

New Literature on Old Age

EDITOR

Gillian Crosby

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Centre for Policy on Ageing
28 Great Tower Street
London EC3R 5AT

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

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ABUSE

- 208/1 Re-thinking harm and abuse: insights from a lifespan perspective; by Brigid Daniel, Alison Bowes.
British Journal of Social Work, vol 41, no 5, July 2011, pp 820-836.
The protection of children and other vulnerable groups has been well studied, however there has been little research into areas such as significant harm to children, elder abuse and domestic violence though a lifespan approach. This article, drawing on material presented during an Economic and Social Research Council (ESRC) seminar series, adopts a lifespan view to understanding harm and abuse and explores how this can reveal insights for a more generic understanding and practice in protection services. The article provides varying social constructions and varying recognition of concepts of harm and abuse. It explores responses to harm and abuse, and suggests that formal systems tend to present clear victims and perpetrators. Service categories can be unhelpful as they may not reflect experiences or address the wider contexts in which these are embedded. The lifespan approach provides a means for comparing and contrasting issues raised within specific areas of need and service delivery. It is a viewpoint which raises new questions about understanding harm and abuse and helpful insights which have implications for policy and practice. (JL)
ISSN: 00453102
From : <http://bjsw.oxfordjournals.org>

ADVANCE DIRECTIVES

- 208/2 Geriatricians' views of advance decisions and their use in clinical care in England: qualitative study; by Catherine Jane Bond, Karen Lowton.
Age and Ageing, vol 40, no 4, July 2011, pp 450-456.
An anticipatory decision document records a person's wishes regarding medical treatment at a time when they have capacity to make choices, to be enacted when that capacity is lost. In England and Wales an advance decision to refuse treatment (ADRT), a legally binding document, is currently rarely used. A disparity is suggested to exist between physicians' support for anticipatory decisions in principle and their lack of impact on decision-making in practice. The aim of the present study was to elicit geriatricians' views on advance decisions and their use in decision-making in England. Study findings showed that geriatricians held positive views on anticipatory decisions in principle. In practice, they reported being highly likely to follow a decision which was in line with their clinical view. They would also favour an ADRT which was prescriptive in terms of the situation and treatment to which it applied. However, geriatricians expressed concerns in relation to patient understanding of the role and limits of these documents. Participants expressed discomfort in following an ADRT which, in their professional opinion, did not represent the patient's best interests, despite it being a legally binding document. A conflict between doctors' beneficence and patients' autonomy was apparent, with geriatricians differing in their views on how ADRTs should fit into medical decision-making, and particularly how far anticipatory decisions can represent ongoing patient autonomy. Despite its status in law, an ADRT which conflicts with a geriatrician's clinical opinion may not be implemented, resulting in a breach of the Mental Capacity Act. (JL)
ISSN: 00020729
From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>

AGE DISCRIMINATION

- 208/3 Age discrimination in the labour market from the perspectives of employers and older workers; by Chau-kiu Cheung, Ping Kwong Kam, Raymond Man-hung Ngan.
International Social Work, vol 54, no 1, January 2011, pp 118-136.
This article presents the findings of a study on age discrimination against older workers in Hong Kong. The study collected survey data from 787 older workers aged 45 or above and 283 employers who were managers responsible for human resources management or for hiring people for organisations. The focus was on revealing the influences of the organisational goals

of profit making and social responsibility on age discrimination, along with influences from negative stereotyping and other factors. Study findings showed that the social responsibility goal tended to be more influential than negative stereotyping on age discrimination. In contrast the profit-making goal did not display a significant effect on age discrimination. The authors offer implications for policy and practice for managing the ageing workforce in the labour market. (JL)

ISSN: 00208728 From : <http://isw.sagepub.com>

ALCOHOL AND DRUG MISUSE

208/4

Current alcohol consumption and its relationship to incident dementia: results from a 3-year follow-up study among primary care attenders aged 75 years and older; by Siegfried Weyerer, Martina Schaufele, Birgitt Wiese ... (et al).

Age and Ageing, vol 40, no 4, July 2011, pp 456-463.

The study aimed to investigate prospectively the relationship between consumption of different alcoholic beverages and overall dementia including Alzheimer's disease. The study was based on individuals aged 75 and older attending general practitioners in Germany. 3,202 subjects free of dementia were studied at baseline, 1.5 years and 3 years later by means of structured clinical interviews including detailed assessment of current alcohol consumption and DSM-IV dementia diagnoses. Associations between alcohol consumption (in grams of ethanol), type of alcohol (wine, beer, mixed alcohol beverages) and incident dementia were examined using Cox proportional hazard models, controlling for several confounders. Incident overall dementia occurred in 217 of 3,202 participants over a mean follow-up period of 3 years. Significant relationships were found between alcohol consumption and incident overall dementia as well as Alzheimer dementia. With regard to quantity of alcohol and type of alcohol, all hazard ratios were found to be lower than 1. The study suggests that light-to-moderate alcohol consumption is inversely related to incident dementia among individuals aged 75 years and older. (JL)

ISSN: 00020729

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

208/5

Marijuana use among older adults in the U.S.A.: user characteristics, patterns of use, and implications for intervention; by Diana M DiNitto, Namkee G Choi.

International Psychogeriatrics, vol 23, no 5, June 2011, pp 732-741.

Epidemiological studies show that the number of older adults using marijuana is increasing. This study aimed to determine the correlates and patterns of marijuana use among older adults that might help health and social service providers better assist this group. The study used data from the 2008 National Survey on Drug Use and Health conducted by the U.S. Substance Abuse and Mental Health Services Administration. The sample consisted of 5,325 adults aged 50 years and older. Of the sample, 2.8% were past-year marijuana users. Of these, 23% had used marijuana on at least half the days of the year. Past-year users were more likely to be younger (50-64 years old), black and unmarried. This group had significantly higher psychological distress scores compared with other users, however they did not rate their health as poorer than others in the sample, nor did they attribute many psychological problems as being related to their marijuana use. Nevertheless past-year users presented a high-risk profile because in addition to frequent marijuana use, they were also more likely to smoke cigarettes, engage in binge drinking, and use other illicit drugs. Concludes that health and social service providers should be alert to the small number of routine marijuana users among the younger members of the older adult population, especially those suffering significant psychological distress. (JL)

ISSN: 10416102 From : <http://www.journals.cambridge.org/ipg>

208/6

Social inequalities in alcohol-related adult mortality by national statistics socio-economic classification, England and Wales, 2001-03; by Veronique Siegler, Alaa Al-Hamad, Brian Johnson ... (et al).

Health Services Quarterly, no 50, Summer 2011, pp 4-39.

This article is the first analysis of the social inequalities in adult alcohol-related mortality in England and Wales at the start of the 21st century. It presents the socio-economic patterns of

alcohol-related mortality by gender, age and region, for England and Wales as a whole, Wales and the regions of England. Death registrations provided the number of deaths for working age adults, using the National Statistics definition of alcohol-related mortality. Population estimates for England and Wales in 2001-03 were used to estimate alcohol-related mortality rates by sex, age group and region. Inequalities were measured using ratios of alcohol-related mortality rates between the least and most advantaged classes. Results showed that there were substantial socio-economic variations in adult alcohol-related mortality, with the inequalities being greater for women than for men. The mortality rate of men in the routine class was 3.5 times those of men in higher and managerial occupations, while for women the corresponding figure was 5.7 times. Greater socio-economic inequalities in mortality were observed for men aged 25-49 than for men aged 50-64; however the highest mortality rate of men occurred for routine workers aged 50-54. Women in the routine class experienced mortality rates markedly higher than other classes. The highest mortality rate of women also occurred for routine workers, but at a younger age than for men (45-49). Within England, the North-West showed the largest inequalities, with particularly high rates in the routine class for both sexes. In general, there was no association between levels of mortality and socio-economic gradients in mortality across the English regions and Wales. Rates of alcohol-related mortality in England and Wales increased significantly for people between the early 1990s and early 21st century, and were substantially greater for those in more disadvantaged socio-economic classes. There is also evidence that these socio-economic differences were greater at younger ages, especially for men at ages 25-49. (JL)

ISSN: 14651645

From : <http://www.palgrave-journals.com/hsq/index.html>

ARTS AND MUSIC

(See 208/11)

ASSISTIVE TECHNOLOGY

(See Also 208/22)

208/7

The state of telehealth and telecare in the UK: prospects for integrated care; by Nick Goodwin. *Journal of Integrated Care*, vol 18, issue 6, December 2010, pp 3-10.

Telehealth and telecare are both types of assistive technology that enable health and social care services to be provided remotely to people in their own homes. About 1.7 million people benefit from telecare services in the UK, but telehealth services have only around 5000 users, many of whom receive services through the Department of Health's Whole System Demonstrator (WSD) Pilot Programme. There is an identifiable chasm between early adopters and wider uptake of telehealth and telecare solutions. Key barriers include lack of robust evidence on cost-effectiveness, of a consumer market and of interoperability of the technology between service sectors, and the implications for professionals and organisations of changing their established methods of practice. Telehealth and telecare could be combined to provide a common platform to integrate care for people requiring both health and social care support, but relatively few people are judged suitable for joint care. This is related both to the nature of the technology and the profile of those people who can use it, and to the different ways in which health and social care systems assess who is most 'at risk', which makes it difficult to assess which individuals might best benefit from an integrated response to their care needs. More understanding of their benefits of care integration in the home environment is required to convince commissioners and providers of its potential. (JL)

ISSN: 14769018

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

BLACK AND MINORITY ETHNIC GROUPS

(See 208/16)

DEMENTIA

(See Also 208/4)

- 208/8 Alzheimer's CSF markers in older schizophrenia patients; by Giovanni B Frisoni, Annapaola Prestia, Cristina Geroldi ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 6, June 2011, pp 640-648.
The study investigated the neuropathology of Alzheimer's disease (AD) in older patients with schizophrenia. The authors looked at the concentrations of cerebrospinal fluid (CSF) biomarkers of brain amyloidosis (Abeta42) and neurodegeneration (total and p-tau) in a group of older schizophrenia patients and related them to cognitive and magnetic resonance imaging (MRI) measures. Older schizophrenia, AD patients and older controls underwent cognitive testing, lumbar puncture, and MRI scanning. Abeta42 and total and p-tau concentrations were assayed in the CSF. MRI volumes were assessed using both voxel-based (cortical pattern matching) and region-of-interest analyses. Results showed that CSF tau concentration in older schizophrenia patients was within normal limits, while CSF Abeta42 levels were significantly lower compared to healthy older people but higher than in AD patients. There was a strong positive relationship between CSF total or p-tau levels and mini mental state examination (MMSE) scores in schizophrenia patients but not in AD, where higher concentrations of total tau were correlated with higher volumes in the occipital cortex, while in AD a significant correlation was found between lower Abeta42 concentrations and lower grey matter volume in the cingulate and lateral orbital cortices. In conclusion, older schizophrenia patients show a peculiar pattern of CSF Abeta42 and tau concentrations that relates to cognitive and structural markers but is not consistent with neurodegeneration and could be secondary to neurodevelopmental or drug treatment effects. (JL)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
- 208/9 Depression among the very old with dementia; by Ellinor Bergdahl, Per Allard, Yngve Gustafson.
International Psychogeriatrics, vol 23, no 5, June 2011, pp 756-763.
The aim of the study, from Sweden, was to investigate the prevalence of depression among very old individuals with dementia compared to those without dementia and to examine whether there were any differences regarding associated factors between people with or without depression in these conditions. 363 participants aged 85 years and above were evaluated for depression and dementia. Results showed that the prevalence of depression was significantly higher among the people with dementia than without dementia. Approximately two-thirds of the depressed in both groups used antidepressants and of those, approximately 50% had responded. Depression in the group without dementia was, among other factors, associated with higher medication use including the use of analgesics and benzodiazepines, loneliness, inability to go outside and the recent loss of child. The loss of a child was the only factor that was independently associated with depression in those with dementia. The present study confirms that in the very old, depression is more common among people with dementia than without dementia. (JL)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>
- 208/10 Designing dementia-friendly neighbourhoods: helping people with dementia to get out and about; by Lynne Mitchell, Elizabeth Burton.
Journal of Integrated Care, vol 18, issue 6, December 2010, pp 11-18.
This paper summarises research funded by the EPSRC (Engineering and Physical Sciences Research Council) EQUAL (Extending Quality of Life) programme from 2000-2003 to examine how neighbourhoods could be made more dementia-friendly. Design for dementia generally focuses on the internal environment of dementia care homes and facilities, but most people with dementia live at home. The participants were 20 older people with Mini-Mental State Examination (MMSE) scores from 9 to 28, and a control group of 25 older people without dementia. The research involved semi-structured conversational interviews, accompanied walks,

and a measurement of the design features of the participants' local neighbourhoods. The research defined dementia-friendly neighbourhoods as welcoming, safe, easy and enjoyable for people with dementia and others to access, visit, use and find their way around. It identified six design principles: familiarity, legibility, distinctiveness, accessibility, comfort and safety. A number of recommendations for designing and adapting neighbourhoods to be dementia-friendly arose from the research. (JL)

ISSN: 14769018

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

208/11 Effectiveness of group music intervention against agitated behavior in elderly persons with dementia; by Yu Lin, Hsin Chu, Chyn-Yng Yang ... (et al).

International Journal of Geriatric Psychiatry, vol 26, no 7, July 2011, pp 670-678.

This was an experimental study using repeated measurements. Subjects were older persons who suffered from dementia and resided in nursing facilities. In total, 104 participants were recruited by permuted block randomisation and of the 100 subjects who completed the study, 49 were in the experimental group and 51 were in the control group. The experimental group received a total of twelve 30-minute group music intervention sessions, conducted twice a week for six consecutive weeks, while the control group participated in normal daily activities. In order to measure the effectiveness of the therapeutic sessions, assessments were conducted before the intervention, at the 6th and 12th group sessions, and at one month after cessation of the intervention. Longitudinal effects were analysed by means of generalised estimating equations (GEEs). After the group music therapy intervention, the experimental group showed better performance at the 6th and 12th sessions, and at one month after cessation of the intervention based on reductions in most forms of agitated behaviour. Overall results showed that group music intervention alleviated agitated behaviour in older individuals with dementia. (JL)

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

208/12 Optimizing communication between medical professionals and people living with dementia; by Tony Johnstone Young, Chris Manthorp, David Howells, Ellen Tullo.

International Psychogeriatrics, vol 23, no 7, September 2011, pp 1078-1085.

A growing body of research evidence indicates that improving communication with people living with dementia (PLWD) has a positive effect on their quality of life. Policy initiatives internationally highlight the prevalence of poor communication practices in care environments in general and medical contexts in particular as priority areas for improvement. In this study a spectrum of multidisciplinary professional and lay stakeholders, including PLWD, took part in an iterative consultation process in the UK. This aimed to develop a communications advice package which would meet their needs, and involved observation of practice in a variety of care contexts and semi-structured focus group and individual interviews. Study findings revealed that lay participants were dissatisfied with current communicative practices, particularly during contact with medical professionals. Both lay and professional participants reported general dissatisfaction with currently available communication advice. An agreed version of a dementia toolkit for effective communication known as DEMTEC (Dementia Toolkit for Effective Communication) was produced, consisting of three levels. The toolkit was found to have a potentially valuable role in dementia-specific training for both medical and other care professionals, particularly in the development of communication skills. (JL)

ISSN: 10416102 From : <http://www.journals.cambridge.org/ipg>

208/13 Risk factors for dementia in patients over 65 with diabetes; by Niraj M Parikh, Robert O Morgan, Mark E Kunik ... (et al).

International Journal of Geriatric Psychiatry, vol 26, no 7, July 2011, pp 749-757.

This retrospective longitudinal study examined risk factors for developing dementia in diabetic patients. The study used a national cohort of US veterans with diabetes aged 65 years or more to examine incidence of dementia over two years. A multivariable Cox regression model was used to estimate risk of developing dementia associated with sociodemographic factors, use of diabetes medications, and duration of diabetes. In all, 377,838 patients were studied. Over the two year follow-up, 14,580 (3.85%) were diagnosed with dementia. Major risk factors for

dementia included increased old age, being non-white, Southern residence and having diabetes for five years or more. There was a reduced hazard ratio (HR) for dementia with use of an oral hypoglycemic agent and HMG-CoA reductase inhibitors. There was no change in HR with insulin use. The risk factors established by this study have important implications that warrant further investigation. (JL)

ISSN: 08856230

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

208/14

The transition to dementia - individual and family experiences of receiving a diagnosis: a review; by Louise Robinson, Alan Gemski, Clare Abley ... (et al).

International Psychogeriatrics, vol 23, no 7, September 2011, pp 1026-1043.

The aim of this review was to review research on patient and carer experiences of receiving a diagnosis of dementia. Only papers published after 2003 were included. Of the 35 papers included in the review, only one study observed the process of disclosure and only two papers explored the effects on the person with dementia's health. The vast majority of people with dementia wished to know their diagnosis. The key challenges for the person with dementia were coming to terms with losses on multiple levels. Apart from experiencing short-term distress, the majority of people receiving a dementia diagnosis did not appear to experience long-term negative effects on their psychological health. For family carers, becoming the main decision-maker and adjusting to increased responsibility were common concerns. The authors conclude that there is still little empirical research observing the process of diagnostic disclosure in dementia. Studies exploring the views of patients and their families suggest this should be an ongoing process with the provision of support and information tailored to individual needs. The term 'Alzheimer's disease' appears to have more negative connotations than the word 'dementia'. (JL)

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

208/15

What should we be teaching medical students about dementia?; by Ellen Tullo, Louise Allan. International Psychogeriatrics, vol 23, no 7, September 2011, pp 1044-1050.

There is concern that many doctors do not have adequate knowledge or skills to deliver appropriate dementia care for patients in hospital or community settings. The aim of this review was to draw together recommendations for medical education on dementia and empirical research on teaching interventions concerning dementia in order to assess the current provision of training using the UK model as an example. Within the UK, national guidelines recommend that dementia-specific education should be available to trainees in the undergraduate and postgraduate environment. A sample of undergraduate curricula shows considerable variation in the delivery of teaching about dementia. 'Non-specialist' postgraduate curricula make reference to care of patients with confusion, but do not always include learning outcomes specific to cognitive impairment or dementia. Teaching interventions trialled in the postgraduate environment provide encouraging qualitative feedback from participants, but do not consistently demonstrate improvement in participants' knowledge, skills or attitudes. Concludes that there is a pressing need to improve undergraduate medical education on dementia in order to help future doctors obtain the ability to provide competent care for patients. (JL)

ISSN: 10416102

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

208/16

Why do ethnic elders present later to UK dementia services?: a qualitative study; by Naaheed Mukadam, Claudia Cooper, Behzad Basit, Gill Livingston.

International Psychogeriatrics, vol 23, no 7, September 2011, pp 1070-1077.

The study explored the link between attitudes to help-seeking for dementia and the help-seeking pathways among the minority ethnic (ME) versus indigenous populations in the UK. ME carers, in contrast to the indigenous population, tended to delay help-seeking until they could no longer cope or until others commented on the problems. They often thought that families should look after their own older relatives and a diagnosis alone was purposeless. This appeared to relate to beliefs about the etiology of cognitive impairment, negative beliefs about psychiatry and their

sense of familial responsibility. ME carer beliefs were found to be an important barrier to early diagnosis. Further work should explore whether an intervention can modify these attitudes, so that families understand that a diagnosis may allow planning and avoidance of crises. (JL)
ISSN: 10416102

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

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

208/17

Disability-free life expectancy: comparison of sources and small area estimates in England, 2006-08; by Michael P Smith, Olugbenga Olatunde, Chris White.
Health Services Quarterly, no 50, Summer 2011, pp 40-78.

The study aimed to explore the potential of the Annual Population Survey (APS) to provide robust estimates of disability-free life expectancy (DFLE) for men and women by clusters of area deprivation, English regions and local authority districts (LAs) in the period 2006-08. DFLE estimates for the UK were compared using the prevalence of limiting long-standing illness (LLSI) calculated using data from the APS and from the General Lifestyle Survey (GLF) covering Great Britain and equivalent data from the Continuous Household Survey (CHS) covering Northern Ireland, aggregated over the period 2006-08. The further use of APS data for England enabled the calculation of estimates of DFLE at age 16 and at age 65 for men and women by area deprivation quintiles (each quintile comprising a fifth of areas ranked according to their relative deprivation), English regions and LAs in order to measure inequality in DFLE between these population groupings. The prevalence of LLSI and estimates of DFLE at national level were broadly comparable using APS and GLF/CHS data. Substantial inequality in DFLE was present between clusters of areas defined by relative deprivation and between English regions and LAs. The scale of inequality increased markedly with each finer geographical scale analysed. The authors conclude that the APS is a viable data source to provide LLSI data for use in DFLE estimation across a range of areas and clusters of area deprivation. (JL)

ISSN: 14651645

From : <http://www.palgrave-journals.com/hsq/index.html>

DEPRESSION

(See Also 208/9, 208/46)

208/18

Depression in older people living in residential homes; by Briony Dow, Xiaoping Lin, Jean Tinney ... (et al).

International Psychogeriatrics, vol 23, no 5, June 2011, pp 681-699.

There is a large body of published research relating to depression in residential homes for older people. However, despite increased detection and more frequent treatment in recent years, depression remains a significant problem for many older people living in such settings. This guest editorial summarises current knowledge about prevalence, etiology, detection and screening, treatment and outcomes of depression in residential homes and concludes with a summary of key issues requiring urgent future action. (JL)

ISSN: 10416102

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

208/19

Depressive symptoms in old age: relations among sociodemographic and self-reported health variables; by Gloria Teixeira Nicolosi, Deusivania Vieira da Silva Falcao, Samila Satler Tavares Batistoni ... (et al).

International Psychogeriatrics, vol 23, no 6, August 2011, pp 941-949.

Population-based cross-sectional research was undertaken using data from a study conducted in a poor area of Sao Paulo, Brazil. The participants were 303 older adults aged 65 years and over who attended a single-session data collection effort carried out at community centres. The protocol comprised sociodemographic and self-reported health variables, and the Geriatric Depression Scale. Most subjects reported five or fewer symptoms of depression (79.21%), reported one or two self-reported chronic diseases (56.86%), declared themselves to have one

or two self-reported health problems (46.15%), and had good perceived health assessment (40.27%). The presence of depressive symptoms was associated with a higher number of self-reported health problems, poor perceived health assessment, and lower schooling levels, in the total sample and in analyses including men only. For women, depressive symptoms were associated with the number of self-reported health problems and family income. The presence of health problems, such as falls and memory problems, lower perceived health, and low education (and low family income for women) were associated with a higher presence of depressive symptoms. (JL)

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

208/20

Living arrangements, social networks and depressive symptoms among older men and women in Singapore; by Angelique Chan, Chetna Malhotra, Rahul Malhotra, Truls Ostbye.

International Journal of Geriatric Psychiatry, vol 26, no 6, June 2011, pp 630-639.

The study aimed to examine the association of living arrangements and social networks outside the household with depressive symptoms among older men and women. It also looked at whether these relationships differ between older men and women, and investigated whether the association of living arrangements with depressive symptoms varies by strength of social networks. Data for 4,489 community-dwelling Singaporeans aged 60 and above from a recent nationally representative survey were analysed. Depressive symptoms were assessed using the 11-item CES-D (Center for Epidemiologic Studies) scale, social networks through Lubben's revised social network scale, and living arrangements through household composition. Analysis was stratified by gender, and descriptive and multivariate statistics were used to assess the risk of depressive symptoms by living arrangements and social networks, adjusting for age, ethnic group, education, housing type, functional status, number of chronic diseases and involvement in social activities. Results indicated that women had higher depressive symptom scores than men. Living alone and living with one or more children but no spouse and weak social networks outside the household were associated with higher depressive symptom scores among both men and women. Men living alone with weak social networks outside the household had higher depressive symptom scores than those with strong networks. (JL)

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

DIET AND NUTRITION

208/21

Food and nutrition security risk in later life: evidence from the United Kingdom Expenditure & Food Survey; by Chris Deeming.

Journal of Social Policy, vol 40, part 3, July 2011, pp 471-492.

Food insecurity exists when people do not have the physical or economic access to obtain sufficient quantities of nutritious food. Nutrition insecurity is the failure to meet recommended dietary guidelines. This article examines the household characteristics associated with food and nutrition security in the United Kingdom population aged 60 years and over. Data are taken from the Expenditure and Food Survey (EFS), a continuous cross-sectional survey of household expenditure, food consumption and income. Three years of survey data (2002-05) provided a total sample of 5,600 households, comprising 3,069 single persons and 2,556 couples, all aged 60 and over. Household food consumption was evaluated using national Dietary Reference Values recommended by the Department of Health. A multivariate logistic regression model examined the risk of being food and nutrition insecure by individual and household characteristics. The results show that the vast majority of household diets lacked sufficient quantity or quality of food. Certain sections of the older population are significantly more at risk of food insecurity than others, namely low-income households, the oldest-old, elderly from black and minority ethnic groups, those with a disability, and men living alone. Targeted policies may be required to help ensure that some of the most vulnerable members of society achieve healthy balanced diets. (JL)

ISSN: 00472794 From : <http://journals.cambridge.org/action/displayJournal?jid=JSP>

DISABILITY

- 208/22 Age-related disability and bathroom use; by Maria Burton, Heath Reed, Paul Chamberlain. *Journal of Integrated Care*, vol 19, issue 1, February 2011, pp 37-43.
Age-related disability in bathroom use is already a significant problem and is likely to become even greater in the future. Previous research has focused on how older or disabled people can be enabled to cope with the bathroom environment by functional training or introduction of assistive technologies. More recently attention has been drawn to the design of bathroom furniture. This article outlines the work undertaken to establish the views of older people and their carers on bathroom design. The involvement of older people as researchers has given strong direction, support and confidence in identification of issues in need of attention and in product development. 24 home visits were undertaken, and interviews were conducted to elicit views of positives and negatives within the bathroom. Main themes uncovered included concerns about safety in the bathroom, placement and sizing of furniture, and a general lack of space. (JL)
ISSN: 14769018 From : <http://www.pierprofessional.com/jicflyer/index.html>
- 208/23 World report on disability; by World Health Organization, World Bank.: World Health Organization, 2011, 325 pp.
This first ever World Report on Disability aims to provide evidence to support policies and programmes that can improve the lives of people with disabilities worldwide. The report is published in the wake of the U.N. Convention on the Rights of Persons with Disabilities, which came into force in May 2008. Main topics covered include understanding disability, the global picture, general health care, rehabilitation, assistance and support, enabling environments, education, and work and employment. A concluding chapter looks at the way forward including recommendations. (JL)
From : http://www.who.int/disabilities/world_report/2011/en/index.html

EDUCATION

(See 208/15)

EMPLOYMENT

(See Also 208/3)

- 208/24 Helping the poorest help themselves?: encouraging employment past 65 in England and the USA; by David Lain. *Journal of Social Policy*, vol 40, part 3, July 2011, pp 493-512.
In the context of population ageing and low retirement incomes, the UK government has increasingly sought to encourage people to work longer. However UK means-tested benefits, that are lost as a result of working, mean that delaying retirement is a less attractive option for the poorest. In addition UK employees may have limited opportunity to delay retirement as line management decide whether individuals are allowed to work beyond the age of 65. In contrast in the US, benefits are meagre and difficult to access and age discrimination legislation protects individuals from forced retirement. This paper examines whether adopting a US policy approach in the UK would increase employment of the poorest over 65s and enhance their financial position. The study uses data from the English Longitudinal Study of Ageing and the US Health and Retirement Study to examine how wealth influences employment and how this is mediated by differences in health and education. It suggests that extending UK age discrimination legislation and restricting benefits would increase overall employment past 65, although not necessarily to US levels. The poorest over 65s are more likely to work in the USA than in England, but employment amongst the poorest is still low, especially compared with wealthier groups. A US policy approach would most likely damage the financial position of the poorest in the UK, with increased employment not sufficiently compensating for lost benefits. (JL)
ISSN: 00472794
From : <http://journals.cambridge.org/action/displayJournal?jid=JSP>

EXTRA-CARE HOUSING

- 208/25 Housing or care workers?: who is supporting older people with high support needs?; by Jill Manthorpe, Jo Moriarty.
Journal of Integrated Care, vol 19, issue 1, February 2011, pp 16-25.
This article looks at the potential and cost effectiveness of extra care housing in England with a particular focus on older people with high support needs. The authors first detail what is meant by extra care housing, summarised as developments specially designed for older people offering self-contained accommodation alongside 24-hour care, and provided with a range of leisure activities and other shared facilities. The article then outlines what evidence is necessary to prove the benefits of such a housing model. Finally, the authors present a discussion on commissioning technology and telecare in these provisions, noting that such technology requires its own supporting workforce. (JL)
ISSN: 14769018
From : <http://www.pierprofessional.com/jicflyer/index.html>

FALLS

- 208/26 Cost-effectiveness of fall prevention programs based on home visits for seniors aged over 65 years: a systematic review; by Sandro Corrieri, Dirk Heider, Steffi G Riedel-Heller ... (et al).
International Psychogeriatrics, vol 23, no 5, June 2011, pp 711-723.
Preventive home visits (PHVs) are considered a promising intervention to improve the health and independent functioning of older adults whilst reducing health care costs. This systematic review focused on the cost-effectiveness of PHVs, analysing randomised controlled trials that evaluated the incremental cost-effectiveness ratios in fall prevention interventions. Five studies providing relevant information were reviewed. While three of the studies indicated cost-effectiveness, one delivered no statistically significant results, and one proved cost-effectiveness only for a subgroup of the study sample. The authors conclude that the cost-effectiveness of PHVs appears to depend on careful adaptation of particular measures, for certain settings in special environments for designated patients and disease patterns, on a case-by-case basis. Starting points for further research are the components of the economic evaluation, the setting, personnel and measures of the intervention, as well as the careful selection and analysis of the study sample and its subgroups. A uniform follow-up time, standardised cost measurement as well as the use of standardised denominators like quality adjusted life years could build a foundation for comparable results. (JL)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>

- 208/27 Older people's recruitment, sustained participation, and adherence to falls preventions in institutional settings: a supplement to the Cochrane systematic review; by Samuel R Nyman, Christina R Victor.
Age and Ageing, vol 40, no 4, July 2011, pp 430-436.
The study looked at older people's participation and engagement with randomised controlled trials (RCTs) of falls prevention programmes conducted in hospitals, nursing homes and other institutional settings. The study was part of the Cochrane systematic review of falls prevention interventions. It aimed to calculate aggregate data on recruitment (inclusion into the trial), attrition at 12-month follow-up (loss of participants from the trial), adherence (to intervention protocol), and whether adherence moderated the effect of interventions on trial outcomes. Results showed that the median inclusion rate was 48.5% (38.9-84.5%). At 12 months the median attrition rate was 10.4% (3.9-12.3%, n = 10) or with the inclusion of mortality 16.2% (9.5-17.1%, n = 11). Adherence was high for exercise that was individually targeted (e.g. 89% physical therapy) and group based (72-88%) and for medication interventions (68-88%). For multifactorial interventions, adherence ranged from 11% for attending 60+/88 of exercise classes to 93% for use/repairs of aids. Adherence as a moderator of treatment effectiveness was tested in nursing care facilities (n = 6) and positively identified in three studies for medication and

multifactorial interventions. Using median rates for recruitment (50%), attrition (15%) and adherence (80%), by 12 months, it is estimated that on average only a third of nursing care facility residents are likely to be adhering to falls prevention interventions. (JL)

ISSN: 00020729

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

GRANDPARENTS

208/28

Tongan grandparents and grandchildren: the impact of grandparenting; by Halaevalu F Ofahengaue Vakalahi.

International Social Work, vol 54, no 4, July 2011, pp 580-598.

This article was part of a study on grandparenting in Tongan and Hawaiian culture. The study looked at grandparent-related family, social, cultural, spiritual, systemic, and economic-based factors that serve as possible sources of risk and/or protection for grandchildren who are expectant carriers of cultural customs and traditions. Grandparenting remains intrinsic to the Tongan cultural structure and central to the survival of the culture, particularly as Tongan immigrants experience cultural duality and acculturation. Because grandchildren are central to the preservation of the culture, understanding how the practice of grandparenting impacts them is critical. Themes identified as possible risk factors included cultural duality, language and acculturative barriers, low socioeconomic status and low educational level. Possible protective factors included unconditional love, reciprocity, loyalty, discipline and prayers. Implications for research and practice are discussed. (JL)

ISSN: 00208728 From : <http://isw.sagepub.com>

208/29

Too old to care?: the experiences of older grandparents raising their grandchildren; by Sarah Wellard, Grandparents Plus.: Grandparents Plus, 2011, 50 pp.

The report focused on the experiences of older grandparents aged 65 and above who were raising their grandchildren, based on in depth interviews and a focus group with 18 grandparent carers. The aim of the study was to provide insight into the circumstances of older kinship carers, and the challenges they were experiencing _ particularly isolation, discrimination and poverty _ in order to bring forward recommendations for improving the support provided to them and the children they were raising. (JL)

From : http://www.grandparentsplus.org.uk/wp-content/uploads/2011/03/GP_OlderGrandparentsOnline.pdf

HEALTH CARE

(See 208/35)

HEALTH EXPECTANCY

208/30

Lifestyle behaviours and quality-adjusted life years in middle and older age; by Phyoo K Myint, Richard D Smith, Robert N Luben ... (et al).

Age and Ageing, vol 40, no 5, September 2011, pp 589-595.

The objective of the study was to examine the relationship between combined lifestyle behaviours and quality-adjusted life years (QALYs) in a general population. 13,358 men and women who were aged between 40 and 79 years at baseline took part in the study. A score of 1 was given to each of non-smoking, physically active, moderate alcohol consumption (1-14 units) and consumption of at least five portions of fruit and vegetables per day. A total of 12,921 people were still alive when followed up approximately eleven years later. 437 individuals (4.4% of men and 2.4% of women) died in the intervening years. The death rate was 6.5 times higher in people with health behaviour score 0 compared with those who scored 4 (8.4 versus 1.3%). People with higher scores had significantly higher QALYs. Preliminary findings support the view that modifiable lifestyle factors are an important component in health improvement. (JL)

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

208/31 Limitations in physical functioning among older people as a predictor of subsequent disability in instrumental activities of daily living; by David Seidel, Carol Brayne, Carol Jagger. *Age and Ageing*, vol 40, no 4, July 2011, pp 463-469. Physical functioning describes the underlying abilities that make activities necessary for independent living in the community possible. The present study aimed to test self-reported and objective measures of physical functioning in predicting subsequent disability in cooking, shopping and housework. Men and women aged 65 years or over who reported no disability in cooking, shopping and housework at baseline were included in the analysis. The respondents were asked about physical functioning (climbing, pulling/pushing, stooping/crouching/kneeling, lifting/carrying and reaching/extending) and they had their grip strength and walking speed measured. Participants with limitations in physical functioning at baseline more frequently reported subsequent disability. Walking ability was most strongly associated with disability, whilst climbing, pulling/pushing, lifting/carrying and reaching/extending were comparable. Similar results were obtained with grip strength and walking speed. These results suggest that self-reports on the functional ability of older people to perform everyday tasks can be used to predict subsequent disability onset. (JL)
ISSN: 00020729 From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>

208/32 Onset of mobility limitations in old age: the combined effect of socioeconomic position and social relations; by Charlotte Juul Nilsson, Kirsten Avlund, Rikke Lund. *Age and Ageing*, vol 40, no 5, September 2011, pp 607-614. The study aimed to examine the combined effect of cohabitation status and social participation, respectively, and socioeconomic position on onset of mobility limitations among older Danes. 2,839 older men and women from the Danish Intervention Study on Preventive Home Visits took part in the study. Among men low financial assets, living alone or having low social participation significantly increased the odds ratios (OR) for onset of mobility limitations. Among women only low financial assets and low social participation significantly increased the ORs for onset of mobility limitations. Analyses with combined exposure variables showed that simultaneous exposure to low financial assets and poor social relations significantly increased the ORs for onset of mobility limitations among both genders, yet the tendencies appeared stronger for males. In particular, men with simultaneous exposure to low financial assets and low social participation had increased odds ratios for onset of mobility limitations compared with the non-exposed. The study suggests that future interventions to increase social participation might alleviate the negative effects on mobility experienced by older people in low socioeconomic position, especially among older males. (JL)
ISSN: 00020729 From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>

HEALTH SERVICES

208/33 Health and social care of older people: could policy generalise good practice?; by Colin T Currie. *Journal of Integrated Care*, vol 18, issue 6, December 2010, pp 19-26. Health and social care services for older people have traditionally been provided separately, however this separation has increasingly had unacceptable consequences for the quality and cost-effectiveness of the care provided. The article discusses evidence to support the view that more integrated care - delivered jointly, promptly and flexibly to meet the changing clinical and dependency needs of frailer older people at home - can minimise unnecessary use of more costly and less preferable care elsewhere, and thus reduce the overall costs of late-life care while improving quality. This paper considers the background to the widely prevailing culture of separatism. It then presents quantitative evidence of the current postcode lottery in care, describes examples of good practice, considers some options on functional and structural integration, and speculates on policy that might deliver better and more cost-effective care for an ageing population at a time of public spending cuts. Briefly discusses the successes of two primary care trusts in integrating health and social care services for older people, namely Torbay and the Isle of Wight. (JL)
ISSN: 14769018 From : <http://www.pierprofessional.com/jicflyer/index.html>

- 208/34 PTSD in the elderly: the interaction between trauma and aging; by Leann Kimberly Lapp, Catherine Agbokou, Florian Ferreri.
International Psychogeriatrics, vol 23, no 6, August 2011, pp 858-868.
With an increasing number of individuals approaching old age there is concern about how the healthcare system will cope with the greater demands placed upon it. One particular area of concern is the impact of trauma and post traumatic stress disorder (PTSD) in older adults. The central aims of this paper are to summarize the etiological, epidemiological and clinical aspects of PTSD, trauma, and older people, and to integrate this knowledge with (i) what is known about PTSD in adults, and (ii) the behavioural, hormonal and cerebral changes associated with healthy ageing. A comprehensive literature search revealed that both significant similarities and differences exist between younger and older adults with PTSD concerning cognitive and biological profile. Evidence suggests that PTSD in older adults does not follow a simple clinical trajectory. The writers conclude that PTSD in older people must be considered within the context of normal ageing. Strong claims about an interaction between PTSD and ageing are difficult to make due to sample heterogeneity, but it is clear that PTSD in this age group presents unique aspects not seen in younger cohorts. (JL)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>
- 208/35 The state of health care and adult social care in England: an overview of key themes in care in 2009/10; presented to Parliament pursuant to section 83 (4) (a) of part 1 of the Health and Social Care Act 2008; by Care Quality Commission - CQC. London: TSO, 28 March 2011, 79 pp (HC 2009/10 841).
This second annual report on the state of health care and adult social care in England covers the period April 2009 to March 2010 and is based on CQC's responsibilities under the previous legislation, the Care Standards Act 2000 and the Health and Social Care Act 2003. Main topics covered in the report are: safe care including the dignity and safety of vulnerable adults and people using mental health services; choice and control including people's access to services; person-centred services including support for independent living; and quality standards of care and support. (JL)
Price: £15.50
From : TSO, PO Box 29, Norwich NR3 1GN. website: www.tsoshop.co.uk
Care Quality Commission website: www.cqc.org.uk
- 208/36 Who reports address changes through the healthcare system?: the characteristics of laggards and non-reporters using the Northern Ireland Longitudinal Study; by Ian Shuttleworth.
Population Trends, no 144, Summer 2011, pp 45-51.
Address information from health service professionals is important for the delivery of health care and population monitoring and screening. It is also important for statistical purposes such as the estimation of migration and small area populations. This article considers the characteristics of 'laggers' - those who delay in reporting address change - and 'non-reporters' - those who on occasion fail to report their addresses. As might be expected, laggards and non-reporters tend to be male and resident in urban and deprived areas. However, less expectedly, older people tend to be laggards, as are owner occupiers, those who are not ill, those who have some educational qualifications, and those who are self-employed. Some non-reporters are also more likely to be employed in professional jobs and to be unmarried, or divorced and remarried. This suggests that poor address information is not just a problem associated with the socially deprived and the young but also with some more affluent groups such as those not experiencing limiting long-term illness. The article concludes by arguing that the checking of patients' address information should be collected under the Quality and Outcomes Framework (QOF) as a performance indicator. (JL)
ISSN: 03074463
From : <http://www.palgrave-journals.com/pt/index.html>

HISTORY OF AGEING

208/37

Social protection of older people in Finland from the eighteenth to the twenty-first centuries: messages for current policy and practice from an historical analysis; by Paivi Topo.

British Journal of Social Work, vol 41, no 5, July 2011, pp 876-893.

This article explores how social protection of the elderly has evolved in Finland since the eighteenth century, and examines the influence of historical developments on current policy. It highlights two inter-connected themes in particular - the shifting levels of paternalism and the cycle from early 'annual auctions' through state provision to increased privatisation and commissioning of services. The shifting levels of paternalism show that there has been a shift from strong to weak paternalism and from the duties to the rights of people in their old age. Recent developments, however, show distressing indications of leaving the most vulnerable old people to fend for themselves in a complex care system. With respect to increased privatisation and commissioning of services, statistics show that more severe problems of health and functioning are now required before gaining access at higher charge to services of a quality that may have deteriorated. Abuse and violence are understood as an issue of structural discrimination associated with old age, living in poverty or suffering from severe problems of health and functioning without access to necessary care and assistance. The implications for social work policy balancing protection and personalisation are discussed. (JL)

ISSN: 00453102 From : <http://bjsw.oxfordjournals.org>

HOSPITAL DISCHARGE

208/38

A systematic review of comprehensive geriatric assessment to improve outcomes for frail older people being rapidly discharged from acute hospital: 'interface geriatrics'; by Simon Paul Conroy, Tony Stevens, Stuart G Parker, John R F Gladman.

Age and Ageing, vol 40, no 4, July 2011, pp 436-443.

Many frail older people who attend acute hospital settings and who are discharged home within short periods (up to 72 hours) have poor outcomes. This review assessed the role of comprehensive geriatric assessment (CGA) for such people. Standard bibliographic databases were searched for high-quality randomised controlled trials (RCTs) of CGA in this setting. When appropriate, intervention effects were presented as rate ratios with 95% confidence intervals. Five trials of sufficient quality were included. There was no clear evidence of benefit for CGA interventions in this population in terms of mortality or readmissions or for subsequent institutionalisation, functional ability, quality of life or cognition. The authors conclude that there is no clear evidence of benefit for CGA interventions in frail older people being discharged from emergency departments or acute medical units. However, few such trials have been carried out and their overall quality was poor. Further well designed trials are justified. (JL)

ISSN: 00020729

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

HOSPITAL SERVICES

208/39

Joint geriatric and psychiatric wards: a review of the literature; by Jim George, John Adamson, Henry Woodford.

Age and Ageing, vol 40, no 5, September 2011, pp 543-548.

Joint geriatric/psychiatric wards are a potential solution to improving care of older patients with both psychiatric and medical illnesses in acute hospitals. A literature search using Medline, PsycINFO, Embase and CINAHL between 1980 and 2010 was carried out for information about joint wards for older people. Thirteen relevant papers were identified. These wards share common characteristics and there is evidence that they may reduce length of stay and be cost-effective, but there are no high-quality randomised controlled trials. Further research is needed, particularly regarding cost-effectiveness. (JL)

ISSN: 00020729

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

HOUSING

(See 208/45)

INTERMEDIATE CARE

- 208/40 Intermediate care: lessons from a demonstrator project in Fife; by Fraser Mitchell, Claire Dobson, Anne McAlpine ... (et al).
Journal of Integrated Care, vol 19, issue 1, February 2011, pp 26-36.
Intermediate care services aim to tackle delayed hospital discharge and to reduce emergency admissions, however the practice has not been common in Scotland. This article reports on the experiences and outcomes of a demonstrator project in Fife aimed at improving these services. The project focused on three main areas: workforce development, extended access and pharmacy. The outcomes provide valuable information to guide future developments in intermediate care services. Key points arising from the study showed that a project management approach ensured a focus on outcomes and provided governance of the project, and the involvement of staff and service users was essential in measuring outcomes. Also the involvement of finance sections and human resources from across the health and social care partnership was required to address joint commissioning and staffing issues. (JL)
ISSN: 14769018
From : <http://www.pierprofessional.com/jicflyer/index.html>

INTERNATIONAL AND COMPARATIVE

(See 208/28, 208/37, 208/57)

LONG TERM CARE

- 208/41 Who cares?: the implications of a new partnership to fund long-term care; by Robert Fletcher (Chairman), Chartered Insurance Institute.
The report follows on from the Dilnot Commission report, 'Fairer Care Funding', published in July 2011, which set out recommendations for reforming the funding system for adult social care. This new report provides a comprehensive view of the long-term care landscape following the Dilnot Commission's landmark publication. Using research and contributions from key stakeholders, the report provides insight into the likely implications of Dilnot on both the public's experience of the care system and the role of the private sector in providing advice and funding solutions. It includes contributions from a panel of experts in the debate who together aim to tease out the main relationships between the care funding model, the market for care products and services and the drivers of consumer awareness and engagement. (JL)
From : <http://www.cii.co.uk/pages/research/researchandsurveys.aspx>

MEDICATION

- 208/42 Pharmacotherapy at the end-of-life; by Denis O'Mahony, Marie N O'Connor.
Age and Ageing, vol 40, no 4, July 2011, pp 419-422.
Older people reaching the end of life are particularly at risk from the harmful effects of inappropriate drug use. These drugs may also be highly expensive. End-of-life pharmacotherapy is sometimes perceived to be complex and challenging, probably unnecessarily. This relates in part to the poorly developed evidence base and lack of high-quality research in this area. In this article the authors examine some of the key issues relating to pharmacotherapy in end-of-life patients, namely (i) the guiding principles of drug selection, (ii) the main drugs and drug classes that are best avoided, (iii) the benefits of 'oligopharmacy' (i.e. deliberate avoidance of polypharmacy) in end-of-life patients. (JL)
ISSN: 00020729
From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>

MENTAL HEALTH

(See Also 208/20)

- 208/43 Diagnosing autism spectrum disorders in elderly people; by Maarten E H van Niekerk, Wouter Groen, Constance Th W M Vissers ... (et al).
International Psychogeriatrics, vol 23, no 5, June 2011, pp 700-710.
The objective of the study was to review research on the diagnosis of autism spectrum disorders (ASD) in older adults. A systematic review of the literature on ASD in older age was undertaken and illustrated by a case series of three older patients first diagnosed with ASD in later life by a tertiary mental health clinic. The search of the literature only yielded three papers on later life ASD, while the review of the available diagnostic procedures among adults suggests some relevance for screening instruments (Autism Questionnaire), diagnostic instruments (Module 4, Autism Diagnostic Observation Schedule), and neuropsychological examination to profile impairments. Nonetheless the case reports clearly showed that taking a thorough history with the patient, corroborated and supplemented by a close relative or caregiver who has known the patient for at least ten years, still remains the most important diagnostic tool. The three case studies show that in clinical practice ASD can easily be missed in older individuals presenting with comorbid psychiatric disorders, potentially causing iatrogenic damage. Although further research on phenotyping and diagnosing ASD in older people is warranted, the most important step at this point is to create a greater awareness of the possibility of ASD in old age among health-care professionals working with people in this age group. (JL)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>
- 208/44 Happiness across age groups: results from the 2007 National Psychiatric Morbidity Survey; by C Cooper, P Bebbington, M King ... (et al).
International Journal of Geriatric Psychiatry, vol 26, no 6, June 2011, pp 608-614.
The objective of the study was to test the hypotheses that happiness declines with age, and that age moderates the relationship of other influences on happiness, so that they vary in different age groups. Data was analysed from adults interviewed for the 2007 English National Psychiatric Morbidity Survey, representative of people living in private homes. 7,399 (57%) of people approached completed information about the main outcome measure, a single item measure of happiness. Happiness was then compared between younger adults (aged 16-59) and those aged 60-69, 70-79 and 80+. 2,746 (39.6%) of people said that they were currently 'very happy', 3,956 (52.4%) were 'fairly happy' and 697 (8.0%) were 'not too happy'. Levels of happiness did not vary with age. Social capital and participation predicted happiness across the age span. However the impact of several variables was moderated by age. Compared with younger people, living with a partner more strongly predicted happiness in people in their 70s. Religious attendance and having qualifications were more important predictors of happiness in the oldest old, whereas having a social network of at least three people was relatively less important in this age group. Overall, four out of 10 people reported being very happy, and five out of 10 were fairly happy. Findings suggest that interventions that increase social capital and participation may augment general happiness, health and recovery from illness and this would be an interesting area for future study. (JL)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
- 208/45 Living in squalor: neuropsychological function, emotional processing and squalor perception in patients found living in squalor; by Carol Gregory, Graeme Halliday, John Hodges, John Snowdon.
International Psychogeriatrics, vol 23, no 5, June 2011, pp 724-731.
People who live in severe domestic squalour have a wide range of psychiatric diagnoses, but these may have a common neural basis involving frontal systems. This study investigated frontal executive function, theory of mind, emotional processing including disgust, and appreciation of squalour in older adults found to be living in squalour. Six patients referred to an old age

psychiatry service underwent a battery of neuropsychological tests, assessment of living conditions and awareness of self and others' squalour. All six patients showed impairment in frontal executive function, typically accompanied by amnesic deficits. Theory of mind and emotional processing were surprisingly preserved. While five of the patients could recognise severely unclean or cluttered living conditions in newspaper photographs, more than half did not appreciate that their own living conditions were squalid. Deficits in frontal executive function appear important in the genesis of squalour although functions linked to orbito-frontal ability appear preserved. (JL)

ISSN: 10416102

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

208/46

Purpose in life over a five-year period: a longitudinal study in a very old population; by Pia Hedberg, Christine Brulin, Lena Al  x, Yngve Gustafson.

International Psychogeriatrics, vol 23, no 5, June 2011, pp 806-813.

Few studies have specifically examined purpose in life among very old people. The aim of this study was to examine changes in purpose in life over five years in very old men and women (aged 85 and above) and to investigate whether depressed mood, malnutrition, inactivity in daily life, or cognitive impairment increased the risk for developing low purpose in life. The study included data from 51 participants (42 women and 9 men) living in northern Sweden who completed the Purpose in Life (PIL) test once at baseline and again five years later. Overall purpose in life was shown to have decreased over five years and the decrease was significantly associated with being a woman and having depressed mood or depression at baseline. There were no differences in baseline PIL scores between depressed and not depressed, but those who had depression had significantly decreased PIL scores after five years. The authors conclude that a strong purpose in life does not seem to prevent very old people from developing depression and being depressed at baseline. Furthermore living with depression over five years is associated with a loss of purpose in life. (JL)

ISSN: 10416102

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

MENTAL HEALTH SERVICES

(See 208/39)

MENTAL ILLNESS

(See Also 208/8)

208/47

Huntington's disease research and practice: reflections on the journey made and lessons learned; by Anita M Y Goh, Edmond Chiu.

International Psychogeriatrics, vol 23, no 6, August 2011, pp 851-857.

This guest editorial discusses current research in Huntington's disease (HD), including a brief history of the disease, collaboration in research and genetic testing. Briefly highlights an example of innovative service delivery - the world's first HD clinic at the Royal Melbourne Hospital, which was first set up in 1972. Concludes by looking at areas for future research. (JL)

ISSN: 10416102

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

208/48

Inappropriate sexual behavior in a geriatric population; by Andrea Bardell, Timothy Lau, J Paul Federoff.

International Psychogeriatrics, vol 23, no 7, September 2011, pp 1182-1188.

Inappropriate sexual behavior (ISB) is an important topic in geriatrics, however etiologies remain unclear and evidence for the efficacy of treatment strategies is limited. The aims of this study were to provide a description of the phenomenology of ISB in the geriatric population, to identify potential contributing factors, and to review the efficacy of interventions aimed at reducing ISB. In this study a retrospective chart review was conducted of ten patients admitted

to an academic inpatient geriatric psychiatry ward because of their ISB (study group) and ten patients matched in age and gender (control group). A comprehensive chart review inventory was done to determine variables that may contribute to ISB. For the study group, effectiveness, adverse effects, and discontinuation due to adverse effects of interventions aimed at reducing ISB were reviewed. A significant finding was the association of a history of right frontal lobe stroke with ISB. Also significant was performance on cognitive testing and the presence of dementia in the study group. Citalopram was well tolerated but with minimal reduction of ISB. Atypical antipsychotics olanzapine and risperidone were effective in some cases but also had adverse effects. Medroxyprogesterone acetate was well tolerated and effective in all cases in which it was utilised. The study suggests that ISB in the geriatric population is associated with a history of right frontal lobe stroke and with severity of dementia. Case examples of pharmacologic interventions are reviewed. (JL)

ISSN: 10416102

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

QUALITY OF LIFE

208/49 Assessing quality-of-life in older people in care homes; by Sue Hall, Diana Opio, Rachel H Dodd, Irene J Higginson.

Age and Ageing, vol 40, no 4, July 2011, pp 507-512.

The study aimed to describe the Quality of Life (QoL) of older people living in care homes using the Schedule for the Evaluation of Individual Quality of Life - Direct Weighting (SEIQoL-DW) and two 10-point rating scales, and to describe how people were using these measures. 20 residents living in three care homes across the United Kingdom took part. The most important QoL domains identified in the SEIQoL-DW were leisure activities; family; relationships; social life; independence and peace and contentment. Physical limitations and difficulty in understanding the instructions and concepts made completing it a challenge. The SEIQoL index was strongly correlated with a single 10-point rating of current QoL. The authors conclude that in order to fully understand residents' QoL, detailed interview-based instruments, administered by an experienced interviewer are needed. To measure current QoL, for example, as an outcome measure, a simple single rating scale may suffice. (JL)

ISSN: 00020729

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

208/50 Environment, Design and Rehabilitation (EDR) series: moving from specialism to mainstream; by Gail Mountain.

Journal of Integrated Care, vol 19, issue 1, February 2011, pp 44-47.

This short editorial concludes a branded series of articles on the outputs of research concerned with improving the quality of life of older and disabled people. The purpose of the series, which began in 2009, was to enable colleagues who are part of the EQUAL (extending quality of life of older people) research community to showcase their research on topics such as inclusive design, creation of outdoor environments that promote the social engagement of older people and assistive technologies. The growing significance of the subject matter addressed throughout the series is illustrated and discussed. (JL)

ISSN: 14769018

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

208/51 What is the quality of life in the oldest old?; by Maria I Lapid, Teresa A Rummans, Bradley F Boeve ... (et al).

International Psychogeriatrics, vol 23, no 6, August 2011, pp 1003-1010.

The study aimed to investigate the relationship between self-perceived and caregiver-perceived quality of life (QOL), cognitive functioning, and depressive symptoms in the oldest old. Participants were 144 community dwellers aged 90-99 years. Collected data included neurological evaluation, DSM III-R criteria for dementia, Mini-Mental State Examination (MMSE), Dementia Rating Scale (DRS), Geriatric Depression Scale (GDS), Record of Independent Living (ROIL), and QOL assessment using the Linear Analogue Self Assessment

(LASA). Of the 144 subjects, 56 had normal cognitive functioning, 13 had mild cognitive impairment (MCI), 41 had dementia, and 34 had dementia with stroke and parkinsonism (DEMSP); all were analysed over a three-year period. Mean ages ranged from 93 to 94 years, and the majority were female with at least high school education. Overall functional ability was higher in groups without dementia. All subjects reported high overall QOL, regardless of cognitive functioning. However, caregivers perceived the subjects' overall QOL to be lower with increasing severity of cognitive impairment. Lower GDS scores correlated with higher self-perceived overall QOL. Overall there was a fairly high level of QOL, whether or not cognitive impairment existed. Individuals perceived their QOL better than did caregivers, and the difference in subjects' and caregivers' perception was more pronounced for the groups with dementia. QOL was more strongly correlated with depressive symptoms than with dementia severity. (JL)

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REHABILITATION

208/52

Rehabilitation of older patients: day hospital compared with rehabilitation at home: clinical outcomes; by Stuart G Parker, Philip Oliver, Mark Pennington ... (et al).

Age and Ageing, vol 40, no 5, September 2011, pp 557-562.

The study aimed to test the hypothesis that older people and their informal carers are not disadvantaged by home-based rehabilitation (HBR) relative to day hospital rehabilitation (DHR). 89 older patients referred for multidisciplinary rehabilitation took part in the study which centred around four geriatric day hospitals and four home rehabilitation teams in England. The primary outcome measure was the Nottingham extended activities of daily living scale (NEADL). Secondary outcome measures included EQ-5D (standardised instrument for measuring health outcomes), hospital anxiety and depression scale, therapy outcome measures, hospital admissions and the General Health Questionnaire for carers. At the primary end point of six months NEADL scores were not significantly in favour of HBR compared with DHR. A post hoc analysis suggested non-inferiority for HBR for NEADL but there was considerable statistical uncertainty. Taken together the statistical analyses and lack of power of the trial outcomes do not provide sufficient evidence to conclude that patients in receipt of HBR are disadvantaged compared with those receiving DHR. (JL)

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RESIDENTIAL AND NURSING HOME CARE

(See Also 208/18)

208/53

Enforced relocation of older people when care homes close: a question of life and death?; by David Jolley, Peter Jefferys, Cornelius Katona, Sean Lenon.

Age and Ageing, vol 40, no 5, September 2011, pp 534-537.

Short commentary looking at the detrimental effects of the enforced relocation of care home residents on their well-being. The authors refer to a European Court of Human Rights (ECHR) ruling on a care home resident who was reluctant to be moved. Looks at where the law currently stands on the involuntary relocation of care home residents in the UK, and calls for necessary steps to be taken to promote older people's well-being. (JL)

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SEXUALITY

208/54

Lesbian, gay & bisexual people in later life; by April Guasp, Stonewall.: Stonewall, 2011, 32 pp. This pioneering research report examines the experiences and expectations that gay, lesbian and bisexual people aged over 55 in Britain have about getting older. The survey asked about the

participants' personal support structures, family connections and living arrangements. It also asked about how they feel about getting older, the help they expect to need, and what they would like from health and social care services. The findings showed that more than half of gay and lesbian people in Britain lack confidence that public services will meet their needs. The data paints a compelling picture of a group of people who are more likely to live alone, are estranged from their families and who face the prospect of their informal support and social networks falling away. (JL)

From : http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf

208/55

Sexuality in older age: essential considerations for healthcare professionals; by Abi Taylor, Margot A Gosney.

Age and Ageing, vol 40, no 5, September 2011, pp 538-543.

Research suggests that many older people enjoy an active sex life. In this article the authors examine the evidence against the general perception of an 'asexual' old age. They offer an overview of the evidence for healthcare professionals who had not previously considered the sexuality of their older patients. They then describe some of the sexual problems faced by older people, especially the difficulties experienced in disclosing such problems to healthcare professionals. The authors ask why healthcare professionals routinely avoid discussing sexual problems with older patients, and how this can be improved. Finally they offer some recommendations for future research in the area, as well as a word of caution regarding the temptation of over-sexualising the ageing process. (JL)

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SOCIAL CARE

(See Also 208/33, 208/35)

208/56

Assessing the role of increasing choice in English social care services; by Martin Stevens, Caroline Glendinning, Sally Jacobs ... (et al).

Journal of Social Policy, vol 40, part 2, April 2011, pp 257-274.

This article aims to explore the concept of choice in public service policy in England, illustrated through findings of the Individual Budgets (IB) evaluation. The evaluation tested the impact of IBs as a mechanism to increase choice of access to and commissioning of social care services around the individual through a randomised trial and explored the experiences and perspectives of key groups through a large set of interviews. The article presents a re-examination of these interview data, using three 'antagonisms of choice' proposed in the literature - choice and power relations, choice and equity, and choice and the public nature of decisions - as organising themes. The randomised trial found that IB holders perceived they had more control over their lives and appreciated the extra choice over use of services, albeit with variations by user group. However problems of power relations, equity and the constraints implied by the public nature of decision-making were complicating and limiting factors in producing the benefits envisaged. The focus on choice in policy, especially as implemented by IBs, emphasises an individualistic approach. The findings suggest that addressing broader issues relating to power, equity and an understanding of the public nature of choice will be of value in realising more of the benefits of the policy. (JL)

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SOCIAL NETWORKS

(See 208/20)

SOCIAL POLICY AND THEORY

(See 208/56)

SUICIDE

208/57

Elderly suicide attempters by self-poisoning in Korea; by Yoo-Ra Kim, Kyoung Ho Choi, Youngmin Oh ... (et al).

International Psychogeriatrics, vol 23, no 6, August 2011, pp 979-985.

The present study, based in Korea, investigated the psychosocial risk factors for suicide in older versus younger adults. Subjects included 388 patients who were admitted to the emergency room following self-poisoning. Two age groups were defined: younger patients (aged less than 65 years) and older patients (aged over 65 years). Data including demographic factors, suicidal risk factors and information about the current suicide attempt were obtained from a retrospective chart review. The number of suicide attempters over the age of 65 years old was 57, and their mean age was 73.5 years. The older patients had more underlying medical illnesses than the under 65 group. Depression was the most common psychiatric diagnosis. Psychotropics were the most commonly ingested drugs in both groups, but the use of pesticides was more notable in the over 65 group. The older suicide attempters had higher risk-rating scores and lower rescue-rating scores than the under 65 group. Male-to-female ratio of the older group was nearly 1:1 unlike the under 65 group. Older suicide attempters had different psychosocial stressors such as physical illness and more lethal suicide attempts. The study suggests the need for development of specific strategies aimed at preventing suicide in older people. (JL)

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208/58

Sense of coherence in elderly suicide attempters: the impact of social and health-related factors; by Madeleine Mellqvist, Stefan Wiktorsson, Erik Joas ... (et al).

International Psychogeriatrics, vol 23, no 6, August 2011, pp 986-993.

An association between sense of coherence (SOC) and suicidal behaviour has been suggested. The aim of this Swedish study was to identify factors associated with low SOC in older suicide attempters. 80 non-demented hospital-treated suicide attempters aged 70 years and older (38 men, 42 women, mean age 79.4 years) took part in an interview with a research psychologist and completed the 29-item SOC questionnaire. The interview included questions regarding social situation and health-related factors. The Comprehensive Psychopathological Rating Scale (CPRS) provided symptom ratings that were used in a diagnostic algorithm for DSM-IV major depression. The Cumulative Illness Rating Scale for Geriatrics (CIRS-G) was used to identify individuals with serious physical illness. Results showed that there was a strong relationship between major depression and SOC. While no relationship was found between severe physical illness and SOC, associations were demonstrated with social variables including too little time spent with children, too little time spent with grandchildren and having moved within the past five years. These associations remained significant in regression models adjusted for sex, age and major depression. The authors conclude that a number of social variables were independently related to SOC in older suicide attempters. Prospective studies are needed in order to determine whether SOC-strengthening interventions can reduce the risk of suicidal behaviour in older adults. (JL)

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