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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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Contents for vol 35 no 207, 2011

Subject Headings Page

ABUSE

207/1 Abuse of older Chinese with dementia by family caregivers: an inquiry into the role of caregiver burden; by Elsie Yan, Timothy Kwok.
International Journal of Geriatric Psychiatry, vol 26, no 5, May 2011, pp 527-535.
This study looked at the prevalence of, and risk factors for, elder abuse by family caregivers of older Chinese dementia sufferers living in Hong Kong. A convenience sample of 122 family caregivers was recruited from local community centres for older people. Participants provided information on their demographic characteristics, care recipients' physical functioning and agitated behaviour, caregiver burden, and whether they had directed any abusive behaviour at the care recipients in the previous month. 62 and 18 per cent of caregivers, respectively, reported having verbally or physically abused the care recipients in the past month. Those who spent more days co-residing with the care recipients, lacked any assistance from a domestic helper, observed more agitated behaviours and/or reported a higher level of caregiver stress, also reported more abusive behaviours. The number of co-residing days, lack of any assistance from a domestic helper, and caregiver burden were significant predictors of verbal abuse. Care recipient agitated behaviour also predicted verbal abuse, with its effect mediated by caregiver burden. The number of co-residing days was the only significant predictor of physical abuse. The authors conclude that abuse is prevalent among this population of older Chinese with dementia. Stress is related to more verbal, but not physical abuse being inflicted by the caregivers of dementia sufferers. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/2 Contrasting perceptions of health professionals and older people in Australia: what constitutes elder abuse?; by C Hempton, B Dow, E N Cortes-Simenot ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 5, May 2011, pp 466-472.
The study investigated differences in the perceptions of what constitutes elder abuse between family carers, older people and health professionals. The Caregiving Scenario Questionnaire (CSQ) was disseminated to health professionals from two metropolitan hospitals, older volunteers and carers of older people with dementia. In total, 120 health professionals, 361 older people and 89 carers returned surveys. Significantly more health professionals than older people identified locking someone in the house alone all day, restraining someone in a chair, and hiding medication in food as abusive. There were no significant differences between healthy volunteer older people and carers in their perceptions of elder abuse. A significant minority (40.8%) of health professionals and over 50% of carers did not identify locking the care recipient alone in the house all day as abusive. The authors conclude that in Australia there is limited consensus between older people, carers and health professionals as to what constitutes elder abuse. Health professionals were more likely to identify abusive and potentially abusive strategies correctly than carers or healthy older people. Nonetheless, between 25% and 40% of health professionals did not identify the abusive strategies. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/3 The impact of domestic abuse for older women: a review of the literature; by Julie McGarry, Chris Simpson, Kathryn Hinchliff-Smith.
Health and Social Care in the Community, vol 19, no 1, January 2011, pp 3-14.
There is currently little available data regarding older women and domestic violence in the UK. The aim of this literature review is threefold: (i) to provide a comprehensive summary of the impact of domestic abuse for older women particularly within the context of health, (ii) to explore the particular barriers to recognition and reporting abuse and (iii) to highlight the particular gaps in our knowledge and understanding from a policy and care provision perspective. A systematic approach to a review of the literature was used to identify key literature and available evidence relating to domestic abuse among older women. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

207/4 National profiling of elder abuse referrals; by Marguerite Clancy, Bridget McDaid, Desmond O'Neill, James G O'Brien.
Age and Ageing, vol 40, no 3, May 2011, pp 346-352.
The study, from Ireland, aimed to report the rate of referrals of elder abuse, patterns of elder abuse and outcomes of interventions related to a dedicated elder abuse service without mandatory reporting. Of 1,889 abuse referrals, 381 related to self-neglect. Of the remaining 1,508, 67% were women. In 40% of cases, there was more than one form of alleged abuse. Over 80% of cases referred related to people living at home. At review 86% of cases were closed. In a smaller number of cases the client had either died or declined an intervention. Concludes that the number of reported cases of abuse in Ireland indicates an under-reporting of elder abuse. The classification of almost half of the cases as inconclusive is a stimulus to further analysis and research, as well as for revision of classification and follow-up procedures. The provision of services to a wide range of referrals demonstrated a therapeutic added benefit of specialist elder abuse services. The national database on elder abuse referrals provides valuable insight into patterns of elder abuse and the nature of classification and response. The pooling of such data between European states would allow for helpful comparison in building research and services in elder abuse. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

207/5 Serious case reviews in adult safeguarding in England: an analysis of a sample of reports; by Jill Manthorpe, Stephen Martineau.
British Journal of Social Work, vol 41, no 2, March 2011, pp 224-241.
Serious Case Reviews (SCRs) of vulnerable adults are inquiries conducted by adult protection or safeguarding boards at the local level when harm or death has occurred. This article summarises an analysis of 22 SCR reports investigating: the rationale for the review; detail of victim; alleged abusers; settings; form of abuse and neglect; threshold for the SCR; review personnel; purposes; processes or methodology; cost; timescale; lessons or recommendations; and follow-up. Reflections on SCRs are provided in the context of the current review of adult safeguarding policy, which received calls for the activity of SCRs to be more consistent and for lessons learned to be analysed and more widely circulated among social workers, other professionals, regulators and policy makers. Overall, the authors concluded that a greater degree of standardisation of approach would increase the quality and usefulness of these reports, and also improve the degree to which they are amenable to central collation. (JL)
ISSN: 00453102
From : http://bjsw.oxfordjournals.org

ADVOCACY

207/6 Exploring the advocacy needs of older people with mental health problems in the West Midlands; by Geraldine Brown, Nicola Standen.
Working with Older People, vol 15, issue 1, March 2011, pp 13-18.
The advocacy needs of older people with mental health problems remain a poorly researched area. This paper presents findings from a small study undertaken in the West Midlands. The study investigated the advocacy needs of people aged 65 years and over with mental health problems and determined the current level of demand or need for advocacy among this user group. Respondents included 147 stakeholders including service users, carers and service providers. Overall, findings suggested dissatisfaction with the services provided, with 94% of service users not using advocacy services. In conclusion, the authors describe a need for mechanisms to capture advocacy in order to inform the commissioning of advocacy within mental health services. (JL)
ISSN: 13663666
From : http://www.pierprofessional.com/wwopflyer/index.html

AGE DISCRIMINATION

(See Also 207/55)

207/7 Prevalence and correlates of perceived workplace discrimination among older workers in the United States of America; by Rita Jing-Ann Chou, Namkee G Choi.
Ageing and Society, vol 31, part 6, August 2011, pp 1051-1070.
The study looked at the prevalence of perceived workplace discrimination in the US, based on a national survey of 420 older workers aged 50 and above. Results indicated that more than 81% of older workers encountered at least one workplace discriminatory treatment within a year. Prevalence of perceived workplace discrimination differed with age, gender, education, occupation and wage. The study further tested two competing hypotheses on the level of perceived workplace discrimination and found mixed support for both. As hypothesised, lower education and ethnic minority status were positively associated with perceived workplace discrimination. As counter-hypothesised, being younger and male were positively associated with perceived workplace discrimination. In examining the roles of supervisor and co-worker support, the study discovered that supervisor support was negatively associated with workplace discrimination. Finally the study revealed a non-linear relationship between wages and perceived workplace discrimination, with the mid-range wage group experiencing the highest level of workplace discrimination. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

207/8 Referral from primary to secondary care: older and more deprived patients remain at a disadvantage; by Moyez Jiwa.
British Medical Journal, vol 341, no 7784, 4 December 2010, pp 1172-1173.
Older patients from socially deprived areas who consult their GP are less likely to be referred from primary to secondary health care, compared with their younger or more affluent counterparts. (JL)
ISSN: 09598138 From : www.bmj.com

207/9 A snapshot of ageism in the UK and across Europe; by Age UK.: Age UK, 2011, 12 pp.
Presents findings from the European Social Survey (ESS) which compared data from nearly 55,000 individuals from 28 European countries exploring different aspects of ageism and age discrimination. The purpose of the study was to support policy work which is pressing for age discrimination measures in the UK and the European Union, including the Equality Act 2010. In particular the survey asked the following questions: At what age are people seen as young or old? What are respondents' experiences of age discrimination? Do people accord different levels of social status to different age groups? Are young or old people seen as threats to society? What is the quality and quantity of intergenerational contact? (JL)
From : http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Equality-and-human-rights/Snapshot%20of%20Ageism%20in%20Europe_pro.pdf?dtrk=true

ANXIETY

(See Also 207/80)

207/10 Anxiety and behavioural disturbance as markers of prodromal Alzheimer's disease in patients with mild cognitive impairment; by Damien Gallagher, Robert Coen, Dana Kilroy ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 2, February 2011, pp 166-172.
The objective of this study was to determine which symptoms among a range of neuropsychiatric symptoms known to occur in patients with mild cognitive impairment (MCI) are predictive of later conversion to Alzheimer's disease (AD). The research also looked at whether those symptoms track existing measures of declining cognitive and functional status or may be considered distinct and sensitive biomarkers of evolving Alzheimer's pathology. 161 patients with MCI were identified from consecutive referrals to a memory clinic. 76% of all patients had

at least one neuropsychiatric symptom at baseline of which anxiety, affective disturbance and aggression were the most common. Increasing symptom frequency was observed with increasing clinical severity. Anticipatory anxiety and activity disturbances were significantly associated with earlier conversion to AD although this association did not remain significant following adjustment for cognitive status at baseline. In conclusion, neuropsychiatric symptoms and anxiety symptoms in particular are common in patients with MCI. In this sample anxiety for upcoming events and purposeless activity frequently co-occurred and were significant clinical predictors of early conversion to AD. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

ARTS AND MUSIC

207/11 Don't stop the music: why it is important that the over 55s stay abreast of new music technology; by Angela Court-Jackson.
Working with Older People, vol 15, issue 1, March 2011, pp 19-25.
Music plays a key role in many people's identity and self-expression. This study investigated the attitudes and perceptions of the over 55s towards new music technology, particularly portable music players, iPods and downloadable music. It also examined whether the over 55s are still interested in listening to music, and what barriers exist that limit access to new technology and how any limitations on access to the technology may be affecting their current music experience and compromising future listening. Data from 50 questionnaires with six additional semi-structured interviews were included. Results revealed that people over the age of 55 listen to just as much music as they ever did. However, the lack of technological knowledge was the main barrier in their progress to newer music listening formats and technologies. (JL)
ISSN: 13663666
From : http://www.pierprofessional.com/wwopflyer/index.html

207/12 Finding the key to communion - caregivers' experience of 'music therapeutic caregiving' in dementia care: a qualitative analysis; by Lena Marmstal Hammar, Azita Emami, Gabriella Engstrom, Eva Gotell.
Dementia: the international journal of social research and practice, bol 10, no 1, February 2011, pp 98-111.
Music therapeutic caregiving (MTC), when caregivers sing for or together with persons with dementia during caring situations, has been proposed as a way to reduce the behavioural and psychological symptoms of dementia. Six caregivers, three at each of two Swedish nursing homes, described their experiences of caring for people with dementia during morning care situations without and with MTC. Without MTC the main theme was `struggling for care in communion' which encompassed four sub-themes: hampered communication; physical and mental struggle with aggression; struggling with ethical demands; and the reward (consolation and love). With MTC the main theme was `consolidating care in communion', encompassing two sub-themes: awakening cooperation, and feeling of well-being. Concludes that MTC could be used to help caregivers provide improved care and to reduce their stress. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

207/13 Keep dancing ...: the health and well-being benefits of dance for older people; by Bupa, Centre for Policy on Ageing.: Bupa, 2011, 19 pp.
International research review looking at the health benefits of dancing for older people. The report identifies a number of issues around exercise and dance for older people, especially physical and emotional well-being. In particular it highlights: the importance of physical activity in old age; dance as exercise; other key benefits of dance including balance, gait, cognitive and social benefits; dance to help with particular conditions (eg. arthritis, falls, Parkinson's disease, dementia, depression); dance as performance; technology and dance. The authors conclude that policy makers should pay more attention to dance when considering ways to promote active lifestyles and healthy living for older people. (JL)

ASSISTIVE TECHNOLOGY

(See Also 207/59)

207/14 Ethics of using assistive technology in the care for community-dwelling elderly people: an overview of the literature; by Sandra A Zwijsen, Alistair R Niemeijer, Cees M P M Hertogh.
Aging & Mental Health, vol 15, no 4, May 2011, pp 419-427.
This article provides an overview of international literature on the most important ethical considerations in the field of assistive technology (AT) in the care of community-dwelling older people including individuals with dementia. A systematic literature review was performed and 46 papers met the inclusion criteria. Three main themes were found. The first theme, personal living environment, involves the subthemes privacy, autonomy and obtrusiveness. The second theme, the outside world, involves the subthemes stigma and human contact. The third theme, the design of AT devices, involves the subthemes individual approach, affordability and safety. The often referred to umbrella term of 'obtrusiveness' is frequently used by many authors in the discussion, while a clear description of the concept is mostly absent. When it comes to AT use in the care for older people living at home, ethical debate appears not to be a priority. The little discussion there relies heavily on thick concepts such as autonomy and obtrusiveness which seem to complicate the debate rather than clarify it, because they contain many underlying ambiguous concepts and assumptions. Most encountered ethical objections originate from the view that people are, or should be, independent and self-determinant. It is questionable whether the view is correct and helpful in the debate on AT use in the care of frail older adults. Other ethical approaches that view people as social and reciprocal might be more applicable and shed a different light on the ethical aspects of AT use. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

207/15 Use of the global positioning system to measure the out-of-home mobility of older adults with differing cognitive functioning; by Noam Shoval, Hans-Werner Wahl, Gail Auslander ... (et al).
Ageing and Society, vol 31, part 5, July 2011, pp 849-869.
The assessment of outdoor mobility of cognitively impaired older adults relies mostly on the reports of family care-givers and institutional staff and used observational approaches. This study aimed to assess the usefulness of high-resolution data gathering using a global positioning system (GPS) device attached to 41 mildly cognitively impaired and healthy men and women aged 64-90 years in Tel Aviv, Israel. The participants were tracked for 28 consecutive days using a location kit that combined a GPS with radio frequency identification. The high-resolution spatial and temporal data enabled detailed analysis of the differences in the timing and distance of the participants' daily outdoor mobility patterns. It was found that the spatial range of the mobility of older people with cognitive impairment is severely restricted, with most out-of-home time spent in close proximity to their residences. Men were generally more mobile than women and younger participants generally spent more time out-of-home. Although this study was qualitative in nature, the authors concluded that GPS was an advanced research tool able to record mobility better compared with other available methods. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

ATTITUDES TO AGEING

(See Also 207/85)

207/16 Coming of age: 'ageing is not a policy problem to be solved...'; by Louise Bazalgette, John Holden, Philip Tew, Nick Hubble, Jago Morrison, Demos.: Demos, 2011, 203 pp.
Britain's ageing population is often described as a demographic time-bomb, and there is a tendency to view ageing as a policy problem to be solved. This report aims to refute this view - on the contrary, ageing is a unique experience for each individual which varies according to

personal experience and outlook. Indeed for many people, growing older can be a very positive experience. Drawing on the Mass Observation project, one of the longest-running longitudinal life-writing projects in the world, the report aims to compare and contrast policy approaches with real individuals' lived experiences of growing old. Five specific policy areas are considered in detail, namely work and finances; housing and independence; health and social care; retirement and `active ageing'; and end of life. A number of policy directions are then outlined aimed at supporting older people. These include flexible jobs for older workers; reducing complexity in the state pensions system and tackling poverty; better targeting of winter fuel payments; a diversity of service provision to support `active ageing'; and a Big Society approach to service delivery. (JL)
Price: £10.00
From : Download report: http://www.demos.co.uk/files/Coming_of_Age_-_web.pdf?1302099024

BLACK AND MINORITY ETHNIC GROUPS

(See 207/26, 207/40, 207/70, 207/95)

CARE MANAGEMENT

207/17 Case management for high-intensity service users: towards a relational approach to care co-ordination; by Phil McEvoy, Diane Escott, Penny Bee.
Health and Social Care in the Community, vol 19, no 1, January 2011, pp 60-69.
This paper evaluated a case management service for high-intensity service users in Northern England. The evaluation assessed the quality of the organisational infrastructure, obtained a better understanding of the key influences that played a role in shaping the development of the service, and identified potential changes in practice that may help to improve the quality of service provision. Interviews with staff were conducted to explore key influences that shaped the development of the service. Findings revealed a high level of strategic commitment and political support for integrated working. However, the quality of care co-ordination was variable. The co-ordination of patient care was more effective in integrated co-ordination networks. Key features included clearly defined, task focused, relational workspaces with interactive forums where case managers could engage with workers in discussions about the management of interdependent care activities. In dispersed co-ordination networks with fewer relational workspaces, the case managers struggled to work as effectively. In conclusion, the creation of flexible and efficient task focused relational workspaces that are adequately managed and resourced help to improve the quality of care co-ordination. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

CARERS AND CARING

(See Also 207/12, 207/27, 207/28, 207/37)

207/18 Coping with the caregiving role: differences between primary and secondary caregivers of dependant elderly people; by Ana Barbosa, Daniela Figueiredo, Liliana Sousa, Sara Demain.
Aging & Mental Health, vol 15, no 4, May 2011, pp 490-499.
This cross-sectional study from Portugal aimed to analyse and compare the use and effectiveness of coping strategies of primary and secondary informal caregivers of dependent older people living at home. A sample of 180 informal caregivers of dependent older people - 90 primary and 90 secondary caregivers - was obtained. The study was conducted in the district of Aveiro, Portugal. Study findings suggested that emotion-cognitive strategies are less efficient for secondary caregivers (e.g. drawing on personal or religious beliefs). Common problem-solving strategies adopted by both types of caregivers involved relying on their own experience and expertise and addressing and finding a solution to the problem. Neither group were highly efficient at managing care-related stress, but both identified benefits from taking time off or maintaining interests outside of caregiving. These findings can guide professionals in targeting

and monitoring interventions aiming to develop effective strategies to help informal caregivers to cope under stress. (JL)
ISSN: 13607863 From : http://www.informaworld.com/CAMH

207/19 Flourishing of the self while caregiving for a person with Dementia: a case study of education, counseling, and psychosocial support via email; by Steven R Sabat.
Dementia: the international journal of social research and practice, vol 10, no 1, February 2011, pp 81-97.
This three-year, longitudinal case study charts the dynamic experience of an elderly woman caring for her 83-year-old husband who was diagnosed with dementia. Frequent email communication was the main source of education, counselling and psychosocial support provided to her. She initially sought help for feelings of helplessness, frustration, low self-esteem and great stress. Over the course of the study she developed an understanding of her husband's intact memory making abilities and selfhood, his subjective experience and point of view, and effective communication strategies. At the same time she experienced a flourishing of the self, despite the fact that her husband was placed in a nursing home approximately seven months after the association with the author began. The carer's experience is discussed in terms of Social Construction Theory and the idea of Locus of Control (LOC). (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

207/20 How to evaluate quality of care from the perspective of people with dementia: an overview of the literature; by Angela van Baalen, Ad J J M Vingerhoets, Herman J Sixma, Jacomine de Lange.
Dementia: the international journal of social research and practice, vol 10, no 1, February 2011, pp 112-137.
This literature review looks at research on including the perspectives of people with dementia when evaluating quality of care. Studies that included the views of individuals with dementia were few and relatively small scale, particularly those that focused on issues such as quality of care. However the evidence suggests that there is consensus that people with mild to moderate dementia are able to talk about their experiences of care with clarity and insight. A minimum level of orientation to place, attention and language skills in the person with dementia are important for a successful subjective evaluation. On the basis of the literature, the authors produced practical guidelines for use when collecting information from people with dementia by interviewing, through self-administered questionnaires, or using focus groups. It is concluded that, in people with mild to moderate dementia, assessment of quality of care can best be done by individual interviewing and focus groups. (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

207/21 The implementation of elder-care in France and Sweden: a macro and micro perspective; by Ingrid Jonsson, Anne-Marie Daune-Richard, Sophie Odena, Magnus Ring.
Ageing and Society, vol 31, part 4, May 2011, pp 625-644.
This paper presents results from a comparative project on the implementation of elder-care in France and Sweden. The transition to requiring care is understood as a process, and elder-care is seen as a part of a more general organisation of social care that reflects different welfare traditions. An overview of elder-care on the institutional level in the two countries is supplemented by case studies from the perspective of older people which identify ways of co-operation between actors, such as public eldercare providers, family members and help provided by profit and non-profit organisations. The interviews include approximately 20 older persons in each country as well as a small number of administrators and adult children. The study sheds light on how policies are implemented on the local level and puts the focus on who actually does what and when for older persons with care needs. The different roles played by the state, the family, the market and civil society are examined. Family members in France take on a more active role both as co-ordinators of care and as actual caregivers. The study shows that gender and social class remain associated with caring but that such differences are much larger in France than in Sweden. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

207/22 A systematic review of stress in staff caring for people with dementia living in 24-hour care settings; by Catherine Pitfield, Khodayar Shahriyarmolki, Gill Livingston.
International Psychogeriatrics, vol 23, no 1, February 2011, pp 4-9.
The authors carried out a systematic review of studies of the prevalence of psychological stress in staff caring for people with dementia in residential long-term care settings. 601 studies were identified of which five met the inclusion criteria. Two studies reported on prevalence rates of staff distress and found 37% and 5% levels of being "at risk" from burnout; four studies reported mean stress scores and all were low. Preliminary evidence suggests that most staff who remain working in homes do not have a high prevalence of psychological stress or level of symptoms. (JL)
ISSN: 10416102 From : http://www.journals.cambridge.org/ipg

DEATH AND DYING

207/23 A discourse of silence: professional carers reasoning about death and dying in nursing homes; by Jane Osterlind ... (et al).
Ageing and Society, vol 31, part 4, May 2011, pp 529-544.
The purpose of this Swedish study was to explore nursing home staff's attitude to and understanding of death and dying. The study drew on Foucault's discourse analysis and focused on five focus-group discussions held with 28 staff of four different nursing homes in Sweden. The findings show that the discourse had three characteristics: (a) dying was silent and silenced, (b) emotions were pushed into the background, and (c) attentiveness to death arose after the moment of the elderly person's death. The structure of the discourse was characterised by a movement between two positions, avoiding and confronting death, the main focus being on avoidance. The articulation and practices of silence highlight a need to regard dying as a process that requires attention. One way to ensure appropriate attention could be to instil the philosophy of palliative care in nursing homes, including training and support for the staff in their work. Concludes that nursing home staff need more knowledge and support to enable them to feel that they do a good job. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

DEMENTIA

(See Also 207/1, 207/10, 207/12, 207/19, 207/20, 207/22, 207/77, 207/78, 207/107, 207/108, 207/111)

207/24 'She can see how much I actually do!': Talking Mats: helping people with dementia and family carers to discuss managing daily living; by Tracey M Oliver, Joan Murphy, Sylvia Cox.
Housing, Care and Support, vol 13, no 3, October 2010, pp 27-35.
Dementia sufferers who feel included in decisions about their care have been shown to be more positively adjusted to accepting care than those who feel their family make decisions for them. Although most carers want to involve the person with dementia, enabling them to express their views can be difficult. Previous research has shown that people with dementia can use the Talking Mat (TM) framework. This low technology communication aid uses a simple system of picture symbols placed on a textured mat against a visual scale to indicate feelings about various options. The authors examined whether the TM framework could help people with dementia and their family carers feel more involved in decisions about managing their daily living. Eighteen couples (person with dementia and family carer) from Scotland and the North of England were asked to discuss how the person with dementia was managing their daily living activities (personal care, getting around, housework and activities) using the Talking Mats framework and when having a typical conversation. They then completed brief individual questionnaires. All participants felt more involved when using the TM framework. Qualitative analysis of the discussions also offered insight into what people with dementia who are still living at home are managing in relation to their daily living. Potential applications of the TM framework and implications for practice are discussed. (JL)
ISSN: 14608790 From : http://www.pierprofessional.com/hcsflyer/index.html

207/25 Acceptability of dementia screening in primary care patients; by Tracey Holsinger, Malaz Boustani, David Abbot, John W Williams.
International Journal of Geriatric Psychiatry, vol 26, no 4, April 2011, pp 373-379.
The study aimed to determine the acceptability of dementia screening in two populations of older adults in different primary care settings. A cross-sectional study of consecutive patients presenting for primary care appointments in two different U.S. health settings were evaluated face to face using the Dementia Screening and Perceived Harms (SAPH) questionnaire. Overall 81% of primary care patients indicated that they would want to be screened to determine if they were developing the condition. After exposure to possible risks and benefits of screening, 86% of patients indicated they would like to be screened. The SAPH was easy to use and contained five relevant and cohesive domains. The items most associated with a desire for dementia screening were male gender, acceptance of other types of screening, and a belief that a treatment for dementia exists. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/26 Assessment of dementia in ethnic minority patients in Europe: a European Alzheimer's Disease Consortium survey; by T Rune Nielsen, Asmus Vogel, Matthias W Riepe ... (et al).
International Psychogeriatrics, vol 23, no 1, February 2011, pp 86-95.
A survey was conducted in clinical dementia centres in 15 European countries. Questionnaires focusing on different points in the clinical assessment of dementia in ethnic minority patients were mailed to leading dementia experts of the European Alzheimer's Disease Consortium. 36 centres from 15 countries responded to the survey. Ethnic minority patients were seen on a regular basis in 69% of these centres. The diagnostic evaluation was in accordance with evidence-based clinical guidelines in 84-100% of the centres, but most centres performed cognitive assessment with instruments that are only validated in Western cultures and frequently relied on family members for interpretation. Diagnostic evaluation of the patients was considered to be challenging in 64% of the centres, mainly because of communication problems and lack of adequate assessment tools. In general, there were few indicators of culturally sensitive dementia services in the centres. Results from this study show that the most challenging issues are communication problems and assessment of cognitive function where there is a need to develop specific tests for ethnic minority patients. (JL)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

207/27 Awareness of carer distress in people with dementia; by Astri Ablitt, Gregory Jones, Jane Muers.
International Journal of Geriatric Psychiatry, vol 25, no 12, December 2010, pp 1246-1252.
People caring for family members who have dementia often experience considerable levels of stress. However, relatively little is known about the awareness of carer distress among people with dementia. This study investigated whether or not people with dementia are aware of the level of distress experienced by their carers. Two groups of participants were studied, a dementia group and a control group of people with arthritis. For both groups, the carer's psychological health was rated by the carer themselves and by the care recipient, using the Hospital Anxiety and Depression Scale. For the dementia group, memory functioning in the person with dementia was rated by the care recipient themselves and by the carer, using the Memory Function Scale. The ratings made by the carer and care recipient were compared to give an indication of the level of awareness in the care recipient. Results showed that people with dementia have a significant level of awareness of their carers' distress. Their awareness follows the same pattern as that shown by a control group of people with arthritis. The level of awareness of carer distress shown by the dementia group was not related to their level of awareness of their own memory difficulties. The clinical implications of awareness of carer distress in people with dementia should be considered. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/28 Caring for someone with dementia: dementia care starts with better understanding.: Bupa, 2011, 79 pp.
Guidance for relatives or friends caring for an individual with dementia. Main topics covered include living alone, help with managing finances, communication, eating and drinking, leisure activities, dressing and personal care, washing and bathing, using the toilet and continence problems, coping with difficult behaviour, getting help, taking care of oneself, and looking for a care home. (JL)

207/29 Cognitive Stimulation Therapy (CST): effects on different areas of cognitive function for people with dementia; by Aimee Spector, Martin Orrell, Bob Woods.
International Journal of Geriatric Psychiatry, vol 25, no 12, December 2010, pp 1253-1258.
There is good evidence indicating that group Cognitive Stimulation Therapy (CST) leads to cognitive benefits for people with dementia. However little is known about whether some aspects of cognition might change more than others and why. In this study a 24-session group CST treatment was evaluated in a multi-centre, single-blind, randomised controlled trial. Results showed that there was a significant difference between treatment and control groups in total ADAS-Cog (memory and new learning, praxis and language) score and in the language subscale. There were no significant changes in memory and orientation or praxis. In conclusion, CST appears to have particular effects in promoting language function, which is likely to lead to generalised benefits. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/30 Culture, consent, costs and care homes: enabling older people with dementia to participate in research; by Claire Goodman, Natasha L Baron, Ina Machen ... (et al).
Aging & Mental Health, vol 15, no 4, May 2011, pp 475-481.
The study looked at factors that support or hinder the recruitment and participation of people with dementia living in care homes. In particular the research focused on methods used to recruit people with dementia to a longitudinal study that employed a mixed-method design to track events and care that older people with dementia experienced over two years in six care homes. A staged approach to recruitment was adopted involving separate meetings with staff, residents and relatives. Individual consent was secured with residents with dementia who could consent in the moment and for those without capacity, through mail and follow-up telephone contact with consultees. Data were collected on the frequency of meetings, issues raised by staff, consultees and people with dementia as well as the overall time taken to complete recruitment. Over five months, 133 older people with dementia were recruited. The process was supported or hindered by the number of individuals and organisations that needed to be consulted, the care home culture, staff's understanding of how people with dementia can be involved in research, and how they interpreted their role as mediators, protectors and gatekeepers. The authors conclude that care homes are isolated communities of care. To achieve the research objectives, researchers in the initial stages need to consider the philosophical underpinnings of individual care homes, including their organisational culture and cost implications. There is a need to develop credible infrastructures of support that enable people with dementia to participate in research. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

207/31 Developing a carer communication intervention to support personhood and quality of life in dementia; by Tony Johnstone Young, Chris Manthorp, David Howells, Ellen Tullo.
Ageing and Society, vol 31, part 6, August 2011, pp 1003-1025.
Dementia and dementia care present huge and growing challenges, both to individuals and to societies worldwide. In the UK recent key policy initiatives have highlighted problems in care provision, noting a lack of appropriate carer guidance, and an overemphasis on strictly biomedical interventions. Communication practices which support agency and empowerment have been identified as areas for particular improvement. A number of communication training and guidance packages are currently available, but these exhibit shortcomings, including a lack

of user input and cross-referencing to other communications theory or to relevant empirical evidence; a lack of individualisation; and high context-specificity. In general, their uptake and level of application to care is very low. As a response, the study described here developed a new communications intervention characterised by the direct involvement of a broad spectrum of lay and professional stakeholders. This inter-group dialogue produced an agreed free-to-users, user-informed and user-relevant dementia communications toolkit (DEMTEC), which is empirically supported and adaptable to different socio-cultural and care environments. The authors detail the conceptual background to the toolkit, the inclusive and iterative methodology for its formulation, and how it can be used to help support `personhood' and quality of life and to challenge the socially-constructed `othering' of people with dementia. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

207/32 Dissociation between implicit and explicit manifestations of awareness in early stage dementia: evidence from the emotional Stroop effect for dementia-related words; by Anthony Martyr, Linda Clare, Sharon M Nelis ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 1, January 2011, pp 92-99.
The emotional Stroop test works by examining the response time of the participant to name colours of negative emotional words. The purpose of the study was to determine whether people with dementia (PwD), and carers of PwD, show a processing bias to dementia-related words in an emotional Stroop task, and if so, whether the presence of such a bias is related to level of explicit awareness of the condition. 79 people with early stage dementia and their carers completed an emotional Stroop task. Time taken to colour-name dementia-related and neutral words was compared within and between groups. Additionally, as a comparison, ratings of the awareness of the condition shown by PwD were made on the basis of a detailed interview with each PwD and his/her carer. Results showed that PwD and carers showed the same level of increase in response times to salient compared to neutral words. In the PwD this effect was unrelated to the degree of awareness that they demonstrated regarding the condition. So the emotional Stroop effect in response to dementia-related words in PwD indicates that preserved implicit awareness of the condition can be elicited even where there is reduced explicit awareness. (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

207/33 The effects on cognitive functions of a movement-based intervention in patients with Alzheimer's type dementia: a pilot study; by Lidia Yaguez, Kendra N Shaw, Robin Morris, David Matthews.
International Journal of Geriatric Psychiatry, vol 26, no 2, February 2011, pp 173-181.
The study aimed to explore the effect of a non-aerobic movement based activity on cognition in people with Alzheimer's disease (AD). The sample consisted of 27 patients fulfilling the diagnostic criteria for AD. The patient sample was randomly divided into two groups - an exercise group and control group. The exercise group received six weeks of movement training and comprised 15 participants with a mean age of 70.5 years. The control group participated in a standard care group, which served as a control intervention, and consisted of 12 patients with an average age of 75.7 years. Cognitive functions were assessed using a range of computerised tests. Significant improvements in sustained attention, visual memory and a trend in working memory were found in the exercise group compared to control group after the training. In addition, after six weeks the control group deteriorated significantly in attention, while the AD patients who undertook the physical exercise showed a discrete improvement. The present study shows that a short course of non-aerobic movement based exercise is already effective at least in some aspects of cognitive functioning in patients with AD. (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

207/34 Elopement among community-dwelling older adults with dementia; by Jenny C C Chung, Claudia K Y Lai.
International Psychogeriatrics, vol 23, no 1, February 2011, pp 65-72.
Elopement - leaving one's dwelling unescorted - by older adults with dementia not only creates stress for the family but puts eloping persons at risk through getting lost or injured, primarily

because of their impaired judgment and problem-solving ability. This study aimed to examine patterns of elopement incidents, search processes and subsequent prevention strategies and to explore factors that predict elopement among community-dwellers with dementia. 20 subjects with a recent history of elopement and 25 subjects without any history of elopement completed the study. Their cognitive status, dementia severity and behavioural manifestations were evaluated. Family informants were interviewed to gather data on demographic characteristics, clinical conditions, caring patterns, lifestyle, history of elopement, and information about any elopement incidents. Two-thirds of subjects had moderate severity of dementia. The elopers did not differ from the non-elopers in demographics, caring arrangements, clinical conditions or lifestyle patterns. 80% eloped subjects had a prior history of elopement. Logistic regression analyses suggested that manifestation of behavioural symptoms predicted elopement. Analysis of the 68 elopement incidents revealed that the vast majority of family caregivers failed to recognise any emotional and/or behavioural clues prior to elopement. Immediate and multiple search strategies were adopted, with eloped subjects mostly found near the point last seen. The authors conclude that there is a need to enhance and sensitise caregivers' understanding of elopement as related to dementia and more effective preventive strategies. (JL)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

207/35 Epidemiological studies of cognitive impairment and dementia across Eastern and Middle European countries (epidemiology of dementia in Eastern and Middle European countries); by A Kiejna, D Frydecka, T Adamowski ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 2, February 2011, pp 111-117.
The study aimed to determine the availability and the consistency of prevalence findings of epidemiological studies on cognitive impairment and dementia conducted in Eastern and Central Europe. The authors adopted a stepwise multimethod study approach consisting of literature searches for epidemiological articles published between 1990 and 2006 and subsequent data analyses of published material, reanalyses of existing accessible epidemiological data sets and expert inquiries in Eastern and Central European countries. Few regional and country-specific population studies were found, and those available suggested prevalence rates of dementia in Eastern Europe similar to those in Western Europe. Concludes that there is a greater need for epidemiological studies of cognitive impairment and dementia in the region. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/36 Exploring positioning in Alzheimer's Disease through analyses of family talk; by Barbara A Purves.
Dementia: the international journal of social research and practice, vol 10, no 1, February 2011, pp 35-58.
A diagnosis of Alzheimer's disease brings with it changes in interpretations and expectations of behaviours, activities and interactions for the whole family. Given the importance of family members in caring for persons with dementia, it is critical that the way in which a family negotiates the changes associated with dementia is better understood. Equally important are the implications of that process for both individual members and for the whole family as a unit. This case study used two complementary approaches to explore positioning in the family of a Japanese-Canadian woman with dementia. The first used interviewing to reveal how family members positioned themselves and each other in their conscious reflections about dementia. The second drew on conversation analysis to highlight how they positioned themselves and each other in their everyday conversations together. The findings are discussed in terms of: emerging roles, Rosa as a person with AD; and renegotiating long standing roles, the family cook, the grandmother. Although limited to one close knit family, the authors suggest that how it accommodated the changes affords an insight into the process and points to the need for further family-based research in this area. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

207/37 Reframing risk management in dementia care through collaborative learning; by Charlotte L Clarke, Jane Wilcockson, Catherine E Gibb ... (et al).
Health and Social Care in the Community, vol 19, no 1, January 2011, pp 23-32.
Risk management is particularly challenging because of its conceptual nature and diverse perceptions of risk between and within professional groups. This paper describes a study contributing to the development of a risk assessment and management framework for use by practitioners in partnership with people with dementia and their families. Participants included 20 practitioners from varying professions working in five collaborative learning groups, each lasting at least two hours, and held over a seven-month period. Findings revealed contradictions in the care system and in the professional's intention to practice in a person-centred way. These were expressed through the themes of: seeking certainty; making judgements; team working; managing complexity; gathering and using information. The study indicated ways in which approaches to risk management may impact on the well-being of individuals. It concluded with recommendations of a comprehensive assessment designed to allow people's care to be determined by their individual need. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

207/38 The state and context of evidence production and knowledge translation in the rehabilitation of people with Alzheimer's Disease; by Thilo Kroll, Ursula Naue.
Dementia: the international journal of social research and practice, vol 10, no 1, February 2011, pp 19-34.
Rehabilitation is a relatively novel concept in dementia. This article explores the potential for rehabilitative approaches in dementia care. On the basis of a structured literature review that focused on the current state of research evidence for rehabilitation related to Alzheimer's Disease (AD) implications are discussed for future research in this area and the translational challenges in terms of making findings applicable to care organisation and delivery. The authors further set out to critically appraise the concept of `evidence' in the context of rehabilitation methodology. Translational challenges in the application of research evidence in clinical and social care practice are discussed. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

207/39 The symptomatology of Alzheimer's disease: a cross-cultural study; by Salman Karim, Hassan M Minhas, Sharmi Bhattacharya ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 4, April 2011, pp 415-422.
This paper presents the results of a trans-cultural study looking at the possible differences in the symptomatology of Alzheimer's disease (AD) in people from Manchester, UK and Rawalpindi, Pakistan. Two groups of people with AD (45 in each group) were recruited at the two sites. The participants and their carers were interviewed to investigate possible differences in demographics and symptomatology including cognition, depression, personality change and everyday activities. The data analysis showed that compared to people from Manchester the Pakistanis had lower literacy levels but similar cognitive deficits after adjustment for education. They were however more depressed: they had a different profile of personality change since the onset of illness and their reported changes in activities of daily living were more severe. The study revealed a number of possible cultural differences in affective symptoms, personality changes and everyday activities. It highlights the need for developing mental health services for older people in Pakistan and making UK services more accessible for this growing community. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/40 A systematic review of ethnicity and pathways to care in dementia; by Naaheed Mukadam, Claudia Cooper, Gill Livingston.
International Journal of Geriatric Psychiatry, vol 26, no 1, January 2011, pp 12-20.
The purpose of the study was to review literature that explored the help seeking behaviours of people from minority ethnic (ME) groups with dementia and their families. Three quantitative

and 10 qualitative papers were found to meet the inclusion criteria. Barriers to accessing specialist help for dementia included: not conceptualising dementia as an illness; believing dementia was a normal consequence of ageing; thinking dementia had spiritual, psychological, physical health or social causes; feeling that caring for the person with dementia was a personal or family responsibility; experiences of shame and stigma within the community; believing there was nothing that could be done to help; and negative experiences of healthcare services. The authors conclude that there are significant barriers to help seeking for dementia in ME groups. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/41 A telephone-delivered psychosocial intervention improves dementia caregiver adjustment following nursing home placement; by Jennifer Duncan Davis, Geoffrey Tremont, Duane S Bishop, Richard H Fortinsky.
International Journal of Geriatric Psychiatry, vol 26, no 4, April 2011, pp 380-387.
The study looked at the preliminary efficacy of a telephone intervention, Family Intervention: Telephone Tracking-Nursing Home (FITT-NH) for improving dementia caregivers' adjustment following nursing home placement. Caregivers were enrolled on average six weeks following the care recipients' placement in a nursing home. Baseline assessment included self-report measures of caregiver emotional functioning, staff-caregiver interactions, placement satisfaction, health-related quality of life, and social support. Caregivers were randomly assigned to FITT-NH or a non-contact control condition. Caregivers were randomised to balance groups on caregiver gender, relationship (spouse versus other), and facility type (dementia special care versus general). The intervention was entirely telephone-delivered in 10 contacts over three months. Caregivers randomised to non-contact control were not prevented from using other community-based mental health or support resources, therefore reflecting standard care. Intervention strategies were based on assessment of caregiver emotional adjustment, family functioning, staff-caregiver interactions, health, and social support. Treatment strategies were based on models of stress and coping process and family functioning. Groups did not differ in caregiver age, education, gender, relationship to the care recipient, length of caregiving, length of dementia diagnosis, or time since placement. Using mixed model analysis of variance, caregivers receiving FITT-NH showed a significant reduction in feelings of guilt related to placement, and reported more positive perceptions of interactions with staff compared to standard care. Findings provide preliminary evidence for FITT-NH as a potentially efficacious, brief, targeted psychosocial intervention for improving caregiver emotional adjustment following nursing home placement. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/42 The utility of PAINAD in assessing pain in a UK population with severe dementia; by Alice Jordan, Julian Hughes, Mani Pakresi ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 2, February 2011, pp 118-126.
Study participants were nursing home residents with advanced dementia who were observed on three occasions using a pain assessment tool, the Pain Assessment in Advance Dementia (PAINAD) scale. Following further assessment, an appropriate management plan was formulated for those thought to be in pain. Participants who scored above the cutoff (two) on the PAINAD scale, but were felt not to be in pain, formed the false positive group. The pain and false positive groups were reassessed at one and three months. 79 participants completed the study, 39 of whom scored above two on the PAINAD. Of these, only 13 were assessed as being in pain. The other 26 participants who scored above the cutoff on PAINAD were not felt to be in pain. Instead, their behaviour had a psychosocial explanation, often to do with a lack of understanding as to what was happening to them. In those with pain, a significant decrease was demonstrated in the PAINAD scores on intervention following treatment for pain. In conclusion, PAINAD is a sensitive tool for detecting pain in people with advanced dementia, but has a high false positive rate, frequently detecting psychosocial distress rather than pain. (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

DEPRESSION

(See Also 207/80)

207/43 The Center for Epidemiological Studies Depression Scale (CES-D) is an adequate screening instrument for depressive and anxiety disorders in a very old population living in residential homes; by Els Dozeman, Digna J F van Schaik, Harm W J van Marwijk ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 239-246.
The Center for Edidemiological Studies Depression Scale (CES-D) is an instrument that is commonly used to screen for depression in community-based studies of older people, but the characteristics of the CES-D in a residential home population have not yet been studied. The aim of this study was to investigate the criterion validity and the predictive power of the CES-D for both depressive and anxiety disorders in a vulnerable, very old population living in residential homes. 277 residents were screened with the CES-D, and subsequently interviewed with a diagnostic instrument, the Mini International Neuropsychiatric Instrument (MINI). The sensitivity, specificity, and positive and negative predictive value of the CES-D were calculated by cross-tabulation at different cut-off scores. Receiver Operating Characteristics (ROC) curves were used to assess the optimal cut-off point for each disorder and to asses the predictive power of the instrument. Results showed that CES-D had satisfactory criterion validity for depressive disorders and for any combination of depressive and/or anxiety disorders. With a desired sensitivity of at least 80%, the optimal cut-off scores varied between 18 and 22. The predictive power of the CES-D in this population was best for major depression and dysthymia, closely followed by the score for any combination of depressive and/or anxiety disorder. In conclusion, the use of one single instrument to screen for both depression and anxiety disorders at the same time has obvious advantages in this very old population. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/44 Environmental mastery and depression in older adults in residential care; by Tess Knight, Tanya Ellen Davison, Marita Patricia McCabe, David Mellor.
Ageing and Society, vol 31, part 5, July 2011, pp 870-884.
Environmental mastery, reflecting a sense of control, is thought to be an important predictor of mental health in older people. The study examined this association in 96 older people, aged 64 to 98 years, in residential care homes in Melbourne, Australia. Participants completed an assessment to measure risk factors for depression. Analysis revealed that 49% of the variance in participants' scores in depression could be attributed to their self-reported level of environmental mastery. It was hence concluded that environmental mastery may be one of the more important factors affecting the mental health of older adults living in residential care and that strategies for increasing their environmental mastery are important to their psychological well-being. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

207/45 Is group psychotherapy effective in older adults with depression?: a systematic review; by Murali Krishna, Archana Jauhari, Peter Lepping ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 4, April 2011, pp 331-340.
The authors conducted a systematic review based on randomised controlled trials in order to assess the effectiveness of group psychotherapy with older adults with depression. The trials included in the review examined group interventions based on the cognitive behavioural therapy (CBT) model with active therapeutic interventions or waiting list controls. Study findings showed that while group psychotherapy is an effective intervention in older adults with depression in comparison to waiting list controls, the overall effect size is very modest. The reported benefits of group intervention in comparison to other active interventions did not reach statistical significance. (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

207/46 Late-life depression and the death of Queen Victoria; by Robert C Abrams.
International Journal of Geriatric Psychiatry, vol 25, no 12, December 2010, pp 1222-1229.
The objective of this study was to evaluate relationships between the death of Queen Victoria and the depressive episode she experienced during the last year of her life. The last volume of Queen Victoria's personal Journal was reviewed from a geriatrician's perspective, tracing the onset and course of depressive symptoms from entries beginning on 17 August 1900 and ending on 13 January 1901, nine days before her death. The Queen's own words are supplemented with observations from contemporaneous secondary sources. The antecedents of Queen Victoria's late-life depression, including multiple losses, disabilities, and chronic pain, taken together with the presentation of vegetative, affective, and late cognitive symptoms, suggested the presence of a distinctively geriatric major depressive disorder. The absence of any other medical condition to explain the clinical picture seemed probable but not certain. Although historians and biographers have long been aware of Queen Victoria's final depression, the emphasis has mostly been on her earlier and prolonged mourning for her husband Prince Albert. Re-examined now, the Queen's Journal suggests that a severe late-life depressive episode occurring approximately in her last five months contributed meaningfully to her death. (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

207/47 Laughter yoga versus group exercise program in elderly depressed women: a randomized controlled trial; by Mahvash Shahidi, Ali Mojtahed, Amirhossein Modabbernia ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 322-327.
Kataria's Laughter Yoga is a combination of unconditioned laughter and yogic breathing whose effect on mental and physical health has been shown to be beneficial. The objective of this study, based in Teheran, Iran, was to compare the effectiveness of Laughter Yoga and group exercise therapy in decreasing depression and increasing life satisfaction in older adult women. 70 depressed older women participated in the study. After completion of Life Satisfaction Scale pre-test and demographic questionnaire, subjects were randomised into three groups of laughter therapy, exercise therapy, and control. Subsequently depression post-test and life satisfaction post-test were done for all three groups. The data were analysed using analysis of covariance and Bonferroni's correction. The analysis revealed a significant difference in decrease in depression scores of both Laughter Yoga and exercise therapy group in comparison to the control group. There was no significant difference between Laughter Yoga and exercise therapy groups. The increase in life satisfaction of Laughter Yoga group showed a significant difference in comparison with the control group. Overall findings showed that Laughter Yoga is at least as effective as group exercise programme in improvement of depression and life satisfaction of older depressed women (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

207/48 Neighbourhood social environment and depressive symptoms in mid-life and beyond; by Mai Stafford, Anne McMunn, Roberto de Vogli.
Ageing and Society, vol 31, part 6, August 2011, pp 893-910.
The study aimed to examine the relationship between aspects of the neighbourhood social environment and subsequent depressive symptoms in over 7,500 people aged 50 and above taking part in the English Longitudinal Study of Ageing (ELSA). Neighbourhood social environment at baseline was operationalised using four items capturing social cohesion and three items capturing perceived safety and associations with the Center for Epidemiologic Studies Depression Scale (CES-D) at two-year follow-up were assessed. Friendship quality and personal sense of control were tested as mediators of this relationship using structural equation modelling. Neighbourhood social cohesion was found to be associated with reporting fewer depressive symptoms independent of demographic and socioeconomic factors and baseline depressive symptoms. Friendship quality and sense of control mediated this association. The study highlights that greater personal sense of control, higher quality friendships and fewer depressive symptoms are found in neighbourhoods seen to be characterised by higher social cohesion. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

DIET AND NUTRITION

207/49 Investigation and management of unintentional weight loss in older adults; by Jenna McMinn, Claire Steel, Adam Bowman.
British Medical Journal, vol 342, no 7800, 2 April 2011, pp 754-759.
Unintentional weight loss is common in older adults and is associated with increased morbidity and mortality. Causes can be classified as organic, psychological, social or unknown. Drugs should be reviewed because side-effects often contribute to weight loss. Patients should be investigated by dieticians and other clinical specialists and screened for depression or cognitive impairment. If initial history, examination and investigations are normal, three months of `watchful waiting' is preferable to further blind investigations. (JL)
ISSN: 09598138
From : www.bmj.com

DISABILITY

207/50 'I like to go out to be energised by different people': an exploratory analysis of mobility and wellbeing in later life; by Friederike Ziegler, Tim Schwanen.
Ageing and Society, vol 31, part 5, July 2011, pp 758-781.
This paper proposes a broader understanding of mobility than movement through physical space, and considers how this affects well-being. It conceptualises mobility as the overcoming of any type of distance between two places, which can be situated in physical, electronic, social, psychological or other kinds of space. Data gathered in focus groups and interviews of 128 older people in County Durham suggests that mobility and well-being influence each other in many different ways. Findings show that mobility of the self - a mental disposition of openness, and a willingness to connect with the world - is a key driver of the relationship between mobility and well-being. While loss of mobility in a physical sense often affects older people's sense of well-being adversely, this is not necessarily so: other mobilities can at least to some extent compensate for the loss of physical mobility. Well-being is also enhanced through physical mobility because the latter enables independence or subjectively experienced autonomy, as well as social relations with other people. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

207/51 Continuity and change in older adults' perceptions of out-of-home mobility over ten years: a qualitative-quantitative approach; by Heidrun Mollenkopf, Annette Hieber, Hans-Werner Wahl.
Ageing and Society, vol 31, part 5, July 2011, pp 782-802.
This paper aimed to better understand the long-term stability and change in people's perceptions of out-of-home mobility using data gathered over ten years. Study participants included 85 older people who were interviewed on three occasions in 1995, 2000 and 2005. The average age was 75 in 2005. The interviews concentrated on: the subjective meaning of mobility over time, including perceived changes in mobility and perceived reasons for change; trends in satisfaction with various mobility domains; and a case-oriented exploration of inter-individual variation over time. Findings indicated overall stability in the meaning attached to mobility over the ten year period, while the perceived changes point to losses in the array of mobility experiences and decreasing satisfaction with mobility opportunities, such as out-of-home leisure activities and travelling. In contrast, satisfaction with public transport increased. The findings suggest that, as people move into old age, out-of-home mobility remains of utmost importance. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

207/52 Correlates of limitations in activities of daily living and mobility among community-dwelling older Singaporeans; by Angelique Chan, Chetna Malhotra, Truls Ostbye.
Ageing and Society, vol 31, part 4, May 2011, pp 663-682.
The study looked at the correlates of limitations in the activities of daily living (ADL) and mobility among older Singaporeans (aged 55 or more years), based on the `disability

frameworks' or pathways proposed by the International Classification of Functioning, Disability and Health. Data from the 2005 National Survey of Senior Citizens in Singapore was used. The weighted prevalence of ADL and mobility limitations was calculated, overall and in subgroups. Logistic regression models were used to assess predictors of ADL and mobility limitations and variation in involvement with family, society, work, use of services and perceived financial adequacy, by ADL and mobility status was studied. The overall weighted prevalence of ADL and mobility limitation was found to be 5 and 8 per cent, respectively. Significant risk factors for ADL and mobility limitation were being older (aged 75 or more years), widowed, having diabetes, joint/bone problems, stroke, cancer and low income. Individuals with ADL and mobility limitations had lower involvement with family, society and work, and perceived financial adequacy, while use of services was higher. The findings underline the importance of improving elderly services for sustained integration of disabled elderly within the community. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

207/53 The effect of cognitive impairment on the predictive value of multimorbidity for the increase in disability in the oldest old: the Leiden 85-plus Study; by Yvonne M Drewes, Wendy P J den Elzen, Simon P Mooijaart ... (et al).
Age and Ageing, vol 40, no 3, May 2011, pp 352-357.
The purpose of this Dutch study was to investigate the predictive value of multimorbidity for the development of disability in the general population of very old people and the role of cognitive impairment in this association. The research was part of the Leiden 85-plus Study, an observational prospective cohort study with 5 years of follow-up and running from 1997 to 2004. Disability in activities of daily living (ADL) was measured annually for 5 years with the Groningen Activity Restriction Scale. Multimorbidity was defined as the presence of two or more chronic diseases at age 85 years. Cognitive function was measured at baseline with the mini-mental state examination (MMSE). At baseline participants with multimorbidity had higher ADL disability scores compared with those without. Stratified into four MMSE groups, ADL disability increased over time in all groups, even in participants without multimorbidity. Multimorbidity predicted accelerated increase in ADL disability in participants with MMSE of 28_30 points, but not in participants with lower MMSE scores. Concludes that the predictive value of multimorbidity for the increase in ADL disability varies with cognitive function in very old people. In very old people with good cognitive function, multimorbidity predicts accelerated increase in ADL disability. This relation is absent in very old people with cognitive impairment. (JL)
ISSN: 00020729 From : http://ageing.oxfordjournals.org/ http://www.bgs.org.uk/

EMPLOYMENT

(See Also 207/7)

207/54 The limitations of activation policies: unemployment at the end of working life; by Christina Wuebbeke.
Ageing and Society, vol 31, part 6, August 2011, pp 977-1002.
In several European countries, older unemployed people, after reaching a certain age, are entitled to unemployment benefit payments without having to seek new employment. The coexistence of this exemption clause and of reforms aimed at containing early retirement in the respective countries reflects a conflict of political aims - on the one hand, between an efficient labour-market policy at a time of high unemployment, and on the other hand, the goal of the comprehensive activation and labour-market integration of older workers as a response to demographic change. This paper deals with the reasons for the transfer of older long-term unemployed people on to `facilitated benefits' for labour-market withdrawal in Germany. The empirical analysis shows that low or no propensity to work was rarely the motive for leaving the labour market; in particular, those anticipating a low retirement income actually wanted to be re-employed. The vast majority gave three reasons for the decision to retire: an inability to cope

with requirements of available jobs; a lack of job opportunities; and an absence of proper support from the public employment agency. Thus the withdrawal of older long-term unemployed people into pre-retirement cannot be attributed to a utility-maximising decision in favour of leisure and against gainful employment, but is the primary result of the scarce re-employment prospects. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

207/55 The recruitment of early retirees: a vignette study of the factors that affect managers' decisions; by Kasia Karpinska, Kene Henkens, Joop Schippers.
Ageing and Society, vol 31, part 4, May 2011, pp 570-589.
Retirement is characterised as a dynamic process that has several different outcomes, from early retirement to re-entry to the labour force. Recent studies of the Dutch population show that a substantial number of early retirees re-enter the workforce after early retirement, but others do not succeed even though they want to return to paid work. A commonly named reason for their failures is bias in the selection process. This raises the questions as to what restrictions do early retirees face in the labour market and what are the characteristics that enhance or limit their hiring chances? The aim of this study was to identify the individual and organisational characteristics that influence managers' hiring decisions, and for the purpose a vignette study among Dutch managers and business students was conducted. Profiles of results show that hiring early retirees is of low priority to both managers and students, and depends to a large extent on organisational factors (such as staff shortages) and the age of the retiree. The findings suggest that despite equal opportunities policies, age discrimination is still present in the Dutch labour market and that managers generally hinder the re-employment of workers approaching the retirement age. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

207/56 Unemployment during working life and mental health of retirees: results of a representative survey; by Marcus Zenger, Elmar Brahler, Hendrik Berth, Yve Stobel-Richter.
Aging & Mental Health, vol 15, no 2, March 2011, pp 178-185.
The aim of this German study was to examine differences in mental health and satisfaction with life in retired men and women depending on experienced unemployment during working life. 1396 retirees in the age range of 60-92 years were interviewed face-to-face, assessing two screening instruments for anxiety and depression as well as the Questions on Life Satisfaction questionnaire. Among others, analyses of variance were used to test the differences between groups with distinct experiences of unemployment periods. Retirees with the experience of repeated unemployment - but not with one-time unemployment - during working life reported worse mental health and satisfaction with life. Differences between men and women emerged, but similarities dominated. Participants with higher current household incomes were found to be less affected. In conclusion, the experience of repeated unemployment periods during working life is associated with more psychosocial distress in retired men and women. Thus unemployment may have serious negative implications even for persons now retired. (JL)
ISSN: 13607863 From : http://www.informaworld.com/CAMH

END-OF-LIFE CARE

207/57 Cuts in social care could increase pressure on hospitals to care for patients at end of life; by Adrian O'Dowd.
British Medical Journal, vol 341, no 7785, 11 December 2010, P 1239.
Summarises a report from the Nuffield Trust, `Social Care and Hospital Use at the End of Life', which warns that hospitals in England could face increased pressure caring for patients at the end of life if social care budgets are cut.
The full report can be downloaded at www.nuffieldtrust.org.uk/uploadedFiles/Publications/Social_care_and_hospital_use-full_report_061210.pdf (JL)
ISSN: 09598138 From : www.bmj.com

EPIDEMIOLOGY

(See 207/35)

EXERCISE

207/58 Aerobic fitness and multidomain cognitive function in advanced age; by Yael Netz, Tzvi Dwolatzky, Yael Zinker ... (et al).
International Psychogeriatrics, vol 23, no 1, February 2011, pp 114-124.
This study was designed to examine the relationship between physical fitness and function in multiple cognitive domains in a sample of older adults. 38 individuals aged between 65 and 85 years performed a graded, progressive, maximal exercise test. Based on a median score, participants were divided into low-fitness and moderately-fit groups. Cognitive function was assessed by means of a computerised neuropsychological battery. The moderately-fit group achieved significantly better scores on the global cognitive score, and a significant correlation was found between peak fitness and attention, executive function, and global cognitive score. The trend for superior cognitive scores in the moderate-fitness compared to the low-fitness groups was unequivocal, both in terms of accuracy and reaction time. The authors conclude that maintenance of higher levels of cardiovascular fitness may help protect against cognitive deterioration, even at an advanced age. (JL).
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

FALLS

207/59 Older adults, falls and technologies for independent living: a life space approach; by Cathy Bailey, Timothy G Foran, Cliodhna Ni Scanaill, Ben Dromey.
Ageing and Society, vol 31, part 5, July 2011, pp 829-848.
This study aimed to understand routines which lead to falls in older adults, and how new technology might be used to provide unobtrusive support in independent living. A small study was conducted in Ireland with eight community-dwelling older adults with varying experiences of falls or fear-of-falls. Data were collected through weekly life-space diaries, daily-activity logs, two-dimensional house plans and a pedometer. Findings revealed that, for some participants, daily activities and movements led to potentially risky behaviour about which they had been unaware, which may have implications for falls prevention advice, and technology design. Four key themes were also uncovered, which are discussed: being pragmatic; not just a faller; heightened awareness and blind spots; and working with technology. In conclusion, the study highlighted a need to think creatively about how technological and other solutions best fit with people's everyday challenges and needs. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

FAMILY AND INFORMAL CARE

207/60 Family obliigations and support behaviour: a United States-Netherlands comparison; by Teresa M Cooney, Pearl A Dykstra.
Ageing and Society, vol 31, part 6, August 2011, pp 1026-1050.
This study drew on survey data from the USA and the Netherlands to compare family obligations and support behaviour for middle-generation adults who have a living aged parent and adult child. The US sample was found to espouse stronger family obligations than the Dutch sample. However the Dutch respondents were more likely to engage in family support behaviours with both the younger and older generations. The connection between family obligations and support behaviour was also tested, revealing a stronger association in the US sample. The authors conclude that Dutch respondents are more likely to act on their individual preferences whereas American respondents are more influenced by general norms of obligation towards family members. The findings are discussed in terms of social policy differences between the two

countries, and in light of results from comparative European studies of intergenerational relations. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

FRAILTY

207/61 Quality of care in frail older people: the balance between receiving and giving; by Myrra Vernooij-Dassen, Sheila Leatherman, Marcel Olde Rikkert.
British Medical Journal, vol 342, no 7806, 14 May 2011, pp 1062-1063.
The focus on providing essential medical and social care for frail older adults often leaves them feeling helpless and unable to contribute. One basic human need is reciprocity - i.e. the ability to give something back in return for receiving. Building and promoting reciprocity in health and social care settings can help preserve social inclusion and foster autonomy, dignity and quality of life in older people. (JL)
ISSN: 09598138 From : www.bmj.com

HEALTH CARE

(See Also 207/8, 207/49)

207/62 Standing on textured surfaces: effects on standing balance in healthy older adults; by Anna Lucy Hatton, John Dixon, Keith Rome, Denis Martin.
Age and Ageing, vol 40, no 3, May 2011, pp 363-368.
The study looked at whether standing on textured surfaces or wearing textured shoe insoles can alter balance performance in healthy older adults. It explored the effect of standing on textured surfaces on double-limb balance in older adults and changes in muscle activity as a possible mechanism of effect. 50 men and women aged 70 and over stood quietly in six conditions _ eyes open and closed on two different textured surfaces and a smooth surface control. Mediolateral sway, anterior-posterior sway and centre of pressure velocity were extracted from a force platform and lower limb muscle activity collected using surface electromyography (EMG). For mediolateral range with eyes closed, there was a statistically significant effect of texture. This was attributed to a 9.2% decrease with Texture 1 compared with control. No such effects were seen in any other balance variable or lower limb EMG activity for either visual condition. These results suggest an effect of standing on textured surfaces on mediolateral sway in older adults, supporting further work to develop the therapeutic benefits of textured surfaces as an intervention to improve balance. (JL)
ISSN: 00020729 From : http://ageing.oxfordjournals.org/ http://www.bgs.org.uk/

HEALTH SERVICES

(See Also 207/65, 207/113)

207/63 Older people's use of NHS Direct; by Wen-Chin Hsu, Peter A Bath, Shirley Large, Sarah Williams.
Age and Ageing, vol 40, no 3, May 2011, pp 335-340.
NHS Direct is a 24-hour telephone health information and advice service which aims to help callers manage health problems and relieve pressure on primary health services. The aim of this study was to describe older people's use of NHS Direct and to explore differences in the use of NHS Direct among subgroups of older people. Data on all calls made to NHS Direct by, or on behalf of, people aged 65 and over between December 2007 and November 2008 were analysed. Nearly 403,000 telephone calls were made to NHS-Direct regarding older people during the 12-month study period. The call rate was higher among women and in older age groups. Most calls were regarding actual symptoms, e.g. pain, digestive problems. Results of the study will help with the planning and development of services to meet the needs of the older population. (JL)
ISSN: 00020729 From : http://ageing.oxfordjournals.org/ http://www.bgs.org.uk/

HOME CARE

207/64 One-year predictors of turnover among personal-care workers for older adults living at home in Italy; by Claudio Bilotta, Paola Nicolini, Carlo Vergani.
Ageing and Society, vol 31, part 4, May 2011, pp 611-624.
The study aimed to identify the predictors of the turnover of privately-employed personal-care staff that provide community-dwelling older adults in Italy with assistance in the activities of daily living. The prospective cohort study enrolled 121 older adults (mean age 85.6 years) living at home, along with their personal-care workers and 107 informal carers. The older participants underwent a comprehensive geriatric assessment. At a one-year follow-up between May 2006 and June 2008, 12 of the older participants had been placed in a nursing home and 26 had died. Of the 83 still living at home, 22 had changed their personal-care staff (26.5% turnover). Multivariate logistic regression analysis identified one characteristic of the personal-care staff, living far away from their families (odds ratio (OR) 16.30, p=0.01), and two characteristics of the elders, namely being widowed (OR 0.09, p=0.01) and having cognitive impairment (OR 0.10, p=0.01), as one-year predictors of turnover and of the retention of personal-care workers, respectively. Further studies are needed both to evaluate whether immigration politics that enable family reconjunction would reduce the turnover of personal-care workers, and to investigate the lower turnover among personal-care staff caring for widowed elders and older adults with cognitive impairment. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

HOSPITAL SERVICES

(See Also 207/113)

207/65 Poor inpatient care for older people: good care for frail older people should be part of mainstream clinical practice; by Stuart G Parker, Simon Conroy.
British Medical Journal, vol 342, no 7798, 19 March 2011, p 612.
Briefly summarises a report from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) **-** `An Age Old Problem: a review of the care received by elderly patients undergoing surgery' (2010). The report takes a critical look at the process of care of older patients who died within 30 days of surgery. To download the full report go to http://www.ncepod.org.uk/2010eese.htm. (JL)
ISSN: 09598138 From : www.bmj.com

HOUSING

(See Also 207/90, 207/103)

207/66 EVOLVE: a tool for evaluating the design of older people's housing; by Alan Lewis, Judith Torrington, Sarah Barnes ... (et al).
Housing, Care and Support, vol 13, no 3, October 2010, pp 36-41.
EVOLVE (Evaluation of Older People's Living Environment) is a tool that offers ways of evaluating the design of housing schemes or individual dwellings to assess their suitability as accommodation for older people. This paper describes the development of the tool, its use and its evaluation. EVOLVE assess how well a building contributes to the physical support and personal well-being of older people, in terms of such needs as dignity, comfort and social support. Essentially a set of checklists developed from research into extra care housing, it can be used for a variety of building types, including sheltered housing and individual private houses. It is intended for use by architects, housing providers, commissioners, researchers and individual tenants or home owners. It can also serve as a briefing document or aid at the design stage and provide a rational basis for the selection of proposals in a competitive procurement process. (JL)
ISSN: 14608790 From : http://www.pierprofessional.com/hcsflyer/index.html

207/67 Homeshare - an inter-generational solution to housing and support needs; by Alex Fox.
Housing, Care and Support, vol 13, no 3, October 2010, pp 21-26.
In Homeshare, a person who needs some help to live independently in their own home is matched with someone who has a housing need and can provide a little support. It is a bartering relationship specifically excluding payment. Its aim is to extend and facilitate the sort of informal relationships that can occur naturally and to make it safe and accessible to a wider range of people. This article describes how Homeshare works, including how it is financed and how it manages risk. It looks at the benefits to individuals, communities and the state and outlines some of the local factors that can affect the success of Homeshare programmes. At the moment there are only eleven Homeshare programmes in six locations across the UK, but a large range of similar services world-wide. Examples of successful schemes are described. Argues that more evidence is needed to explore the value of Homeshare in improving outcomes and generating efficiencies by reducing use of residential care, emergency services and health services. The potential of Homeshare to make higher education more affordable for students from modest income families and to ease recruitment difficulties faced by public services in areas of expensive accommodation is highlighted. (JL)
ISSN: 14608790
From : http://www.pierprofessional.com/hcsflyer/index.h

INCOME AND PERSONAL FINANCE

(See 207/73)

INDEPENDENT LIVING

(See Also 207/59)

207/68 The myth of independence for older Americans living alone in the Bay Area of San Francisco: a critical reflection; by Elena Portacolone.
Ageing and Society, vol 31, part 5, July 2011, pp 803-828.
In the United States, over five million citizens aged 75 and over live alone. Remaining at home in older age is generally considered a sign of independence and therefore an important achievement. However it can also bring out hardships hardly visible to outsiders, especially in an individualistic society such as the United States that rewards self-sufficiency. The purpose of this study was to look at how discourses around living alone, freedom and independence are translated into the everyday experiences of 22 older adults aged over 75 living alone in the San Francisco Bay area. Participant observation and in-depth interviews highlight how being independent can be an essential component of individual identities, although every circumstance is different. While some participants stated that they enjoyed independence, others simply tolerated it because it was part of their make-up. Their narratives shed light on the impact of policies that facilitate or regulate the moral imperative of independence. The findings highlight the need to evaluate how discourses around independence are translated into individual cases, and to promote further studies and initiatives on interdependence. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

INFORMATION

207/69 Making choices about support services: disabled adults' and older people's use of information; by Kate Baxter, Caroline Glendinning.
Health and Social Care in the Community, vol 19, no 3, May 2011, pp 272-279.
This paper explores how disabled adults and older people find and use information to help make choices about services. It presents findings from a qualitative longitudinal study in England. 30 participants had support needs that fluctuated, meaning that additional services might be needed on a temporary basis. Each disabled adult or older person was interviewed three times between

2007 and 2009, using a semi-structured topic guide. They were asked to discuss a recent choice about services, focusing on their use of information. A wide range of choices and sources of information were discussed. These were dominated by health and to some extent by social care. Key findings are that information was valuable not just in weighing up different service options, but as a precondition for such choices, and that disabled adults and older people with the gradual onset of support needs can be disadvantaged by their lack of access to relevant information at this pre-choice stage. Timely access to information was also important, especially for people without the support of emergency or crisis management teams. Healthcare professionals were trusted sources of information but direct payment advisers appeared less so. Ensuring that practitioners are confident in their knowledge of direct payments, and have the communication skills to impart that knowledge, is essential. There may be a role also for specialist information advocates or expert lay-advisers in enabling disabled adults and older people to access and consider information about choices at relevant times. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

INFORMATION AND COMMUNICATION TECHNOLOGY

207/70 Enhancing computer self-efficacy and attitudes in multi-ethnic older adults: a randomised controlled study; by Luciana Lagana, Taylor Oliver, Andrew Ainsworth, Marc Edwards.
Ageing and Society, vol 31, part 6, August 2011, pp 911-933.
The chief aim of this longitudinal study was to test and refine a new 22-item measure of computer technology attitudes designed specifically for older adults. Another aim was to replicate, on a much larger scale, the successful findings of a preliminary study that tested a computer technology training programme for older adults. 96 older men and women, mainly from ethnic minority backgrounds, were randomly assigned to the waitlist/control or the experimental group. The same six-week, one-on-one training was administered to the control subjects at the completion of their post-test. The revised (17-item) version of the Older Adults' Computer Technology Attitudes Scale (OACTAS) showed strong reliability: the results of a factor analysis were robust, and two analyses of covariance demonstrated that the training programme induced significant changes in attitudes and self-efficacy. Such results encourage the recruitment of older persons into training programmes aimed at increasing computer technology attitudes and self-efficacy. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

INTEGRATED CARE

207/71 The pursuit of integration in the assessment of older people with health and social care needs; by Michele Abendstern, Jane Hughes, Paul Clarkson ... (et al).
British Journal of Social Work, vol 41, no 3, April 2011, pp 467-485.
The provision of timely and effective services for older people with health and social care needs is dependent on the collection of accurate assessment information being shared with relevant agencies and accepted by them. This requires an integrated assessment approach capable of spanning the longstanding institutional separation between health and social care agencies present in England. This article considers the extent to which this has been achieved following the introduction of a policy initiative (the Single Assessment Process) that aimed to integrate assessment through the use of shared tools and procedures. The nature of implementation at the local level is considered in relation to national guidance. Indicators of integration include the existence of protocols and agreements, linkage with other processes and settings, joint training programmes, information sharing systems and the nature of professional involvement. Data are derived from a national survey conducted in 2006. Findings suggest that some aspects of the policy have been taken up more than others and that whilst there is commitment to an integrated approach, this has been hampered by disjointed information sharing initiatives and by lack of involvement from some sectors. The issues raised are relevant to future proposals that seek to promote integrated assessment. (JL)
ISSN: 00453102 From : http://bjsw.oxfordjournals.org

INTERGENERATIONAL ISSUES

(See Also 207/60, 207/67)

207/72 The continuing importance of children in relieving elder poverty: evidence from Korea; by Erin Hye-Won Kim, Philip J Cook.
Ageing and Society, vol 31, part 6, August 2011, pp 953-976.
The population of South Korea is ageing rapidly and government provision for older people is meagre, yet little is known about the actual financial status of older Koreans or the amount of economic support they receive from children. This paper addresses these issues using data from the 2006 Korean Longitudinal Study of Ageing. The study found that almost 70% of Koreans aged 65 or more receive financial transfers from children and that the transfers account for about a quarter of an average older person's income. While over 60% of older people would be poor without private transfers, children's transfers substantially mitigate elder poverty. Furthermore, children's transfers tend to be proportionally larger to low-income parents, so elder income inequality is reduced by the transfers. Over 40% of older people live with a child and co-residence helps reduce elder poverty. In conclusion, Korean children still play a crucial role in providing financial old-age security. So it is highly important for the Korean government to design old-age policies that preserve the incentives for private assistance. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

207/73 Financial support and practical help between older parents and their middle-aged children in Europe; by Christian Deindl, Martina Brandt.
Ageing and Society, vol 31, part 4, May 2011, pp 645-662.
Financial support and practical help between older parents and their middle-aged children vary greatly among the regions of Europe. Northern and Western Europe is characterised by a high likelihood of practical help to and financial transfers from parents, while in Southern and Eastern Europe these kinds of support are much less likely. Financial transfers to parents show an almost opposite distribution, with more children supporting a parent in Southern and Eastern welfare regimes. Using the second wave of the Survey of Health, Ageing and Retirement in Europe encompassing 14 European countries conducted in 2006-07, these country differences can be linked to different social policies. Controlling for different aspects of country composition in terms of individual characteristics and family structures impacting on intergenerational support, it was found that the more services and transfers provided publicly, the more people aged 50 or more years helped their older parents sporadically, and the less monetary support they provided. On the other hand, generous public transfers enabled parents aged 64 or more years to support their offspring financially. Thus, neither `crowding in' nor `crowding out', but a modification of private transfers depending on public transfers and vice versa is found, suggesting a specialisation of private and public support. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

207/74 Relationships between parents and their adult children: a West European typology of late-life families; by Pearl A Dykstra, Tineke Fokkema.
Ageing and Society, vol 31, part 4, May 2011, pp 545-569.
The study aimed to challenge the hypothesis that family solidarity patterns are divided between an individualistic north and a famialistic south. Using multiple dimensions of intergenerational solidarity drawn from the Survey of Health, Ageing and Retirement in Europe, the authors developed a typology of late-life families which is robust across northern, central and southern regions. The four types were: (a) descending familialism: living nearby, frequent contact, endorsement of family obligation norms, and primarily help in kind from parents to children, (b) ascending familialism: living nearby, frequent contact, endorsement of family obligation norms, and primarily help in kind from children to parents, (c) supportive-at-distance: not living nearby, frequent contact, refutation of family obligation norms, and primarily financial transfers

from parents to adult children, (d) autonomous: not living nearby, little contact, refutation of family obligation norms, and few support exchanges. The four types are common in each European country, though the distributions differ. The findings suggest that scholars should abandon the idea that a particular country can be characterised by a single dominant type of late-life family. Socio-demographic differentials in family type follow predictable patterns, underscoring the validity of the developed typology. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

INTERNATIONAL AND COMPARATIVE

(See Also 207/1, 207/21, 207/89)

207/75 The Nordic welfare states - revisited.
Social Policy & Administration, vol 45, no 2, special issue, April 2011, pp 111-219 (whole issue).
Special issue featuring an editorial introduction followed by seven articles, topics as follows: relative incomes for older people; Nordic employment policies before and during the financial crisis; the Nordic welfare model with special reference to Denmark; Nordic childcare policies in the 2000s; Swedish family policy; the welfare state in Finland; and the changing role of trade unions in the welfare reform process. (JL)
ISSN: 01445596
From : http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515

LEISURE

207/76 A critical review of the literature on social and leisure activity and wellbeing in later life; by Kathryn Betts Adams, Sylvia Leibbrandt, Heehyul Moon.
Ageing and Society, vol 31, part 4, May 2011, pp 683-712.
An engaged lifestyle is seen as an important component of successful ageing. Many older adults with high participation in social and leisure activities report positive wellbeing, a fact that fuelled the original activity theory and that continues to influence researchers, theorists and practitioners. This study's purpose is to review the conceptualisation and measurement of activity among older adults and the associations reported in the gerontological literature between specific dimensions of activity and wellbeing. The authors found 42 studies in 44 articles published between 1995 and 2009. They reported from one to 13 activity domains, the majority reporting two or three, such as informal, formal and solitary, or productive versus leisure. Domains associated with subjective wellbeing, health or survival included social, leisure, productive, physical, intellectual, service and solitary activities. Informal social activity has accumulated the most evidence of an influence on wellbeing. Individual descriptors such as gender or physical functioning sometimes moderate these associations, while contextual variables such as choice, meaning or perceived quality play intervening roles. Differences in definitions and measurement make it difficult to draw inferences about this body of evidence on the associations between activity and wellbeing. Activity theory serves as shorthand for these associations, but gerontology must better integrate developmental and psychological constructs into a refined, comprehensive activity theory. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

LONG TERM CARE

207/77 Future costs of dementia-related long-tem care: exploring future scenarios; by Adelina Comas-Herrera, Sara Northey, Raphael Wittenberg ... (et al).
International Psychogeriatrics, vol 23, no 1, February 2011, pp 20-30.
This study explored how the views of a panel of experts on dementia would affect projected long-term care expenditure for older people with dementia in England in the year 2031. A

Delphi-style approach was used to gather the views of experts. The projections were carried out using a macro-simulation model of future demand and associated expenditure for long-term care by older people with dementia. The panel chose statements that suggested a small reduction in the prevalence of dementia over the next fifty years, a freeze in the numbers of people in care homes, and an increase in the qualifications and pay of care assistants who look after older people with dementia. Projections of expenditure on long-term care suggest that future expenditure on long-term care for this group will rise from 0.6% of GDP in 2002 to between 0.82% and 0.96% of GDP in 2031. This range is lower than the projected expenditure of 0.99% of GDP in 2031 obtained under a range of base case assumptions. (JL)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

MEDICAL ISSUES

207/78 Assessing the cost-effectiveness of the rivastigmine transdermal patch for Alzheimer's disease in the UK using MMSE- and ADL-based models; by Balazs Nagy, Alan Brennan, Agnes Brandtmuller ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 5, May 2011, pp 483-494.
The study aimed to assess the long-term cost-effectiveness of rivastigmine patch in Alzheimer's disease (AD) management in the UK, using cognitive and functional models based on clinical trial efficacy data. Incremental costs and Quality Adjusted Life Years (QALYs) associated with rivastigmine patch and capsule treatment versus best supportive care (BSC) were calculated using two economic models, one based solely on Mini-Mental State Examination (MMSE) scores, and one also incorporating activities of daily living (ADL) scores. The clinical pathway was populated with data from a clinical trial of rivastigmine patch (9.5 mg/24 h) and capsules (12 mg/day) versus placebo. Costs were based on the UK health and social care costs and basic UK National Health Service (NHS) prices. Disease progression was modelled beyond the trial period over five years using published equations to predict natural decline in AD patients. Base case costing variables included drugs, clinical monitoring, and institutionalisation. The MMSE model estimated incremental costs per QALY of £10,579 for rivastigmine patch and £15,154 for capsule versus BSC. The MMSE-ADL model estimated incremental costs per QALY of £9,114 for rivastigmine patch and £13,758 for capsules. Both the MMSE and MMSE-ADL models suggest that rivastigmine patch and capsules are cost-effective treatments. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/79 Coping processes and health-related quality of life in Parkinson's disease; by R S Bucks, K E Cruise, T C Skinner ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 247-255.
The study investigated the predictive value of various coping processes for the psychological and disease specific aspects of health-related quality of life (HRQoL) in Parkinson's disease (PD). 85 patients with PD were assessed for depression, anxiety, stress, quality of life and other variables. Results showed that greater use of planned problem solving was significantly associated with better HRQoL in relation to cognitive impairment, communication and bodily discomfort. In addition to greater disease duration, greater use of escape-avoidance coping processes were identified as significant predictors of poorer HRQoL outcomes in the domains of mood and emotional well-being. Concludes that psychological interventions such as mindfulness training, aimed at reducing the use of escape-avoidance coping, may help to improve HRQoL in PD. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/80 Depression and anxiety in chronic heart failure and chronic obstructive pulmonary disease: prevalence, relevance, clinical implications and management principles; by A M Yohannes, T G Willgoss, R C Baldwin, M J Connolly.
International Journal of Geriatric Psychiatry, vol 25, no 12, December 2010, pp 1209-1221.
The purpose of the study was to review evidence regarding the prevalence, causation, clinical

implications, aspects of healthcare utilisation and management of depression and anxiety in chronic heart failure and chronic obstructive pulmonary disease. A critical review of research published between 1994 and 2009 was carried out. Findings showed that the prevalence of depression and anxiety is high in both chronic obstructive pulmonary disease and chronic heart failure. However methodological weaknesses and the use of a wide range of diagnostic tools make it difficult to reach a consensus on rates of prevalence. Co-morbid depression and anxiety are associated with increased mortality and healthcare utilisation and impact upon functional disability and quality of life. Despite these negative consequences, the identification and management of co-morbid depression and anxiety in these two diseases is inadequate. There is some evidence for the positive role of pulmonary and/or cardiac rehabilitation and psychotherapy in the management of co-morbid depression and anxiety, however this is insufficient to guide recommendations. In conclusion, the high prevalence and associated increase in morbidity and mortality justifies future research regarding the management of anxiety and depression in both chronic heart failure and chronic obstructive pulmonary disease. Current evidence suggests that multi-faceted interventions such as pulmonary and cardiac rehabilitation may offer the best hope for improving outcomes for depression and anxiety. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/81 Excess mortality in osteoarthritis: provides evidence for a unified approach to musculoskeletal ageing; by Cyrus Cooper, Nigel K Arden.
British Medical Journal, vol 342, no 7798, 19 March 2011, pp 609-610.
Research into the association between osteoarthritis, biological ageing and premature death. (JL)
ISSN: 09598138
From : www.bmj.com

207/82 Hypertension in the elderly; by Abhaya Gupta, Saloni Gupta.
GM (Geriatric Medicine), vol 41, no 2, February 2011, pp 91-95.
Looks at the prevalence of hypertension in older people in Britain and the potential benefits of drug treatment and therapy. A number of randomised controlled trials have demonstrated the benefits of treating hypertension in older people, including patients aged 80 and over. Several drugs are available and the majority need combination therapy. Management can be challenging due to side effects, polypharmacy and orthostatic hypotension. (JL)
ISSN: 0268201X
From : http://www.gerimed.co.uk/

MEDICATION

(See Also 207/93)

207/83 Antipsychotic prescribing to older people living in care homes and the community in England and Wales; by S M Shah, I M Carey, T Harris ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 4, April 2011, pp 423-434.
This paper describes and compares antipsychotic prescribing to older people in care homes and the community in England and Wales. 3,677 (0.9%) patients in the community and 2,173 (20.9%) in care homes (20.5% in residential homes, 21.7% in nursing homes) received an antipsychotic medication prescription in the 90 days preceding the study. Most patients had received prescriptions for more than three months and 60% of prescriptions were for atypical antipsychotics. In patients without severe mental illness, 2,367 (0.6%) patients in the community and 1,765 (18.2%) in care homes received antipsychotic medication; such prescribing was common for patients with recorded dementia (30.2% in care homes, 10.1% in the community). In care homes, younger age and living in the North of England predicted prescribing, but care home type did not. In the community, female gender, increasing age, living in a deprived area and the North predicted prescribing. Study findings show that despite safety concerns, antipsychotic prescribing is markedly higher in care homes than in the community, and strongly associated with dementia in both settings. In England and Wales, it is estimated that 54,000

older care home patients and 50,000 community patients received antipsychotic medication without a diagnosis of severe mental illness. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/84 Specialist medication review does not benefit short-tem outcomes and net costs in continuing-care patients; by George Pope, Noreen Wall, Catherine Mary Peters ... (et al).
Age and Ageing, vol 40, no 3, May 2011, pp 307-312.
The purpose of this randomised controlled trial was to evaluate specialist geriatric input and medication review in patients in high-dependency continuing care. 225 older hospital patients were randomised to either specialist geriatric input or regular input. The specialist group had a medical assessment by a geriatrician and medication review by a multidisciplinary expert panel. Regular input consisted of review as required by a medical officer attached to each ward. After six months, the total number of medications per patient per day fell from 11.64 to 11.09 in the specialist group (P = 0.0364) and increased from 11.07 to 11.5 in the regular group (P = 0.094). There was no significant difference in mortality or frequency of acute hospital transfers (11 versus 6 in the specialist versus regular group, P = 0.213). In conclusion, specialist geriatric assessment and medication review in hospital continuing care resulted in a reduction in medication use, but at a significant cost. No benefits in hard clinical outcomes were demonstrated. However, qualitative benefits and lower costs may become evident over longer periods. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/ http://www.bgs.org.uk/

MENTAL HEALTH

(See Also 207/6, 207/56, 207/99)

207/85 'I live for today': a qualitative study investigating older people's attitudes to advance planning; by Kritika Samsi, Jill Manthorpe.
Health and Social Care in the Community, vol 19, no 1, January 2011, pp 52-59.
The Mental Capacity Act 2005 (MCA) enables adults with capacity to make plans and decisions in advance. It allows them to arrange proxy decision-making and provides safeguards for those who might lose the capacity to make decisions in the future. This paper investigated the attitudes of 37 healthy older people about their views on documenting their decision-making preferences. Results indicated that most individuals had a personal preference towards planning, guided by personality, beliefs, living situation and the relevancy of planning to their situation. Financial plans and funeral arrangements were most common; health and social care plans least common. Housing and residential care were important for all. However, few participants had heard of the MCA. The family doctor was cited as trustworthy and a potential place to begin inquiries. Considering the onset of certain debilitating conditions encouraged participants to think about planning. The authors conclude that the study has implications for education campaigns that could potentially impact on older people who are interested in making plans but are unaware that legal safeguards and practical support are available. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

207/86 Are terminal decline and its potential indicators detectable in population studies of the oldest old?; by Graciela Muniz-Terrera, Fiona E Matthews, Blossom Stephan ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 6, June 2011, pp 584-592.
The terminal decline hypothesis states that individuals experience a decline in cognitive function before death, particularly in the last three to eight years of life. The aim of this study was to discover whether this decline, measured using the Mini Mental State Examination (MMSE), could be detected in a sample of participants from the Cambridge City Over 75 Cohort Study, one in which 99% of participants had now died. Potential risk profiles were also examined. Decline and acceleration of this decline were detectable in the period before death. Some

between person variation was detected in this pattern, which included: differences in cognitive performance by age at death; sex; initial cognitive impairment and mobility; in rate of decline by age at death; initial cognitive impairment and mobility; and differences in change in rate of decline by sex, initial cognitive impairment, and mobility. The data clearly demonstrate the phenomenon of decline in global cognition measurements with the proximity of death as well as potential variables that could influence that pattern. Further work is required on how to detect the onset of the acceleration of this decline in each individual together with the factors that could allow clinicians to distinguish between the normal and preterminal phases of change in extreme old age. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/87 Assessing severity of delirium by the Delirium Observation Screening Scale; by Alice C Scheffer, Barbara C van Munster, Marieke J Schuurmans, Sophia E de Rooij.
International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 284-291.
The aim of this study was to validate a scale developed to assess the severity of delirium during regular nursing care, the Delirium Observation Screening (DOS) Scale. Delirium was diagnosed according to DSM-IV criteria and the Confusion Assessment Method. Global cognitive functioning was assessed by the Informant Questionnaire Cognitive Decline in the Elderly-Short Form (IQCODE-SF) and the Katz-ADL Scale was used for functional impairment. 97 delirious patients took part in the study including 41 hip fracture patients and 56 medical patients. The correlation between total Delirium Rating Scale-Revised-98 (DRS-R-98) scores and DOS Scale scores was 0.67. For the cognitive impaired group (IQCODE-SF) this correlation was 0.61; for the group with no global cognitive impairment this correlation was 0.67. Correlations between DRS-R-98 and DOS Scale for hypoactive, hyperactive and mixed delirium subtype were 0.40, 0.44 and 0.69 respectively. Concludes that the DOS Scale is a time-efficient, easy to use and reliable method for measuring and monitoring severity of delirium by nurses. (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

207/88 Coping in old age with extreme childhood trauma: aging Holocaust survivors and their offspring facing new challenges; by Ayala Fridman, Marian J Bakermans-Kranenburg, Abraham Sagi-Schwartz, Marinus H Van IJzendoorn.
Aging & Mental Health, vol 15, no 2, March 2011, pp 232-242.
Survivors of the Jewish Holocaust are only now in the process of coping with normal ageing processes. Childhood trauma may leave the survivors more vulnerable when they are facing stress related to old age, and their offspring may have a challenging role of protecting their parents from further pain. This study aimed to examine the psychological adaptation of Holocaust survivors and their offspring in light of these new challenges, examining satisfaction with life, mental health, cognitive abilities, dissociative symptoms, and physical health. Careful matching of female Holocaust survivors and comparison subjects living in Israel was employed to form a case-control study design with two generations, including four groups: 32 older female Holocaust survivors and 47 daughters, and 33 older women in the comparison group, and 32 daughters. Participants completed several measures of mental and physical health, and their cognitive functioning was examined. Holocaust survivors showed more dissociative symptomatology and less satisfaction with their life compared to the matched group. However adult offspring of Holocaust survivors showed no differences in their physical, psychological, and cognitive functioning as compared to matched controls. In conclusion, Holocaust survivors still display posttraumatic stress symptoms almost 70 years after the trauma, whereas no intergenerational transmission of trauma was found among the second generation. (JL)
ISSN: 13607863 From : http://www.informaworld.com/CAMH

207/89 Mental disorders affect older persons in Sweden: a register-based study; by Gunilla Martinsson, Lena Wiklund-Gustin, Ingegerd Fagerberg, Christina Lindholm.
International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 277-283.
The study aimed to estimate the prevalence of mental disorders based on pharmaceutical use among persons aged 65 and over in Sweden between the years 2006-2008. Data on the mental

health of older persons were approximated on the basis of recommended prescriptions for pharmaceuticals. Each disorder was analysed to identify associated recommended pharmaceuticals. Anatomical Therapeutic Chemical Classification codes were applied. The data covered 188,024 individuals who received over two million prescriptions for pharmaceuticals for mental disorders during a three-year period. Persons with pharmaceuticals for dementia disorders were excluded from the study. Results showed that the prevalence of mental disorders among the old in Sweden, measured on the basis of pharmaceutical use, was 6.6% in 2006, 2007, and 2008, respectively. Men constituted one-third of cases and women two-thirds. Prevalence was lowest in the age group 65-69 and increased subsequently with age. Overall results of the study show that mental disorders affect every fifteenth older person in Sweden. The prevalence of mental disorders increases with age. (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

207/90 Mental health and housing: developing a care and support pathway; by Nick Welch, Angelo Fernandes.
Housing, Care and Support, vol 13, no 4, December 2010, pp 16-22.
The development of services to enable people with mental health needs to live as independently as possible within the community is a key objective of Oxfordshire's mental health strategy. This article describes the development of the Supported to Independent Living project (SIL), a partnership between three social care agencies within the county. Oxfordshire has seen vigorous development of community living for people with longstanding mental health needs through the provision of group homes but this has not been uniform across the county. The needs of a diverse, younger, often more mobile and potentially more challenging group of service users for housing with appropriate care and support have not been met. The County Council and Oxfordshire Primary Care Trust (PCT) have developed a joint strategy to meet these needs which introduces a pathway of linked accommodation and support arrangements. These range from intensive support through to floating support in the community, and are intended to offer individuals a guided pathway away from specialist services to more mainstream provision. The services are based on the principles of recovery, personalisation and ordinary housing. At the same time as reconfiguring services the strategy has to deliver savings to meet recently imposed cuts. (JL)
ISSN: 14608790 From : http://www.pierprofessional.com/hcsflyer/index.html

207/91 Specific attentional impairments and complex visual hallucinations in eye disease; by G Graham, J Dean, U P Mosimann ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 263-267.
The study aimed to test the prediction by the Perception and Attention Deficit (PAD) model of complex visual hallucinations that cognitive impairment, specifically in visual attention, is a key risk factor for complex hallucinations in eye disease. Two studies of older patients with acquired eye disease investigated the relationship between complex visual hallucinations (CVH) and impairments in general cognition and verbal attention (Study 1) and between CVH, selective visual attention and visual object perception (Study 2). The North East Visual Hallucinations Inventory was used to classify CVH. In Study 1 there was no relationship between CVH and performance on cognitive screening or verbal attention tasks. In Study 2, participants with CVH showed poorer performance on a modified Stroop task, a novel imagery-based attentional task and picture but not silhouette naming tasks. Performance on these tasks correctly classified 83% of the participants as hallucinators or non-hallucinators. The results suggest that, consistent with the PAD model, complex visual hallucinations in people with acquired eye disease are associated with visual attention impairment. (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

207/92 Temporal orientation in a national community sample of older people; by Justin Kington, Robert Stewart.
International Journal of Geriatric Psychiatry, vol 26, no 2, February 2011, pp 144-149.
The purpose of the study was to investigate how often older people know the correct answers to questions about time orientation (knowledge of the day, date, month and year), and what factors

might affect performance with these. Data were analysed from the second British National Psychiatric Morbidity Study for people aged 60 years and above, carried out in 2000. In the original survey, 2007 people aged 60 years or older had been asked orientation questions as part of the modified Telephone Interview for Cognitive Status (TICSm). Using this data error rates for time orientation were calculated. Associations between performance on these questions and other covariates (eg. sociodemographic factors, estimated verbal IQ, education, mental disorder) were further explored using logistic regression. Overall nearly 20% of the sample did not know the correct date. Orientation errors for day, month and year were substantially lower. After adjustment, increased age and lower verbal IQ remained significantly associated with date orientation errors. Concludes that deficits in time (and especially date) orientation should be borne in mind by clinicians when making brief assessments of cognitive function. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/93 Widowhood and the risk of psychiatric care, psychotropic medication and all-cause mortality: a cohort study of 658,022 elderly people in Sweden; by Jette Moller, Emma Bjorkenstam, Rickard Ljung, Monica Aberg Yngwe.
Aging & Mental Health, vol 15, no 2, March 2011, pp 259-266.
The study examined the effect of widowhood on the risk of psychiatric care, psychotropic medication and mortality. It also looked at whether the effect is modified by educational level. Study participants were married or widowed individuals aged 75 and older who were alive and registered in Sweden on 31 December 2004 and still registered on 31 December 2005. A total of 658,022 individuals were included in the study and followed up during 2006. Study results showed that loss of spouse increased the risk of outpatient psychiatric visits, psychotropic medication and all-cause mortality. Prescribed psychotropic medication was more common among those newly bereaved compared to those married. The analyses also indicated different effects on inpatient care depending on educational level. In conclusion, loss of spouse increases the risk of people getting psychiatric care, both for severe and minor psychiatric conditions. The effect seems to differ depending on educational level. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

MENTAL HEALTH SERVICES

(See Also 207/29, 207/45)

207/94 The challenge of evaluating mental health services for older people; by Niall McCrae, Sube Banerjee.
International Journal of Geriatric Psychiatry, vol 26, no 6, June 2011, pp 551-557.
Despite a consensus on the need to expand service capacity and function in mental health care for older people, evidence on models of service development is limited. The authors suggest that while clinicians move towards evidence-based practice, health service management and commissioning tends to continue to be driven by political expediency. In attempting to answer the question `Does it work?' it is necessary to remember that programmes do not work; people make them work. Evaluators need to look beyond the formal aspects of the programme and understand change from each participant's perspective. Mixed methods were applied to evaluating two developments in mental health services for older people run by the South London and Maudsley NHS Foundation Trust: Improving Quality of Care for Older People in Lambeth, and Croydon Memory Service. Drawing on these two case studies, the authors consider how evaluation of service innovations can inform policy and practice. They suggest that combining formative and summative methodology improves the contribution of evaluation of service development to the evidence base and that the realist evaluation model is useful in generating theory from complex interventions in a unique context. It is concluded that evaluation should involve both measurement and meaning when judging the value of an intervention. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

207/95 Ethnicity and access to an inner city home treatment service: a case-control study; by Matthew Bookie, Martin Webber.
Health and Social Care in the Community, vol 19, no 3, May 2011, pp 280-288.
Evidence suggests that people from black and minority ethnic groups are more likely to be diagnosed with a mental health problem and are disproportionately represented in mental health inpatient services. The aim of this study, undertaken in a large inner London borough, was to establish whether people of black ethnic origin had equal access to home treatment in a mental health crisis. The researchers selected a random sample of 240 inpatient episodes and compared them with a sample of 77 home treatment episodes over a 12 month period, comparing the circumstances and characteristics of people using the home treatment team and inpatient services. The study found no association between ethnicity and the likelihood of receiving home treatment as opposed to a hospital admission whilst in a mental health crisis, although the findings showed that when admitted to hospital people from black ethnic groups experienced significantly longer admissions than people of white British origin. The authors suggest that further research is required for the early discharge function of home treatment teams to evaluate whether this aspect of care is experienced differently by different ethnic groups. (JL)
ISSN: 09660410 From : http://www.ingentaconnect.com/content/bsc/hscc

207/96 Modernizing mental health services for older people: a case study; by Niall McCrae, Sube Banerjee.
International Psychogeriatrics, vol 23, no 1, February 2011, pp 10-19.
Describes an evaluation of a redevelopment programme in a mental health service for older people. IQCOL (Improving Quality of Care for Older People in Lambeth) was a two-year programme to modernise and expand an inner-city service, with objectives to improve access, embed new functions, and tune the service towards the needs of the local community. The programme evaluation aimed to contribute to knowledge on service planning and methodology for evaluating complex interventions. Generally the workforce responded well to the programme and a high level of participation in evaluation activities was achieved. However, progress in one team was hindered by understaffing and resistance to change, emphasising that while localised provision may be desirable, team viability requires adequate resources and professional support. This case study demonstrates how whole system change can be achieved if sufficient attention is given to the needs of staff implementing the programme. The evaluation emphasizes the importance of context in producing generalisable evidence on service development, and contributes useful methodological insights. (JL)
ISSN: 10416102 From : http://www.journals.cambridge.org/ipg

207/97 Towards integrated community mental health teams for older people in England: progress and new insights; by Mark Wilberforce, Val Harrington, Christian Brand ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 221-228.
The study aimed to investigate progress in joint working within community mental health teams for older people (CMHTsOP) against a range of national standards, and to consider team characteristics that may hinder or facilitate integrated practice. A postal questionnaire was sent to the managers of all CMHTsOP in England. A total of 376 teams responded representing a response rate of nearly 88%. Hypothesis testing and regression analysis, using a composite score based on nine indicators of integration, were conducted to address the study's aims. The study found that progress was being made against a number of key standards of joint working, however most teams could not access local authority service user records, nor were health staff within most teams able to commission social care services. After controlling for other characteristics, teams with the lowest levels of integration tended to work across multiple local authorities, were managed by a nurse, had high referral rates and were located in formally integrated Care Trusts. The paper highlights team and locality features that appear to cause obstacles to joint working. The authors suggest that there is a clear gap in the evidence relating team structures and characteristics to the quality of patient care. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

NEIGHBOURHOODS AND COMMUNITIES

(See Also 207/48)

207/98 A great place to grow older: a case study of how Manchester is developing an age-friendly city; by Paul McGarry, Jane Morris.
Working with Older People, vol 15, issue 1, March 2011, pp 38-46.
Since 2003 the Valuing Older People (VOP) programme has brought together a council-led partnership of agencies, community groups and individuals to promote better quality of life for older people. Manchester's older residents, together with statutory, voluntary and independent agencies are leading the development of partnership work and supporting varied initiatives to improve older people's quality of life. They aim to tackle the city's health and other inequalities and address specific challenges of growing older in deprived urban areas. In 2009 Manchester's VOP team published its ageing strategy and the city has now joined the global network of age-friendly cities. The authors look at progress to date, and some of the current issues and opportunities. (JL)
ISSN: 13663666
From : http://www.pierprofessional.com/wwopflyer/index.html

OLDER MEN

207/99 No country for old men?: the role of a 'Gentleman's Club' in promoting social engagement and psychological well-being in residential care; by Ilka H Gleibs, Catherine Haslam, Janelle M Jones ... (et al).
Aging & Mental Health, vol 15, no 4, May 2011, pp 456-466.
Social isolation is a common problem in older care home residents. This is of particular concern for men, who are marginalised in long-term care settings as a result of their reduced numbers and greater difficulty in accessing effective social support, relative to women. However research has shown that developing social group memberships can counteract the effects of isolation. The purpose of this study was to examine whether increased socialisation with others of the same gender enhances social identification, well-being (e.g. life satisfaction, mood), and cognitive ability. Care home residents were invited to join gender-based groups (i.e. Ladies and Gentlemen's Clubs). Nine groups were examined (five male groups, four female groups) comprising 26 participants (12 male, 14 female), who took part in fortnightly social activities. Social identification, personal identity strength, cognitive ability and well-being were measured at the commencement of the intervention and 12 weeks later. Study results showed that a clear gender effect was found. For women, there was evidence of maintained well-being and identification over time. For men, there was a significant reduction in depression and anxiety, and an increased sense of social identification with others. So while decreasing well-being tends to be the norm in long-term residential care, building new social group memberships in the form of gender clubs can counteract this decline, particularly among men. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

OLDER WOMEN

(See 207/3)

PARTICIPATION

207/100 Evaluating services in partnership with older people: exploring the role of 'community researchers'; by Simon Evans, Marjorie Corley, Malcolm Corrie ... (et al).
Working with Older People, vol 15, issue 1, March 2011, pp 26-33.
This study is a collaboration between an academic researcher and four older people who worked together on the evaluation of a pilot project in Gloucestershire, with the aim of making care

homes part of the community. The authors first present an outline of policy and practice developments in relation to public engagement in research. A description is then provided of a research project that included recruiting and training older community researchers to carry out an evaluation of the Partnerships for Older People Project in Gloucestershire. The next section focuses on the experiences of the older people who carried out this role, including some of the benefits and challenges that were encountered. Concludes with an examination of the implications for delivering meaningful public engagement in service development and evaluation, from the perspective of older people. (JL)
ISSN: 13663666
From : http://www.pierprofessional.com/wwopflyer/index.html

207/101 The experience of community engagement for individuals: a rapid review of evidence; by Pamela Attree, Beverley French, Beth Milton ... (et al).
Health and Social Care in the Community, vol 19, no 3, May 2011, pp 250-260.
Community engagement refers to community involvement in decision-making and in the design, governance and delivery of initiatives which aim to address social determinants of population health and health inequalities. Drawing on a wider review of evidence carried out for the National Institute for Health and Clinical Excellence, this article focuses on the impact of community engagement on individual members of communities actively engaged in initiatives such as regeneration projects, time banks, service planning, and other civic and community groups. The rapid review identified a total of 22 studies containing empirical data on subjective experiences of community engagement for individuals. The article describes and discusses the review and includes a table showing characteristics of the selected studies. Findings suggested that the majority of engaged individuals perceived benefits for their physical and psychological health, self-confidence, self-esteem, sense of personal empowerment and social relationships. However the evidence also suggested that there were unintended negative consequences of community engagement for some individuals, including exhaustion and stress as involvement drained participants' energy levels, time and financial resources. Other negative consequences included consultation fatigue and disappointment. Physical demands of engagement were reported as particularly onerous by individuals with disabilities. The authors note that this complexity needs to be recognised among those who seek to engage communities. (JL)
ISSN: 09660410 From : http://www.ingentaconnect.com/content/bsc/hscc

PERSONALISATION

207/102 Personalisation: perceptions of the role of social work in a world of brokers and budgets; by Janet Leece, David Leece.
British Journal of Social Work, vol 41, no 2, March 2011, pp 204-223.
In order to achieve a truly personalised support system, it has been suggested that a major reform of public services is necessary. This would help recognise service users' abilities to establish their own needs, and how these can best be met. This paper reports on research that investigated the perceptions of 66 disabled people, carers and older people of the role social workers should perform in a personalised world. The study used data from a thread posted on eighteen internet forums. This methodology allowed access to hard to reach groups and encouraged participation by individuals whose contributions may be inhibited by more traditional research methods. Findings indicated that notions of power and autonomy were fundamental in understanding participants' views of social work with concerns raised about the power of social workers and statutory organisations. The authors suggest that these findings have implications for the recommendations made by the Social Work Task Force in 2009 for the reform of social work that argues for social work to have a greater professional status. (JL)
ISSN: 00453102 From : http://bjsw.oxfordjournals.org

207/103 Personalisation and housing in an age of austerity; by Bruce Moore.
Housing, Care and Support, vol 13, no 4, December 2010, pp 10-14.
Looks at the role of housing for older people in the context of a climate of public spending cuts in the UK and the government's Big Society agenda. Argues that `third generation' retirement

housing will be very different from the more traditional warden controlled, protection and dependence style, based as it was on good intention but demonstrating ageist assumptions and attitudes. Suggests that a wholesale shift towards the culture of personalisation will be necessary for providers, but will also present challenges and additional demands on both providers and commissioners of services. The article offers two particular principles that the provider Hanover is using to guide its approach to changing its relationship with residents and to give them the power to exercise control. The first is to `provide clarity to allow choice' and the second `to help people to make choices and help themselves'. (JL)
ISSN: 14608790
From : http://www.pierprofessional.com/hcsflyer/index.html

PREVENTION

(See Also 207/13)

207/104 Ageing Well programme [summary of products]: supporting local authorities to develop good places to grow older; by Local Government Group - LG Group. London: Local Government Group, December 2010, 8 pp.
The Ageing Well programme supports local authorities to promote older people's independence and well being. The programme has four main themes: leadership; strategic approach; engagement of older people; and joined-up or coordinated commissioning and delivery of services for older people. This booklet outlines the range of diagnostic tools and support available, free of charge, to local authorities and local strategic partnerships (LSPs) to support these themes. It provides information on the range of diagnostic tools, improvement options, information and other resources available. (JL)
From : http://www.idea.gov.uk/idk/core/page.do?pageId=22160812

QUALITY OF LIFE

207/105 'Option recognition' in later life: variations in ageing in place; by Sheila Peace, Caroline Holland, Leonie Kellaher.
Ageing and Society, vol 31, part 5, July 2011, pp 734-757.
The person-environment system is fundamental to defining the quality of life in older people - the more competent the person the less dependent they are on environmental circumstances. While this focuses on the micro-environment of accommodation, it can be applied to the macro-environment of community living. This paper, using data gathered from 54 ethnically diverse participants in England, examines both the micro and macro scales. It develops the theoretical content of the person-competence model and considers the complexity of person-environment interaction. The paper suggests that, over time, some people find that their attachments to particular environments are compromised by declining competence or changes in the environment. Findings suggest that the point at which change impacts on an individual's independence and well-being is reached when adaptive behaviour cannot rebalance the macro- and micro-environmental scale. This point, termed `option recognition', leads to a range of personal responses including the modification of behaviour or environment, seeking structural support using formal and informal services, and potentially relocation. In conclusion, `option recognition' sets out to capture the extent of environmental impact that can affect decision-making in older people, and point to the importance of both change and continuity in the environment. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

207/106 Impairment of kidney function and reduced quality-of-life in older people: a cross-sectional study; by Dorothea Nitsch, Andrea G Mann, Christopher Bulpitt ... (et al).
Age and Ageing, vol 40, no 3, May 2011, pp 381-387.
The purpose of this cross-sectional study was to assess the association of kidney function and its impairment with quality of life (QOL) in community-dwelling older adults aged 75 years or

more in the UK. Estimated glomerular filtration rate (eGFR) using the four-variable modified diet in renal disease equation was derived in 1,195 men and 1,772 women with available bloods. In age- and co-morbidity-adjusted analyses there was an association of low eGFR and poorer quality of life. More research is needed to improve QOL in older people with a degree of kidney function impairment. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/ http://www.bgs.org.uk/

207/107 Predictors of quality of life ratings from persons with dementia: the role of insight; by Richard Trigg, Simon Watts, Roy Jones, Anne Tod.
International Journal of Geriatric Psychiatry, vol 26, no 1, January 2011, pp 83-91.
Evidence suggests that people with dementia are able to respond accurately and consistently to questions about quality of life (QoL), although large discrepancies exist between patient and proxy ratings. This may be due, in part, to the reduced insight of the person with dementia. The aim of this study was to explore the predictors of QoL ratings in a sample of people with mild dementia, with a particular focus on the role of insight. 69 participants and their caregivers were recruited from a memory clinic setting. The Bath Assessment of Subjective Quality of Life in Dementia (BASQID), Alzheimer's Disease-Related Quality of Life Scale, Memory Functioning Scale, Alzheimer's Disease Cooperative Study Activities of Daily Living (ADL) Inventory and Mini Mental State Examination were administered. Regression analyses indicated that the strongest predictor of QoL ratings from persons with dementia was their awareness of memory function, such that lower awareness was associated with higher QoL ratings. Proxy ratings of activity performance and enjoyment of activity were also significant predictors of BASQID scores. Awareness of memory function impacts directly on patient QoL ratings and can also mask the effects of changes in other outcomes such as ADL function. Measures of awareness should therefore be employed alongside patient QoL ratings in order to ensure they are interpreted accurately. (JL)
ISSN: 08856230 From : http://www.interscience.wiley.com/journal/gps

RELIGION AND SPIRITUALITY

207/108 Spiritual nurturance and support for nursing home residents with dementia; by Bethel Ann Powers, Nancy M Watson.
Dementia: the international journal of social research and practice, vol 10, no 1, February 2011, pp 59-80.
This mixed method study examined nursing home resident, family and staff views regarding spiritual nurturance and support for persons with dementia and analysed institutional resources and approaches for meeting residents' spiritual needs. For residents able to communicate in words, this topic evoked a range of emotional content, brought back memories, and yielded information about what mattered to them spiritually. Some observations and reported behaviours of residents unable to be interviewed directly suggested emotional awareness of spiritual activities. Family and staff views and concerns revealed the need for support and training in the provision of spiritual care. Quantitative findings were consistent and identified differences between surveyed nursing homes with and without religious affiliations. Discussion of personhood, religious coping, and meeting spiritual care needs led to conclusions about the role of professional chaplaincy, education for staff about appropriate behaviours in providing spiritual support as well as issues around diversity (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

RESEARCH

207/109 Recruiting and retaining older persons within a home-based pilot study using movement sensors; by Cathy Bailey, Vanessa Buckley.
Health and Social Care in the Community, vol 19, no 1, January 2011, pp 98-105.
This article reports on key aspects of recruiting and retaining a small group of community dwelling older adults who have experienced falls into a study, piloting motion sensors in their

homes for eight weeks. While the aim of the study was to consider how motion sensors may increase understanding of falls in the home, and how such sensors would fit into older people's lives, it also produced valuable research insights into the recruitment and retention of older people into home-based technology research and its challenges. The authors consider the recruitment strategy in terms of informed consent and non-exploitation, planning and explaining, the retention strategy in terms of communicating and recording and sharing data. It is hoped that by offering an analysis of the challenges and strategies it may help develop skills that maximise the involvement of older adults in research whilst at the same time ensuring inclusive and non-exploitative research relationships. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

RESIDENTIAL AND NURSING HOME CARE

(See Also 207/23, 207/30, 207/41, 207/44, 207/83, 207/108)

207/110 Advanced care planning in homes for older people: a qualitative study of the views of care staff and families; by F Stewart, C Goddard, R Schiff, S Hall.
Age and Ageing, vol 40, no 3, May 2011, pp 330-335.
The purpose of the study, which was based in two London boroughs, was to explore the views of care home staff and the families of older residents on advance care planning (ACP). Individual semi-structured interviews were conducted throughout. Generally, staff and families revealed positive opinions towards advance care planning. In particular staff felt it provided choice for residents and encouraged better planning. On the other hand staff and families perceived residents as reluctant to discuss ACP. Some care assistants were reluctant to be involved. Furthermore, families and staff reported prevalence of dementia among residents as another barrier. Nurses and care managers identified both family involvement and unforeseen medical circumstances as problematic. However overall, the authors conclude that staff and families support the concept of ACP. Methods to overcome the identified barriers are required to embed ACP within end of life care in care homes. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/ http://www.bgs.org.uk/

207/111 Expectations and experience of moving to a care home: perceptions of older people with dementia; by Nwe Winn Thein, Geraldine D'Souza, Bart Sheehan.
Dementia: the international journal of social research and practice, vol 10, no 1, February 2011, pp 7-18.
Large numbers of people with dementia live in care homes. Decisions about permanent care are usually made by family members and professionals with little involvement from people with dementia. This qualitative paper explores the personal experience of this move among people with dementia. Eighteen people with dementia were interviewed before and after a move into permanent care. Before moving into permanent care, a realisation of one's own difficulties, clearly expressed hopes and fears, and a wish for a role in preparation for the move were identified. After the move, both positive and negative experiences of the process were recalled, with participants clearly identifying what had helped them most in the process. Moving to a care home need not be a depressing process for people with dementia, who may be meaningfully involved in the process. Further research will profit from direct interviewing of the core people in the move, the people with dementia themselves. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

207/112 Living arrangements, relationship to people in the household and admission to care homes for older people; by Mark McCann, Michael Donnelly, Dermot O'Reilly.
Age and Ageing, vol 40, no 3, May 2011, pp 358-363.
The study, from Northern Ireland, aimed to assess the separate contributions of marital status, living arrangements and the presence of children to subsequent admission to a care home. A

longitudinal study derived from the health card registration system linked to the 2001 Census and comprising 28% of the Northern Ireland population was analysed using Cox regression to assess the likelihood of admission for 51,619 older people in the six years following the census. Cohort members' age, sex, marital and health status and relationship to other household members were analysed. There were 2,138 care home admissions _ a rate of 7.4 admissions per thousand person years. Those living alone had the highest likelihood of admission but there was little difference between the never-married and the previously married. Living with children offered similar protection as did living with a partner. The presence of children reduced admissions especially for married couples. Women were more likely to be admitted, though there were no gender differences for people living alone or those co-habiting with siblings. Concludes that the presence of potential caregivers within the household rather than outside the home is a major risk factor determining admission to a care home. Further research should concentrate on the health and needs of these co-residents. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/ http://www.bgs.org.uk/

207/113 Reducing hospital admissions from care homes: considering the role of a local enhanced service from GPs; by Daniel Briggs, Les Bright.
Working with Older People, vol 15, issue 1, March 2011, pp 4-12.
Since the 1970s, the number of private and voluntary care homes for older people have risen dramatically, with the NHS now playing a minor role. However, in some areas where there is a concentration of care homes, GPs have expressed concern about their capacity to provide an effective service to residents without additional resources. Some primary care trusts (PCTs) have since responded by making funds available to enable an improved service to be established. This article looks at the impact of one local enhanced service on the work of GPs, care staff and residents in a London borough. Eight home care professionals and three GPs where interviewed to reflect on elements of the current practice, the efficiency of processes, and offer suggestions to improve the services provided. Three key themes emerged: working relationships and communications; service efficiency; and residents' experiences. Overall, findings suggested that positive working relationships were integral to communication, which affected the level of service efficiency and quality. (JL)
ISSN: 13663666
From : http://www.pierprofessional.com/wwopflyer/index.html

RISK

(See 207/37)

SHELTERED HOUSING

207/114 Architectural space as a moulding factor of care practices and resident privacy in assisted living; by Catharina Nord.
Ageing and Society, vol 31, part 6, August 2011, pp 934-952.
This article presents an analysis of privacy, care practices and architectural space in assisted living in Sweden. Observations and personal interviews with staff as well as residents were the major data collection methods. The analysis revealed the evasiveness of a private-public dichotomy; that is, how privacy appears in public spaces and how private spaces became public under certain conditions. During the course of a day, the residents' privacy was qualified and structured by caring activities that took place in various spaces and that associated with variable distance or closeness to the staff. The study shows that individualised care practices improved privacy for the resident. Furthermore staff used a number of spatial strategies to promote the residents' privacy where possible, eg. in the dining room at meal times or when residents were subject to intimate care in their private rooms. The residents had more control of access to their private rooms than control of their personal space in public areas. Staff supported the residents to lead a private life in the assisted living facility. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

SLEEP

207/115 Sleep complaints and their association with comorbidity and health-related quality of life in an older population in Sweden; by C Fagerstrom, A Hellstrom.
Aging & Mental Health, vol 15, no 2, March 2011, pp 204-213.
The relationship between sleep complaints, comorbidity and health-related quality of life (HRQoL) in advanced age has not been clearly established. The aim of this study was to investigate the presence of sleep complaints and discuss their association with morbidity and the HRQoL among persons aged 60 years and above. Data regarding demography, sleep, comorbidity and HRQoL were collected through questionnaires and interviews among 1128 older adults in Sweden. There was a divergence in the number of sleep complaints between those with no morbidity and those who had a high degree of comorbidity. Most of the sleep complaints related to low HRQoL were found among those with a high degree of comorbidity. In conclusion, people with a high degree of comorbidity appear to be a group with a high risk of having both sleep complaints and a low HRQoL. Even if sleep complaints appear to be difficult to identify and treat successfully, it is important to pay particular attention to those people who suffer from a high degree of comorbidity if their HRQoL is to be maintained. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

SOCIAL CARE

(See Also 207/57, 207/122)

207/116 Adult social care; by Law Commission.
The report sets out 76 recommendations for the reform of adult social care in England and Wales. These recommendations represent the most far-reaching reforms of adult social care law seen for over 60 years, since the passing of the National Assistance Act 1948. Under the new proposals, older people, disabled people, those with mental health problems and carers will, for the first time, be clear about their legal rights to care and support services. Local councils across England and Wales will also have clear and concise rules to govern when they must provide services. The Law Commission's review of adult social care law, first announced in 2008, led to the publication of a scoping report that year, followed by a consultation paper in February 2010 setting out provisional proposals for law reform. This final report marks the completion of the Commission's project on adult social care law. The report is divided into twelve parts. Parts 2 and 3 consider preliminary issues such as defining adult social care and the structure of reform. Parts 4 through to 8 set out core recommendations for how social care provision will be governed _ eg the role of statutory provisions and assessments in decision making, issues around carers' eligibility, the provision of services and local authority adult protection orders under the new scheme. Parts 10 to 12 consider other outstanding issues, eg. ordinary residence and portability and overlap issues in adult social care. (JL)
Price: £37.00
From : http://www.justice.gov.uk/lawcommission/docs/lc326_adult_social_care.pdf

207/117 Fairer care funding: the report of the Commission on Funding of Care and Support; by Andrew Dilnot (Chair), Commission on Funding of Care and Support.: The Commission, July 2011, 80 pp.
The current funding system for adult social care in England is unfair, unduly complex and not fit for purpose. In this report the Commission proposes a strong foundation on which to build reform of the social care system and one where no-one will be expected to lose all their savings and assets in order to fund often unexpected costs of care and support in later life. Key recommendations include capping of lifetime contributions to adult social care costs; increasing the threshold for means-tested support for residential care; fairer support for people with disabilities; fairer eligibility criteria for service entitlement; encouraging individuals to plan ahead for later life; development of an information and advice strategy; improved assessments

for family carers; and the integration of adult social care with other services in the care and support system. (JL)
From :https://www.wp.dh.gov.uk/carecommission/files/2011/07/Fairer-Care-Funding-Report.pdf

207/118 Social care as first work experience in England: a secondary analysis of the profile of a national sample of migrant workers; by Shereen Hussein, Jill Manthorpe, Martin Stevens.
Health and Social Care in the Community, vol 19, no 1, January 2011, pp 89-97.
This paper evaluated the characteristics of migrants working in the UK care sector as their first job. The sample was identified from the new National Minimum Data Set for Social Care, as completed by social care employers in England. Workers whose ethnicity was identified as not White British and who had their previous job abroad were used as a proxy of recent migrants. Findings revealed that this group of workers has a significantly different profile compared with other workers. Recent migrants in the care sector were significantly younger and held higher qualifications relevant to social care; however, there were no significant gender differences. They were also concentrated in the private and voluntary sectors and in direct care work. There were variations between recent migrants' ethnicity and their job roles, with Asian workers more prevalent in senior care positions. The authors conclude that the findings have a number of possible implications for social care workforce and providers, particularly within the current context of changing migration rules and social care reforms within the EU. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

SOCIAL EXCLUSION

207/119 The use of telephone befriending in low level support for sociallly isolated older people: an evaluation; by Mima Cattan, Nicola Kime, Anne-Marie Bagnall.
Health and Social Care in the Community, vol 19, no 2, March 2011, pp 198-206.
Telephone befriending schemes have long been considered an effective method to reduce loneliness among older people. This study investigated the impact of a national scheme for 40 isolated and lonely older people, involving eight project sites in the UK. It assessed the impact of different models of telephone-based befriending services on older people's health and well-being. Findings revealed that the service helped older people to gain confidence, re-engage with the community and become socially active again. Overall, three main topics were identified: why older people valued the service; what impact it had made on their health and well-being; and what they wanted from the service. Also, nine subtopics emerged: life is worth living; gaining a sense of belonging; knowing they had a friend; a healthy mind is a healthy body; the alleviation of loneliness and anxiety; increased self-confidence; ordinary conversation; a trusted and reliable service; the future, and giving something back. In conclusion, telephone befriending schemes for older people provide low-cost means for socially isolated older people to become more confident and independent and develop a sense of self-respect. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

SOCIAL NETWORKS

(See Also 207/99)

207/120 The unique and valuable support provided by mentoring and befriending; by Joe Mulvihill.
Working with Older People, vol 15, issue 1, March 2011, pp 34-37.
Against the background of an ageing population and and overburdened NHS, this article argues the case for more mentoring and befriending projects to be set up to support older people with various levels of needs. The many benefits include reducing social isolation and helping with form filling. The author first presents an introduction to mentoring and befriending, along with some case study examples of projects in action. A discussion then follows of some of the ways befriending can be used to support older people from a new report by the Mentoring and Befriending Foundation. Finally, some implications for practice are outlined. Concludes that

befriending is an effective intervention in social care planning and should be adopted into packages of care and support for older people. (JL)
ISSN: 13663666   From : http://www.pierprofessional.com/wwopflyer/index.html

STROKE

207/121 Early supported discharge: an essential part of stroke care; by Rebecca Fisher, Marion Walker.
GM (Geriatric Medicine), vol 41, no 2, February 2011, pp 55-57.
Looks at policy drivers and research evidence supporting the health and cost benefits of early supported discharge (ESD) services for stroke patients. Shows how key policy documents focusing on the transfer of care from hospital to home, and rehabilitation of stroke patients at home, have recommended the implementation of ESD services. The evidence for ESD services is compelling, but progress towards widespread implementation is patchy even though the early rehabilitation of stroke patients at home has been a national priority since 2007. This article explores why this is the case. (JL)
ISSN: 0268201X   From : http://www.gerimed.co.uk/

SUICIDE

207/122 Social work with older people - reducing suicide risk: a critical review of practice and prevention; by Jill Manthorpe, Steve Iliffe.
British Journal of Social Work, vol 41, no 1, January 2011, pp 131-147.
Although suicide remains an uncommon event among older people in most developed countries, suicide rates do increase with age, mainly accounted for by the higher incidence among older men. This review draws on four existing reviews and a further search of the literature using a critical interpretive synthesis methodology that emphasises practitioner perspectives. It reveals three problems: a scarcity of research that takes a system-wide approach to suicide prevention in later life; a dearth of evidence about the social work contribution to reducing the risk of suicide in later life; and a noticeable absence of reference to social work practice in national guidelines for mental health practitioners. This absence of social work services from studies about later life suicide arises partly from concentration on medical, nursing and psychological literature and partly from the use of a hierarchy of evidence that grades research by quality of the science and stands to miss accounts of practice, let alone the experiences of older people. Suggests that emphasis should be given to guideline development, and to improving sub-optimal care and support. (JL)
ISSN: 00453102   From : http://bjsw.oxfordjournals.org

207/123 Suicide in later life: public health and practioner perspectives; by Jill Manthorpe, Steve Iliffe.
International Journal of Geriatric Psychiatry, vol 25, no 12, December 2010, pp 1230-1238.
A selective review of literature focusing on the epidemiology of suicide among older people was conducted. Papers were selected for their ability to shed light on the potential for prevention and practice from public health perspectives. Findings of the review showed that whilst the majority of older people who commit suicide have major depression, suicide seems to be due to a combination of personality factors and co-morbidities, including chronic pain and disablement. Complex multi-component public health studies are underway and are likely to provide useful knowledge to guide practice more precisely, but there is remarkably little information about the involvement of older people in risk reduction or about harm minimisation approaches at patient and public participation levels. For lack of sufficient evidence from intervention trials that are specific to older people, practitioners need to extrapolate from studies of younger adults and be aware of risk factors for suicide in later life. Public health approaches combined with practitioners' experiences of older people at risk may help minimise the risks of suicide in later life. These are fruitful areas for collaborative practice development, service initiatives, evaluation, and research. (JL)
ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps

VOLUNTEERING

207/124 The effect of time volunteering and charitable donations in later life on psychological wellbeing; by Namkee G Choi, Jinseok Kim.
Ageing and Society, vol 31, part 4, May 2011, pp 590-610.
The research looked at the effect of older adults' making charitable donations and time volunteering on their long-term psychological wellbeing. Guided by activity theory and the theory of volunteering and using data from the first and second waves of Midlife Development in the United States, this study examined the question of whether time volunteering and charitable donations nine years earlier had a positive direct effect on psychological wellbeing among individuals aged 55 and above. Controlling for time 1 (T1) psychological wellbeing and T1 human, cultural, and social capital resources, a moderate amount (up to ten hours monthly) of T1 time volunteering and any amount of T1 charitable donations had a direct positive effect on time 2 (T2; nine years later) psychological wellbeing. The findings also show a greater effect on psychological wellbeing of any amount of charitable donations than of any amount of time volunteering, although the extent of the effect of both time volunteering and charitable donations was small. With regard to human, cultural, and social capital resources, T1 self-rated health and generative quality were significant predictors of T2 psychological wellbeing, but T1 social capital had no significant effect on T2 psychological wellbeing. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

WELL-BEING

(See Also 207/50, 207/76, 207/104)

207/125 Wellbeing, independence and mobility; by Tim Schwanen, Friederike Ziegler (guest editors).
Ageing and Society, vol 31, part 5, July 2011, pp 719-869 (whole issue).
Special issue featuring an introduction followed by seven articles. The papers aim to bring together environmental and geographical perspectives on mobility, independence and wellbeing. Topics include option recognition in later life, older adults' perceptions of out-of-home mobility, myths around independence and living alone, technology and falls prevention, use of global positioning systems and environmental mastery and depression in care home residents. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso