areas. (JL)

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STATISTICS

(See 206/31)

TRANSPORT

206/105

Driving as an everyday competence: a model of driving competence and behavior; by Wendy Lindstrom-Forneri, Holly A Tuokko, Douglas Garrett (et al.): Routledge.

Clinical Gerontologist, vol 33, no 4, 2010, pp 283-297.

Through a review of the literature on driving models, on models of everyday competence, and on older drivers, the researchers developed a novel model of older drivers. Our proposed Driving as an Everyday Competence (DEC) model, which incorporates both driving competence and performance, was reviewed and critiqued by a group of experts. Our model suggests that the level of driving competence is determined by the interaction between individual and environment and is moderated by beliefs and awareness, leading to strategic level decisions regarding driving behaviours. Decisions made at the strategic, tactical, and operational levels must be viewed within the social/physical environmental context if driving performance is to be fully understood. The DEC model is a comprehensive model of older drivers and provides a foundation for the advancement of research on older drivers. (KJ)

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WELL-BEING

(See Also 206/79)

206/106

The relationship between well-being and self-rated health among middle-aged and older women in Israel; by Esther Iecovich, Julie Cwikel.: Routledge.

Clinical Gerontologist, vol 33, no 4, 2010, pp 255-269.

Self-rated health (SRH) is widely used to assess global health. This study evaluated the SRH of two groups of women aged 40 to 59 and 60+ years. In a sample (n = 306), from a random telephone survey, variables reflecting sociodemographic status, subjective well-being, and health were examined to explain SRH. The results showed that the two groups differed significantly on measures of subjective well-being, as well as in number of comorbidities and level of disability. Two hierarchical regression analyses showed that whereas the sociodemographic characteristics - in particular education, immigrant status, and economic difficulties - explained 24% in the variance in SRH in the middle-aged group, in the older group only economic difficulties was significantly connected with SRH and explained only 8%. Comorbidity was much more salient in the middle-aged group than in the older group, whereas disability was more dominant in the older than in the middle-aged group. This suggests that SRH reflects psychosocial as well as medical and functional aspects of health. (KJ)

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