

# New Literature on Old Age

EDITOR

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## **ABUSE**

(See Also 210/16, 210/47)

- 210/1 Elder abuse: extends beyond health and social care to the financial and legal sectors; by Martin Mulroy, Desmond O'Neill.  
British Medical Journal, vol 343, no 7827, 15 October 2011, pp 756-757.  
The European Regional Office of the World Health Organization (WHO) recently published 'European report on preventing elder maltreatment'. In the opinion of the authors of this article, the report has a disproportionate focus on physical abuse. Insufficient consideration is given to financial abuse, the second most common form of elder abuse, since, in the light of the current economic recession, the number of older Europeans affected (estimated at 6 million) is certain to increase. What is required are age-friendly banks and other financial institutions, and legislation akin to the United States' Elder Justice Act 2010. Few European countries have a national policy on elder abuse. Collaboration of the health and social care sectors on this matter has never been more urgent. (RH)  
ISSN: 09598138 From : [www.bmj.com](http://www.bmj.com)  
BMJ2011;343;d6027
- 210/2 Neglect of older people in formal care settings: Part two: New perspectives on investigation and factors determining whether neglect has taken place; by Lynne Phair, Hazel Heath.  
The Journal of Adult Protection, vol 12, issue 4, November 2010, pp 6-15.  
This paper categorises different types of health-focused safeguarding investigations and offers suggestions, particularly relevant to nurse investigators, on how an investigation can be approached. Suggestions are also offered on how to conduct an investigation, where to find information, how to conduct interviews, writing a report and giving a professional opinion. Criteria for determining whether neglect has taken place in a formal care setting are offered, alongside examples of how these have been applied in practice. The paper concludes with consideration of actions that can be taken following an investigation and some reflections on the experience of professions involved in safeguarding. (JL)  
ISSN: 14668203  
From : <http://pierprofessional.metapress.com/content/121398/>
- 210/3 Spotlight on elder abuse as reported by the Russian mass media; by Pavel Puchkov.  
The Journal of Adult Protection, vol 13, issue 1, February 2011, pp 27-35.  
This paper analyses elder abuse in Russia using information gathered from Russian newspapers. The data were gathered through a review of four local and national newspapers over a ten-year period from 1998 to 2008. The overall study purpose was to determine the facts on the current situation of elder abuse in Russian families. 646 articles were found relating to elder abuse, representing just 9.5% of reported crime, with crimes including physical abuse, theft, rape, murder and threats. Almost all cases of crime were perpetrated in the home, usually by someone who was known. Overall the number of crimes reported in newspapers was small compared to other crimes, and abuse by family members was rarely mentioned. The author concludes that reporting in the mass media is effectively pushing gerontological issues towards the periphery of social problems. (JL)  
ISSN: 14668203  
From : <http://pierprofessional.metapress.com/content/121398/>

## **AGE DISCRIMINATION**

- 210/4 Age discrimination in mental health services needs to be understood; by Dave Anderson.  
The Psychiatrist, vol 25, issue 1, January 2011, pp 1-4.  
The ageing population presents a major challenge to health and social care services now and for decades to come. Age discrimination in mental health services is more pronounced than in other areas of health care. Legislation, currently being reviewed, which will make unjustified age discrimination unlawful from 2012, has implications for the organisation and delivery of mental

health care that need to be understood. (JL)  
ISSN: 17583209 From : <http://pb.rcpsych.org>

## ALCOHOL AND DRUG MISUSE

- 210/5 Older adults' own reasoning for their alcohol consumption; by Sirpa Immonen, Jaakko Valvanne, Kaisu H Pitkala.  
International Journal of Geriatric Psychiatry, vol 26, no 11, November 2011, pp 1169-1176.  
Older people have diverse alcohol consumption habits. In this study, a postal survey was used to collect data from a random sample of 2,100 people aged 65+ living in the community in Espoo, Finland. The response rate was 71.6%. Altogether, 868 people responded that they use alcohol, of whom 831 gave their reasons for their drinking. "At risk users" were defined as consuming >7 drinks per week, or 5 or more drinks on a typical drinking day, or using 3 or more drinks several times per week. Main reasons given for alcohol consumption were "having fun or celebration" (58.7%), "for social reasons" (54.2%), "using alcohol for medicinal purposes" (20.1%), and "with meals" (13.8%). Younger age groups reported more often than the older age groups that they used alcohol for "having fun or celebration" and "for social reasons". The older age groups used more often "alcohol for medicinal purposes". Men used alcohol more than women "as pastime". Those defined as "at-risk users" reported using alcohol because of "meaningless life", for "relieving depression", "relieving anxiety", and "relieving loneliness". (RH)

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

## ASSESSMENT

- 210/6 Functional assessment in older people; by T J Quinn, K McArthur, G Ellis (et al).  
British Medical Journal, vol 343, no 7821, 3 September 2011, pp 469-473.  
Functional decline in older people is rarely related to a single problem. Rather, an older person can be affected by various acute or chronic problems that affect mobility and lead to a loss of independence. Timely recognition of functional difficulties can lead to interventions that may prevent or arrest such decline. This article focuses on the functional assessment of older people by generalist clinicians, using standardised assessment tools that measure motor function and activities of daily living (ADLs). It is based on the authors' clinical experience, informed by a search of published literature. (RH)

ISSN: 09598138 From : [www.bmj.com](http://www.bmj.com)  
BMJ2011;343;d4681

- 210/7 Reflections on the serious case review of a female adult (JK); by Peter Scourfield.  
The Journal of Adult Protection, vol 12, issue 4, November 2010, pp 16-30.  
This reflective paper follows from a reading of the executive summary of the Serious Case Review report into the death of a 76-year old woman known as JK in Cornwall during 2008 (Cornwall and Isles of Scilly Safeguarding Adults Board, 2009). It uses this case of a death associated with self-neglect to examine more closely the legal and ethical factors that practitioners must take into account when dealing with such cases. JK was found dead in her home in November 2008 by members of the Carrick Rapid Assessment Team. She had suffered from a range of health needs but was able to manage her own personal care and meals and relied on friends to undertake her shopping. However she chose not to go outside her property and there were a number of reports regarding the poor state of hygiene in the house and the presence of dog faeces on the floor. This article considers whether someone who is judged to have capacity has the right to live in squalour and unsafe circumstances, whether their choice to refuse services is acceptable, and what can and should practitioners do if they believe someone is making an unwise choice in such circumstances. The article provides a starting point for a discussion on the rights, risks and responsibilities in such cases. It also considers the legal powers that are available. (JL)

ISSN: 14668203 From : <http://pierprofessional.metapress.com/content/121398/>

## **ASSISTIVE TECHNOLOGY**

- 210/8 The 'AT guide' self-assessment tool under development at [www.atdementia.org.uk](http://www.atdementia.org.uk); by John Woolham.  
Journal of Assistive Technologies, 5, 1, March 2011, pp 26-28.  
Brief article exploring the origins, aims and ongoing development of the self-assessment tool under development at [www.atdementia.org.uk](http://www.atdementia.org.uk). The site, along with its accompanying portal, is an interactive tool designed to help people with early stage dementia and their carers to self-assess for telecare and assistive technology. (JL)  
ISSN: 17549450 From : <http://www.pierprofessional.com/jatflyer/>

## **BLACK AND MINORITY ETHNIC GROUPS**

(See Also 210/12, 210/57)

- 210/9 Partner or perish?: exploring inter-organisational partnerships in the multicultural community aged care sector; by Harriet Radermacher, Yoshitha Karunarathna, Nicci Grace, Susan Feldman. Health and Social Care in the Community, vol 19, no 5, September 2011, pp 550-560.  
This study examined the experiences of partnership between organisations and small community groups from Melbourne, Australia, who delivered community based support services to older people from culturally diverse backgrounds. It identified key factors that facilitated or hindered the formation, maintenance and effectiveness of partnerships within the ethnic and multicultural community aged care (EMCAC) sector. Participants included 14 individuals representing nine community and health service organisations who took part in semi-structured interviews. Interviewees reported that partnerships between organisations were necessary and beneficial within the EMCAC sector. Organisational capacity, access to information and guidelines, and the inequality experienced by smaller organisations were key issues identified by participants. The authors conclude that increasing organisational capacity and a reduction of the inequalities experienced through partnerships could be addressed through training and education about the nature of partnerships. (JL)  
ISSN: 09660410  
From : <http://www.ingentaconnect.com/content/bsc/hssc>

## **COMMUNITY CARE**

(See 210/39)

## **DEMENTIA**

(See Also 210/22, 210/23, 210/46, 210/53, 210/54)

- 210/10 Do people with dementia find lies and deception in dementia care acceptable?; by Anna M Day, Ian A James, Thomas D Meyer, David R Lee.  
Aging & Mental Health, vol 15, no 7, September 2011, pp 822-829.  
The use of lies and deception are prevalent in dementia care settings, and this poses an ethical dilemma affecting both carers and dementia patients. The aim of this article was to explore the opinion of people with dementia on the issue of lies and deception in dementia care. The study used a two-phased design. Phase one involved a series of one-to-one interviews with ten people with a diagnosis of Alzheimer's disease. The interviews involved the use of a series of vignettes designed to facilitate discussion. During phase two, eight of the participants were re-interviewed in order to develop the emerging theory. The results showed that lies were considered to be acceptable if told in the best interest of the person with dementia. This best interest decision was complex, and influenced by factors such as the person with dementia's awareness of the lie, and the carer's motivation for lying. A model depicting these factors is discussed. (JL)  
ISSN: 13607863 From : <http://www.informaworld.com/CAMH>

- 210/11 Interventions supporting self and identity in people with dementia: a systematic review; by Lisa S Caddell, Linda Clare.  
Aging & Mental Health, vol 15, no 7, September 2011, pp 797-810.  
There has been an increase in research focusing on how self and identity are affected by the onset and progression of Alzheimer's disease and other forms of dementia. The purpose of this article was to review the main features of interventions aiming to support self and identity in people with dementia, to draw conclusions regarding the effectiveness of these interventions, and to highlight the implications for future research. Following a comprehensive literature search, ten studies were selected which met the inclusion criteria. All reported some benefits to participants. There were significant methodological limitations and study quality was generally low. The interventions varied in terms of participant characteristics, content and outcome measures. The article concludes that intervention research in this area is in the preliminary stages, and it is thus difficult to draw any conclusions from the evidence to date. However, the studies do highlight the potential of such interventions to support and improve well-being in people with dementia and suggest that further investigation is warranted. (JL)  
ISSN: 13607863  
From : <http://www.informaworld.com/CAMH>
- 210/12 Over- and under-diagnosis of dementia in ethnic minorities: a nationwide register-based study; by T R Neilsen, A Vogel, T K T Phung (et al).  
International Journal of Geriatric Psychiatry, vol 26, no 11, November 2011, pp 1128-1135.  
The belief is held among dementia professionals in many European countries that dementia is under-diagnosed and under-treated to a greater extent among ethnic minorities than in the native population. This study compared the prevalence of register-based dementia in the largest ethnic minority groups in Denmark with the prevalence of register-based dementia diagnoses in the general Danish population. The study population consisted of 68,219 people aged 20+. A total of 1,734 dementia cases were identified. The mean age at diagnosis was 57.7 years (SD-16.2). Compared to the general population, there was a higher prevalence of dementia among those younger than 60 years, and a markedly lower prevalence of dementia among those aged 60+. Dementia is under-diagnosed to a greater extent among ethnic minorities in the age group 60+, but is over diagnosed in those younger than 60. Several factors may contribute to this pattern, including cultural differences in help-seeking behaviour and problems in navigating the healthcare system. Furthermore, cross-cultural assessment of dementia can be difficult because language barriers and cultural differences. (RH)  
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>
- 210/13 Pathways to diagnosis: exploring the experiences of problem recognition and obtaining a dementia diagnosis among Anglo-Canadians; by Karen K Leung, Juli Finlay, James L Silvius ... (et al).  
Health and Social Care in the Community, vol 19, no 4, July 2011, pp 372-381.  
Research suggests that that individuals with dementia may wait from 1-3 years from the onset of symptoms before receiving a diagnosis. The aim of this study was to explore the experiences of individuals with early-stage dementia and their carers regarding problem recognition and the process of obtaining a diagnosis. Six Anglo-Canadians with dementia and seven of their carers recruited from the Alzheimer's Society of Calgary participated in semi-structured interviews. Analysis revealed five major themes: becoming aware of memory problems; attributing meanings to symptoms; initiating help-seeking; acknowledging the severity of cognitive change; and finally obtaining a definitive diagnosis. Individuals with dementia reported noticing memory difficulties earlier than their carers. However, initial symptoms were perceived as ambiguous, and were normalised and attributed to concurrent health problems. The diagnostic process was typically characterised by multiple visits and interactions with health professionals, and a diagnosis was obtained as more severe cognitive deficits emerged. The findings provide insights into how individuals negotiate their perceived needs for medical help, and how dementia care may be improved in the early stages. (JL)  
ISSN: 09660410 From : <http://www.ingentaconnect.com/content/bsc/hsc>



210/14 Use of anti-dementia drugs and delayed care home placement: an observational study; by Emad Salib, Jessica Thompson.  
The Psychiatrist, vol 35, issue 10, October 2011, pp 384-388.  
The association between the use of cholinesterase inhibitors (ChEOs) and time to have home placement is examined. The authors compared patients who were prescribed ChEOs in 2006 with those who were not with respect to their placement in care homes over a 4-year period using survival analysis. During the first 30 months of follow-up, there was a delay in care home placement by a median of 12 months in those who took ChEOs compared with those who did not. However, at the end of the follow-up, there was no significant reduction in the probability of being in a care home setting between those who had taken ChEOs compared with those who had not. The study provides some evidence to suggest that prescribing ChEOs may be associated with a delay in the timing of care home placements observed in the first 2.5 years of treatment. However, based on purely observational data, no conclusion can be made as to whether such association is causal. (RH)  
ISSN: 17583209  
From : <http://pb.rcpsych.org>  
doi: 10.1192/pb.bp.110.033431

### **DEPRESSION**

(See Also 210/37, 210/51)

210/15 Antidepressant use and risk of adverse outcomes in older people: population based cohort study; by Carol Coupland, Paula Dhiman, Richard Morris (et al).  
British Medical Journal, vol 343, no 7819, 13 August 2011, p 354.  
Comparatively little is known about the safety of antidepressant drugs in older people. Use of selective serotonin reuptake inhibitors (SSRIs) or drugs in the group of other antidepressants may be associated with an increased risk of some adverse outcomes compared with other tricyclic antidepressants in older people. This is a summary of a study published on [bmj.com](http://bmj.com) based on data for 60,746 patients diagnosed as having depression aged 65 to 100 from the QResearch primary care database followed for a mean of 5 years. 54,038 of these patients (89%) received at least one prescription for an antidepressant drug during follow-up. SSRIs were associated with the highest risk of falls and hyponatraemia. The group of other antidepressants was associated with the highest risks of all cause mortality, attempted suicide or self-harm, stroke or transient ischaemic attack (TIA), fracture, and epilepsy or seizure. (RH)  
ISSN: 09598138 From : [www.bmj.com](http://www.bmj.com)  
BMJ2011;343;d4551

210/16 Depression is twice as likely in adults treated badly as children; by Caroline White.  
British Medical Journal, vol 343, no 7820, 20-27 August 2011, p 387.  
A combined meta-analysis of data from 16 epidemiological studies and 10 clinical trials in which maltreatment was defined as physical or sexual abuse, neglect, or family conflict or violence found that childhood maltreatment was associated with more than double the risk of recurrent and persistent depressive episodes in adulthood. This short article outlines the findings of a study led by Andrea Danese of the Institute of Psychiatry, King's College, London, and published online in the American Journal of Psychiatry.  
(doi: 10.1176/appi.ajp.2011.11020335 ) (RH)  
ISSN: 09598138 From : [www.bmj.com](http://www.bmj.com)  
BMJ2011;343;d5246

210/17 Neuropathological correlates of late-life depression in older people; by Christos Tsopelas, Robert Stewart, George M Savva ... (et al).  
British Journal of Psychiatry, vol 198, no 2, February 2011, pp 109-114.  
The study aimed to investigate the association between depression observed during life and neurofibrillary tangles, diffuse and neuritic plaques, Lewy bodies, brain atrophy and cerebrovascular disease found in the brain at post-mortem. 153 brains were selected for study

from deceased individuals with no known history of dementia. Alzheimer and vascular pathology measures, Lewy bodies and neuronal loss were compared between those with and without depression ascertained using a fully structured diagnostic interview during life. Brain areas examined included frontal, parietal, temporal and occipital cortical areas as well as the entorhinal cortex, hippocampus and brain-stem monoaminergic nuclei. Depression was significantly associated with the presence of subcortical Lewy bodies. No association was found between depression and cerebrovascular or Alzheimer pathology in cortical or subcortical areas, although depression was associated with neuronal loss in the hippocampus as well as in some of the subcortical structures investigated (nucleus basalis, substantia nigra, raphe nucleus). The authors conclude that late-life depression is associated with subcortical and hippocampal neuronal loss but not with cerebrovascular or Alzheimer pathology. (JL)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

210/18

Regulation of affect in late adulthood: effects of mild depressive symptoms; by Vasiliki Orgeta. *Aging & Mental Health*, vol 15, no 7, September 2011, pp 866-872.

Research has highlighted the important role of emotion regulation in individuals with depression. The purpose of this study was to test the effects of mild depressive symptoms (MDS) on older adults' ability to regulate emotional experiences. 70 community dwelling older adults ranging in age from 60 to 82 years completed self-report measures of affect and were asked to report how often they used specific emotion regulation strategies. Consistent with previous theories older adults experiencing MDS reported greater difficulties in regulating affect compared to normal controls. The present results provide support for previous findings demonstrating that experiencing depressive symptoms affects the ability to regulate emotional responses. These findings are likely to be informative in terms of understanding emotion dysregulation in older adults at risk of experiencing clinical depression. (JL)

ISSN: 13607863 From : <http://www.informaworld.com/CAMH>

## **DIET AND NUTRITION**

210/19

Artificial nutrition and hydration at the end of life; by Roschelle A Heuberger.

*Journal of Nutrition for the Elderly*, vol 29, no 4, 2010, pp 347-385.

This article presents a comprehensive review of controversies surrounding artificial nutrition and hydration (ANH) for terminally ill patients in the United States. Covers legal and ethical issues (including ANH in dementia care) and describes different clinical methods - eg. tube feeding, non-oral hydration, total parenteral nutrition and hydration. Also looks at religious issues for different religions. Concludes with a look at personal and professional issues as well as fiscal aspects of end of life care. (JL)

ISSN: 01639366 From : <http://www.tandfonline.com/toc/wjne21/current>

210/20

Food and drink: the basic requirements of life; by Monca Dennis, Judith Allen.

*The Journal of Adult Protection*, vol 13, issue 3, 2011, pp 167-173.

In December 2008 the Daily Mail published an article written by a founder member of the organisation 'A Dignified Revolution' (ADR) detailing negligent, unprofessional and uncaring practice in an elderly relative's hospital care. In response to this, 94 people from around the UK wrote to ADR providing their own examples of either being a patient in hospital or witnessing their loved one's distress. This paper analyses this correspondence, particularly addressing one of the most common areas of concern, the management of hydration and nutrition. The vast majority of the criticisms were directed towards severe negligence in nursing practice. The experiences that were shared demonstrated not only a contravention of the nurse's code of practice, but also an abuse of older people's fundamental right to eat and drink. The findings also demonstrate the severe harm that can be caused to vulnerable older people and the trauma caused to relatives and carers. Many respondents were dismayed at the complete lack of nursing assessments and the inconsistencies in the documentation about their relatives' care, including food and fluid charts, which was so fundamental to their care needs. (JL)

ISSN: 14668203 From : <http://pierprofessional.metapress.com/content/121398/>

## **EMPLOYMENT**

- 210/21 The impact of chronic illness on workforce participation and the need for assistance with household tasks and personal care by older Australians; by Laurann Yen, Ian McRae, Yun-Hee Jeon ... (et al).  
Health and Social Care in the Community, vol 19, no 5, September 2011, pp 485-494.  
The study looked at how people with chronic illness often leave the workforce early, have low incomes and need additional support to manage their health. It also investigated the need for assistance with everyday household tasks and personal care. Postal surveys were sent to a random sample of 10,000 members of National Seniors Australia between August and September 2009. Responses were received from 4,574 respondents. Of these, 82% per cent reported having at least one chronic illness at the time of the survey. Findings revealed that ill health led to earlier retirement, and those who were sickest required more assistance with their household tasks and personal care. Overall, each additional chronic illness present at age 50 reduced working life by an average of one year, and each present at age 60 by 0.7 years. Diabetes, arthritis and depression were significantly related to earlier retirement. The authors highlight the need to review the adequacy of current social and health policy in this group. (JL)  
ISSN: 09660410  
From : <http://www.ingentaconnect.com/content/bsc/hssc>

## **END-OF-LIFE CARE**

(See Also 210/45)

- 210/22 Improving end-of-life care for people with dementia; by Elizabeth L Sampson, Alistair Burns, Mike Richards.  
British Journal of Psychiatry, vol 199, no 5, November 2011, pp 357-359.  
One in three adults over the age of 60 years will die with dementia. Most will have complex physical and psychological needs. This paper looks at why people with dementia experience poor end-of-life care, what are the end-of-life care needs of people with dementia and their families, and how such care for this client group can be improved. The authors refer to recent government strategies aimed at improving services, eg. The National Dementia Strategy, and the National End of Life Care Strategy. However the research has tended to focus on people with advanced dementia and little is known about people in the earlier stages of dementia who may be dying from other chronic comorbid conditions. New interventions on service models to improve care will have to be developed carefully, taking into account the wide range of settings in which people with dementia die. (JL)  
ISSN: 00071250  
From : <http://bjp.rcpsych.org>

## **EPIDEMIOLOGY**

(See 210/24)

## **EXERCISE**

- 210/23 A systematic review of the effects of physical activity on physical functioning, quality of life and depression in older people with dementia; by Rachel Potter, David Ellard, Karen Rees (et al).  
International Journal of Geriatric Psychiatry, vol 26, no 10, October 2011, pp 1000-1011.  
Depression is common in older people with dementia. Physical activity is effective in reducing depression in adults, but there is limited evidence about its effectiveness in people with dementia. A systematic review and partial meta-analysis of physical activity interventions in people with dementia is reported. The authors searched for English language papers and reference lists of relevant papers. Included studies reported physical activity intervention lasting at least 12 weeks in which participants were older and had a diagnosis of dementia. Studies compared the

intervention with a non-active or no-intervention control and reported at least one outcome related to physical function, quality of life or depression. At least two authors independently assessed each paper for inclusion and for study quality and extracted data. 13 randomised trials with 896 participants were included. Three of six trials that reported walking as an outcome found an improvement, as did four of the five trials reporting timed get up and go tests. Only one of the four trials that reported depression as an outcome found a positive effect. Both trials that reported quality of life found an improvement. There is some evidence that physical activity interventions improve physical function in older people with dementia. Evidence for an effect on depression and quality of life is limited. (RH)

ISSN: 08856230

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

## **FALLS**

210/24

Epidemiology of falls in older age; by Nancye May Peel.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 7-19.

Worldwide, falls among older people are a public health concern because of their frequency and adverse consequences in terms of morbidity, mortality, and quality of life, as well as their impact on health system services and costs. This epidemiological review outlines the public health burden of falls and fall-related injuries and the impact of population ageing. The magnitude of the problem is described in terms of the classification of falls and measurement of outcomes, including fall incidence rates across settings, sociodemographic determinants, international trends, and costs of falls and fall-related injuries. Finally, public health approaches to minimise falls risk and consequent demand on health care resources are suggested. (JL)

ISSN: 07149808

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

210/25

Falls prevention: special section.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 1-66 (special section).

Special section featuring an editorial followed by five articles on the prevention of falls in later life. The goals of the section are to introduce the topic to readers unfamiliar with this field of research and to bring readers up to date on the current status of the field. From the five papers readers will have an understanding of the widespread problem of falls, how falls research has evolved, how falls can be prevented, and the psychosocial and cultural factors that influence older people's participation in falls prevention interventions. (JL)

ISSN: 07149808

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

210/26

Falls risk factors: assessment and management to prevent falls and fractures; by Finbarr C Martin.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 33-44.

Falls and fragility fractures are common, dangerous, and important public health challenges. They are best understood as geriatric syndromes with close relation to frailty and other ageing-related health problems. They are associated with many health-related and other risk factors including dizziness, postural instability, cognitive impairment, medical co-morbidities, and other medical conditions including osteoporosis and Parkinson's disease. At a population level, the challenge is to improve the health and well-being of all older people to reduce the incidence of falls. At a clinical level, the challenge is to assess the individual risk factors and apply evidence-based individually tailored, multifactorial interventions. The most powerful component is strength-and-balance exercise training. (JL)

ISSN: 07149808 From : <http://www.journals.cambridge.org/cjg>

210/27

Psychosocial issues in engaging older people with physical activity interventions for the prevention of falls; by Samuel R Nyman.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 45-55.

This article presents an overview of the psychosocial factors that influence older people's

participation in physical activity interventions to prevent falls. The importance of psychosocial factors is stressed inasmuch as interventions will be rendered useless if they do not successfully gain the active participation of older people. The theory of planned behaviour is used as a framework for the review on how knowledge (a prerequisite), attitudes, subjective norms (the social context), and perceived behavioural control (confidence) promote or inhibit the intention to carry out activities to prevent falls. The review is supplemented with evidence for self-identity to influence intention, and the article concludes with a discussion of the recommendations made by the Prevention of Falls Network Europe for engaging older people in falls prevention. (JL)  
ISSN: 07149808

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

210/28 The role of culture and diversity in the prevention of falls among older Chinese people; by Khim Horton, Angela Dickinson.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 57-66.

This grounded theory study explored the perceptions of Chinese older people living in England on falls and fear of falling, and identified facilitators and barriers to fall prevention interventions. With a sample of 30 Chinese older people, two focus group discussions and ten in-depth interviews were conducted in Mandarin or Cantonese. Constant comparative analysis highlighted a range of health-seeking behaviours after a fall. Chinese older people were reluctant to use formal health services or talk about their falls. In particular they hid falls from their adult children to avoid worrying them. Fatalistic views about falls and poor knowledge about availability and content of interventions were prevalent. Cost of interventions was important. Chinese older adults valued their independence, and cultural intergenerational relations had an impact on taking action to prevent falls. (JL)

ISSN: 07149808

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

210/29 Unintentional falls in older adults: a methodological historical review; by Mark Speechley.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 21-32.

PubMed lists over 6,000 references on unintentional falls in older adults. This article traces key methodological milestones in the application of epidemiologic methods since the earliest publications in the late 1940s. Within the context of advances in case definition, sampling, measurement, research design and statistical analysis, the article reviews estimates of frequency of occurrence, risk factor associations, morbidity and mortality consequences, demonstration of the multiple risk factor theory of falls using fall prevention interventions, and the challenges of fall risk prediction models. Methodological explanations are provided for observed heterogeneities, and the case is presented for moving beyond undifferentiated lists of risk factors by focusing on balance and gait as the factors through which the mechanistic effects of distal risk factors can be understood. Moreover, the case is made to advance statistical analyses by looking at interactions among intrinsic risk factors and between intrinsic, extrinsic, and environmental factors. (JL)

ISSN: 07149808 From : <http://www.journals.cambridge.org/cjg>

## **FAMILY AND INFORMAL CARE**

(See 210/45)

## **HEALTH CARE**

(See Also 210/44)

210/30 Older people with heart failure and general practitioners: temporal reference frameworks and implications for practice; by Susan Waterworth, Merryn Gott, Deborah Raphael, Sarah Barnes. Health and Social Care in the Community, vol 19, no 4, July 2011, pp 412-419.

Chronic illness changes one's sense of time, and chronic disease management and palliative care have implications for health professionals' use of time. The aim of the study was to identify the

temporal reference frameworks that structure and give meaning to the experiences of time for older patients with heart failure and their general practitioners (GPs). Secondary analysis of qualitative data collected from two longitudinal studies, one in the United Kingdom and the other in New Zealand, was carried out. The UK study involved interviews with 44 older people with heart failure and nine focus group discussions with primary health professionals during 2004-2005. The NZ study involved 79 interviews with 25 older people with heart failure and 30 telephone interviews with GPs during 2008-2009. Different temporal reference frameworks were identified for both patients and GPs. 'Clock time' was evident in how it structured the consultations. Both patients and GPs valued 'needing time', however there were tensions between 'needing time' and 'wasting time'. For some GPs this involved creating space for 'emotional time'. Being 'known over time' was important to both patients and GPs. The article concludes that understanding these multiple times is important for improving the quality of care for older people. (JL)

ISSN: 09660410

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

## **HEALTH EXPECTANCY**

(See 210/38)

## **HEALTH SERVICES**

(See Also 210/35)

210/31

A better way back to everyday life; by David Walden.

Health Service Journal, 4 August 2011, pp 26-27.

Reablement services must be designed as a route to greater independence and not reliance on care. This article considers the benefits of reablement in helping older people to regain the ability to do things for themselves and thereby improve their quality of life. However, care workers and their managers do need to explain the ethos of reablement as a means also of reducing an older person's need for continuing support. (RH)

ISSN: 09522271

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

210/32

Experiences of and influences on continuity of care for service users and carers: synthesis of evidence from a research programme; by Gillian Parker, Anne Corden, Janet Heaton.

Health and Social Care in the Community, vol 19, no 6, November 2011, pp 576-601.

Health and social care systems find it difficult to deliver the continuity of care that service users want. Lack of clarity about what continuity means may contribute to these difficulties. The National Institute for Health Research Service Delivery and Organisation Programme (NIHR SDO) funded a series of research projects to explore this concept. The aim of this paper is to review the outcomes of these projects, specifically looking at what continuity of care is and what influences it. Using techniques adapted from systematic reviewing methods, the outputs of the projects were reviewed and data extracted. The service users in all the studies talked about their preferences and choices for treatment and care in a way that implied continuity, specifically in relation to relationships with professionals, access to information, and co-ordination between professionals and service. The findings show a broad common framework that can be used to understand continuity. A range of individual and structural factors influence the experience of continuity, including service users' characteristics and circumstances, care trajectories, the structure and administration of services, professionals' characteristics, carer participation, the wider context of the 'whole person', and satisfaction. The findings highlight how service users, carers and professionals construct continuity dynamically between themselves. (JL)

ISSN: 09660410

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

210/33 Quality of chronic disease care for older people in care homes and the community in a primary care pay for performance system: retrospective study; by Sunil M Shah, Iain M Carey, Tess Harris (et al).  
British Medical Journal, vol 342, no 7797, 2 March 2011, p 587.  
Do older residents in nursing and care homes receive poorer quality of care for chronic diseases compared with residents living in the community; and are they more likely to be excluded from targets in the UK Quality of Outcomes Framework (QOF)? This is a summary of a paper published on [bmj.com](http://bmj.com). in which the authors studied 10,387 residents of care homes and 403,259 community dwelling residents aged 65 to 104 registered with 326 English and Welsh general practices in 2008-9. Achievement for 14 of the 16 process quality indicators considered was lower for residents of care homes than for those living in the community, taking into account differences in age and dementia prevalence. The largest differences were for prescribing in coronary heart disease (CHD), and in monitoring of diabetes. Residents in care homes were more likely to be excluded by doctors from QOF targets. (RH)  
ISSN: 09598138  
From : [www.bmj.com](http://www.bmj.com)  
BMJ2011;342;6912

### HOME CARE

210/34 Close to home: an inquiry into older people and human rights in home care; by Equality and Human Rights Commission - EHRC.: Equality and Human Rights Commission - EHRC, November 2011, 111 pp.  
The report uncovered serious breaches to the human rights of older people receiving basic care in their own homes. These breaches included cases of physical abuse, theft, neglect and disregard for privacy and dignity. The writers argue that many of these problems could be resolved if local authorities made more of the opportunities they have to promote and protect older people's human rights in the way home care is commissioned, and the way home care contracts are procured and monitored. Also older people should have greater choice and control over their own care through, for example, personalisation of services. Key challenges to the human rights of older people were found to include age discrimination, a lack of informed choice on care, a lack of investment in home care workers and output-driven commissioning. Threats to human rights in home care should be brought to light and dealt with through better complaints procedures, better legal protection from age discrimination and better underpinning of social care legislation with human rights principles. (JL)  
From : <http://www.equalityhumanrights.com/legal-and-policy/inquiries-and-assessments/inquiry-into-home-care-of-older-people/close-to-home-report/>

210/35 Organisation and delivery of home care re-ablement: what makes a difference?; by Parvaneh Rabiee, Caroline Glendinning.  
Health and Social Care in the Community, vol 19, no 5, September 2011, pp 495-503.  
Re-ablement services aim to help chronically sick or disabled individuals re-learn the skills necessary for independent living at home. This study examined the organisation and effectiveness of re-ablement services in England. Semi-structured interviews were held with senior service managers in five sites with well-established re-ablement services,. Contributing factors to the effectiveness of re-ablement services included: service user characteristics and expectations; staff commitment, attitudes and skills; flexibility and prompt intervention; thorough and consistent recording systems; and rapid access to equipment and specialist skills in the team. Factors external to the services which had implications for their effectiveness included: a clear, widely understood vision of the service; access to a wide range of specialist skills; and capacity within long-term home-care services. The authors argue that re-ablement can be empowering for all service users in terms of raising their confidence. However, the move to a more inclusive `intake' service suggests that outcomes are likely to be considerably lower for service users who have more limited potential to be independent. (JL)  
ISSN: 09660410  
From : <http://www.ingentaconnect.com/content/bsc/hssc>

## **HOSPITAL DISCHARGE**

(See 210/36)

## **HOSPITAL SERVICES**

210/36

Good intentions, increased inequities: developing social care services in Emergency Departments in the UK; by Paul Bywaters, Eileen McLeod, Joanne Fisher ... (et al).

Health and Social Care in the Community, vol 19, no 5, September 2011, pp 460-467.

Hospital Emergency Departments (EDs) constitute a critical boundary between the community and the hospital and a key point for the identification of social care needs. As such, they have become the focus for a variety of service developments such as the establishment of multidisciplinary teams aimed at preventing re-attendance or admission, re-directing patients to other services, or speeding patients to provide improved quality of care. This survey of social care initiatives based in EDs determined the objectives, organisation, extent, functions, funding and evidence of outcomes of such interventions. Approximately, one-third of EDs had embedded social care teams, with two-thirds relying on referrals to external social care services. These teams varied in their focus, size and composition, leadership, availability, funding and permanence. As a result, the effect has been to increase inequities in access to social care services provided through EDs. This research adds to international evidence pointing to the benefits of a variety of social care interventions based in EDs. (JL)

ISSN: 09660410

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

## **HUMAN RIGHTS**

(See 210/7, 210/34)

## **INCOME AND PERSONAL FINANCE**

210/37

Quantifying the effect of early retirement on the wealth of individuals with depression or other mental illness; by Deborah J Schofield, Rupendra N Shrestha, Richard Percival ... (et al).

British Journal of Psychiatry, vol 198, no 2, February 2011, pp 123-128.

The study aimed to quantify the cost of lost savings and wealth to Australians aged 45-64 who retire from the labour force early because of depression or other mental illness. Findings showed that people who are not part of the labour force because of depression or other mental illness have 78% and 93% less wealth accumulated respectively, compared with people of the same age, gender and education who are in the labour force with no chronic health condition. People who are out of the labour force as a result of depression or other mental illness are also more likely to have the wealth that they do have in cash assets, rather than higher-growth assets such as superannuation, home equity and other financial investments. This lower accumulated wealth is likely to result in lower living standards for these individuals in the future, thereby placing a large financial burden on the state as a result of the need to provide financial assistance. (JL)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

## **INEQUALITY**

210/38

Life expectancy varies across WHO Europe region by 16 years; by John Zarocostas.

British Medical Journal, vol 343, no 7822, 10 September 2011, p 502.

In Europe, male life expectancy at birth varies by 20 years between countries in the region, while for women the difference is 12 years. This short article draws attention to the findings of a World Health Organization (WHO) study led by Michael Marmot, 'The interim second report on social determinants of health and the health divide in the WHO European Region'. The global economic downturn is likely to exacerbate health inequality. The study is part of WHO's Europe



health 2020 strategy, and comments on the need to deal with problems in relation to the continent's ageing population. (RH)

ISSN: 09598138

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

BMJ2011;343;d5667

## **INTERNATIONAL AND COMPARATIVE**

(See Also 210/3, 210/28, 210/43, 210/58)

210/39 Community based geriatric care in India: a perspective; by Asharaf Abdul Salam.: International Institute on Ageing (United Nations - Malta).

BOLD, vol 21, no 1, November 2010, pp 2-17.

Geriatric care will be of high relevance to India in the near future. With a population of nearly 70 million aged 60 years and above, demand for caregiving mechanisms in the country will increase. This article explains geriatric care in India from the perspective of a wide range of disciplines. Socio-economic and demographic dimensions, health care needs, community care experiences and national and international community care experiences are discussed in the light of geriatrics in India. (JL)

ISSN: 10165177 From : <http://www.inia.org.mt/publications.html>

## **MEDICATION**

(See Also 210/14, 210/15)

210/40 Workload in community pharmacies in the UK and its impact on patient safety and pharmacists' well-being: a review of the evidence; by Karen Hassell, Elizabeth Mary Seston, Ellen Ingrid Schafheutle ... (et al).

Health and Social Care in the Community, vol 19, no 6, November 2011, pp 561-575.

New contractual frameworks for community pharmacy are believed to have increased workload for pharmacists. This review was undertaken to ascertain whether community pharmacists' workload has indeed increased and whether links between workload and patient safety and pharmacists' well-being have been established. The focus was to examine whether the volume of work affects adverse events such as dispensing errors or workforce outcomes such as job satisfaction. Literature searches were done for research published between 1989 and 2010 containing data on UK community pharmacy workload, and on its consequences when workload was found to be a determinant of either patient or pharmacist outcomes. 15 studies were found that met the inclusion criteria. The research suggests that community pharmacists still spend the majority of their time involved in activities associated with the dispensing of prescriptions. There is some evidence that community pharmacists' workload has increased since the introduction of the new contracts in England and Wales, especially around the core activity of dispensing prescriptions and medicine use reviews. There is also some evidence to suggest a link between heavy workload and aspects of pharmacists' well-being. However, there is no robust evidence indicating threats to patient safety caused by their having too much work to do. (JL)

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

## **MENTAL HEALTH**

210/41 Coping with Parkinson's disease: an examination of the coping inventory of stressful situations; by C S Hurt, B A Thomas, D J Burn (et al).

International Journal of Geriatric Psychiatry, vol 26, no 10, October 2011, pp 1030-1037.

Parkinson's disease (PD) brings with it a range of stresses and challenges with which a patient must cope. The type of coping strategies employed can affect well-being, although findings from coping studies in PD remain inconsistent. The variety of coping scales used without validation in PD has been cited as a possible cause of this inconsistency. The present study sought to examine the validity of the coping inventory for stressful situations (CISS) in a sample of 525

patients with PD who were recruited as part of a longitudinal investigation of mood states in PD. 475 participants completed the CISS. Confirmatory factor analysis was used to explore the structural validity of the scale. Internal reliability, test-retest reliability, convergent validity and discriminant validity were assessed using Cronbach's alpha, intraclass correlations and Pearson's correlations. Both three and four factor solutions were examined. The four factor model was found to provide a better fit of the data than the three factor model. The internal reliability, convergent validity, discriminant validity, and test-retest reliability of the CISS scales were shown to be good. Use of emotion-focused coping was associated with greater depression and anxiety, whilst task-oriented coping was associated with better psychological well-being. The results provide support for the validity and reliability of the CISS as a measure of coping in patients with PD. The identification of helpful and unhelpful coping strategies may guide the development of evidence-based therapies to improve well-being in patients with PD. (RH)  
ISSN: 08856230

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

210/42

Longitudinal neuroimaging correlates of subjective memory impairment: 4-year prospective community study; by Robert Stewart, Ophelia Godin, Fabrice Crivello ... (et al).  
British Journal of Psychiatry, vol 198, no 3, March 2011, pp 199-205.

Complaints about memory are common in older people but their relationship with underlying brain changes is controversial. The purpose of this study was to investigate the relationship between subjective memory impairment and previous or subsequent changes in white matter lesions and brain volumes. In a community cohort study of 1336 people without dementia, four-year changes in brain magnetic resonance imaging measures were investigated as correlates of subjective memory impairment at baseline and follow-up. Subjective memory impairment at baseline was associated with subsequent change in hippocampal volume and at follow-up impairment was associated with previous change in hippocampal, cerebrospinal fluid and grey matter volume and with subcortical white matter lesion increases. The authors conclude that complaints of poor memory by older people, particularly when new, may be a realistic subjective appraisal of recent brain changes independent of observed cognitive decline. (JL)  
ISSN: 00071250 From : <http://bjp.rcpsych.org>

## **MENTAL HEALTH SERVICES**

(See 210/4)

## **MENTAL ILLNESS**

(See 210/37)

## **NEIGHBOURHOODS AND COMMUNITIES**

210/43

Developing an age-friendly city in Russia; by Gulinara Minnigaleeva.: International Institute on Ageing (United Nations - Malta).  
BOLD, vol 21, no 1, November 2010, pp 18-23.

The Age-Friendly Cities (AFC) framework is being developed by the World Health Organization and has become a global concept. This article analyses the findings of the Age-Friendly Cities (AFC) Project conducted by the author with the World Health Organization in Russia and the author's experience of implementing the AFC framework in the city of Tuymazy, Republic of Bashkortostan. (JL)

ISSN: 10165177

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

## **OLDER MEN**

210/44

'Talking about my generation': a state-of-the-art review of health information for men in the andropause; by Janet Harrison.: Wiley-Blackwell.

Health Information and Libraries Journal, vol 28, no 3, September 2011, pp 161-170.

The focus of this article is the availability and use of information in the UK about the male menopause, or as it is beginning to be known by the general public and health professionals, the andropause. The experiences of men suffering from the andropause today are reflective of menopausal women some 20 or 30 years ago. Ignorance or fear of the andropause condition abounds in the general public and amongst health professionals. There is a paucity of information in the literature about the symptoms and condition of the andropause. This review considers the provision and use of information available for men in the andropause in the public domain, examining both NHS and condition specific sources. The use of electronic sources is specifically reviewed, including an online forum. The use of electronic sources is indicative of other health information users. The reviewer concludes by suggesting that increased knowledge sharing is required by health professionals and the general public about the symptoms and condition of the andropause. It is recommended that men in the andropause identify a "champion" to assist their cause. This will help in gaining greater recognition and understanding of the condition and attract most appropriate treatment. (RH)

ISSN: 14711834 From : <http://www.interscience.wiley.com/journal/hilj>

DOI: 10.1111/j.1471-1842.2011.00950.x

### **PALLIATIVE CARE**

210/45

'Doubly deprived': a post-death qualitative study of primary carers of people who died in Western Australia; by Sharon Keesing, Lorna Rosenwax, Beverley McNamara.

Health and Social Care in the Community, vol 19, no 6, November 2011, pp 636-644.

This study explored the daily experiences and occupational needs of family carers providing palliative care to people who were dying. In particular it examined their daily routines and ability to undertake other varied activities, and whether their needs were addressed in the community using available services. A purposive sampling method was used to identify ten people who had cared for a family member who had died in the preceding two years. Semi-structured interviews included questions about their experiences as a carer including routines, engagement in usual activities and the impact of the caring role on their daily life during and after the period of care. Two important themes were identified: the carers experienced disengagement and deprivation from their usual occupations during and after the period of care. They also described significant disempowerment in their role as carer. The findings show that carers are 'doubly disadvantaged': they are unable to participate in their usual occupations, and they are not recognised for their contributions as carers. In addition, the current services and support available for carers in the community are deemed inadequate. (JL)

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

### **PERSON CENTRED CARE**

210/46

The impact of organisational culture on the delivery of person-centred care in services providing respite care and short breaks for people with dementia; by Catherine Kirkley, Claire Bamford, Marie Poole ... (et al).

Health and Social Care in the Community, vol 19, no 4, July 2011, pp 438-448.

This article explores the impact of organisational culture in the provision of person-centred care in respite care or short break services for people with dementia. 49 telephone semi-structured interviews, two focus groups and five face-to-face interviews involving front-line staff and operational and strategic managers were completed. Qualitative thematic analysis of transcripts identified five themes on aspects of organisational culture that are perceived to influence person-centred care: understandings of person-centred care; attitudes to service development; service priorities; valuing staff; and solution-focused approaches. Some organisations described their service as being person-centred without the necessary cultural shift to make this a reality. The participants highlighted resource constraints and the knowledge, attitudes and personal qualities of staff as a barrier to implementing person-centred care. Leadership style, the way that managers support and value staff and the management of risk were considered important influences. The authors conclude that person-centred dementia care is not strongly embedded

in the organisational cultures of all local providers of respite-care and short-break services. Provider organisations should be encouraged to develop a shared culture at all levels of the organisation to ensure person-centred dementia care. (JL)

ISSN: 09660410

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

## PERSONALISATION

210/47 Enabling risk and ensuring safety: self-directed support and personal budgets; by Sarah Carr. The Journal of Adult Protection, vol 13, issue 3, 2011, pp 122-136.

This paper summarises key findings from a Social Care Institute for Excellence (SCIE) report on risk enablement and safeguarding in the context of self-directed support and personal budgets. It explores how the personalisation agenda and adult safeguarding can work together, and addresses frontline concerns relating to empowerment and duty of care. Research findings and emerging policy, principles and practice are used to look at how self-directed support and personal budgets can be used to enable people to take positive risks whilst staying safe. The paper suggests that person-centred working in adult safeguarding, along with self-directed support planning and outcome review, can support the individual to identify the risks they want to take and those they want to avoid in order to stay safe. Defensive risk management strategies or risk-averse frontline practice may result in individuals not being adequately supported to make choices and take control and, therefore, being put at risk. Practitioners need to be supported by local authorities to incorporate safeguarding and risk enablement in their relationship-based, person-centred working. The paper concludes by listing a number of key messages and recommendations arising from the report. (JL)

ISSN: 14668203

From : <http://pierprofessional.metapress.com/content/121398/>

210/48 A joined up approach to safeguarding and personalisation: a framework for practice in multi-agency decision-making; by Diane Galpin, Dorena Hughes. The Journal of Adult Protection, vol 13, issue 3, 2011, pp 150-159.

Social work practitioners need to be able to work together with other professionals to make decisions that effectively balance risk, choice and rights with protection and autonomy, whilst maximising well-being and minimising risk of harm. There is a need for effective practice in multi-agency decision-making to be central to delivering a system of personalised care that both empowers and protects. The aim of this paper is to provide a simple framework designed to support practitioners in facilitating effective multi-agency decision-making. It uses the Harvard Business model which identifies the following key stages as being crucial to decision-making; first, establishing context; second, framing the issue; followed by generating alternatives and evaluating alternatives; and finally choosing the best option. The paper adds an additional step of identifying actions and those responsible for implementing them. The authors conclude that there needs to be commitment at an organisational and practitioner level to develop decision-making processes that ensure safeguarding and personalisation is interwoven as efficiently and effectively as possible. (JL)

ISSN: 14668203 From : <http://pierprofessional.metapress.com/content/121398/>

210/49 Personalization: from story-line to practice; by Catherine Needham.

Social Policy & Administration, vol 45, no 1, February 2011, pp 54-68.

Personalisation has become a unifying theme and a dominant narrative across public services in England. A key to understanding the dominance of personalisation is the recognition that it is a story that is told about public services, their history and the roles and experiences of the people who use them and work in them. This article identifies five key themes as recurrent features of the personalisation story-line: personalisation works, transforming people's lives for the better; person-centred approaches reflect the way people live their lives, rather than artificial departmental boundaries; personalisation is applicable to everyone, not just people with social care needs; people are experts on their own lives; personalisation will save money. The author discusses the ambiguities of the narrative of personalisation, and argues that framing

personalisation as a story-line rather than a clearly developed policy reform programme helps to explain the breadth and diversity of the reforms it has encompassed. (JL)  
ISSN: 01445596 From : <http://www.wiley.com/bw/journal.asp?ref=0144-5596&site=1>

## **PREVENTION**

(See Also 210/31, 210/35)

- 210/50 Effectiveness and cost-effectiveness of cardiovascular disease prevention in whole populations: modelling study; by Pelham Barton, Lazaros Andronis, Andrew Briggs (et al).  
British Medical Journal, vol 343, no 7819, 13 August 2011, p 357.  
A programme across the entire population of England and Wales that reduced cardiovascular events by just 1% would result in health service savings worth at least £30m a year compared with no additional intervention. Reducing mean population cholesterol or blood pressure levels by 5% (as already achieved by similar interventions in some other countries) would result in annual savings worth at least £80m. This is a summary of a paper published on [bmj.com](http://bmj.com), in which the authors developed a spreadsheet economic model that quantified the reduction in cardiovascular disease in the population of England and Wales over a decade. Sources used included life expectancy data from the Government Actuary's Department, indices from 'Unit costs of health and social care' (2008), and units cost and quality of life data from the ScHARR (School of Health and Related Research, University of Sheffield) prevention model. Not all assumptions were taken into consideration in the model developed; therefore, cost saving made are likely to be underestimates, as are deaths avoided and cost savings made. (RH)  
ISSN: 09598138 From : [www.bmj.com](http://www.bmj.com)  
BMJ2011;343;d4044

## **QUALITY OF LIFE**

(See 210/52)

## **REHABILITATION**

(See 210/31, 210/35)

## **REMINISCENCE**

- 210/51 Reminiscence and adaptation to critical life events in older adults with mild to moderate depressive symptoms; by Jojanneke Korte, Ernst T Bohlmeijer, Gerben J Westerhof, Anne M Pot.  
Aging & Mental Health, vol 15, no 5, July 2011, pp 638-646.  
This study examined reminiscence therapy in older people as a way of adapting to critical life events and chronic medical conditions. Participants included 171 Dutch adults with a mean age of 64 years, all with mild to moderate depressive symptoms. Critical life events, chronic medical conditions, depressive symptoms, symptoms of anxiety and life satisfaction were measured. The reminiscence functions included were: identity, problem solving, bitterness revival and boredom reduction. Findings revealed that critical life events were positively correlated with identity and problem solving. Bitterness revival and boredom reduction were positively correlated with depressive and anxiety symptoms, and negatively to life satisfaction. Problem solving had a negative relation with anxiety symptoms. When all the reminiscence functions were included, problem solving was uniquely associated with symptoms of anxiety, and bitterness revival was uniquely associated with depressive symptoms and life satisfaction. The authors recommended that therapists focus on techniques which reduce bitterness revival in people with depressive symptoms, and focus on problem-solving among older people presenting with anxiety symptoms. (JL)  
ISSN: 13607863 From : <http://www.informaworld.com/CAMH>

## RESIDENTIAL AND NURSING HOME CARE

(See Also 210/33)

- 210/52 'I hate having nobody here. I'd like to know where they all are': can qualitative research detect differences in quality of life among nursing home residents with different levels of cognitive impairment?; by Suzanne Cahill, Ana M Diaz-Ponce.  
Aging & Mental Health, vol 15, no 5, July 2011, pp 562-572.  
The study examined whether similarities or differences existed in perceptions of quality of life (QOL) amongst nursing home (NH) residents with different levels of cognitive impairment (CI). Face-to-face interviews were held with 61 older people with a CI (13 mild, 20 moderate and 28 severe) living in Dublin based NHs. Four key themes of QOL were identified: social contact; attachment; pleasurable activities; and affect. Whilst some similarities existed between the three groups, findings revealed emerging differences, particularly between those with a mild and severe CI. Those with a severe CI reflected an absence of social contact, a quest for human contact and a lack of awareness of enjoyable activities. The majority also reported feelings of loneliness and isolation. Findings support the evidence that people with a CI and those with advanced dementia can often still communicate their views and preferences about what is important to them. Whilst depression and anxiety are common in advanced dementia, the social inclusion of these people in day-to-day NH life needs a more careful consideration. (JL)  
ISSN: 13607863  
From : <http://www.informaworld.com/CAMH>
- 210/53 Care home design for people with dementia: what do people with dementia and their family carers value?; by Anthea Innes, Fiona Kelly, Ozlem Dincarslan.  
Aging & Mental Health, vol 15, no 5, July 2011, pp 548-556.  
This study investigated the views of people with dementia in care homes and their family carers on aspects of building design that are important to them. Two focus groups were held in Northern Ireland, and four in Scotland, with a total of 40 participants - 29 with dementia, and 11 family carers. Carers in general, discussed the features of a building they took into account when selecting a care home. Key themes reported by people with dementia and their family carers included how the space in the environment is used, including the presence or absence of certain design features. Outside space and way-finding aids were identified as positive features of the home, along with a general lack of concern about en-suite provision. The findings illustrated the complexity of building design as it must provide living space acceptable to people with dementia living there and family members who visit, as well as provide a workable environment for staff. The authors conclude that the findings should be considered by care home teams involved in the building or redevelopment of care homes. (JL)  
ISSN: 13607863  
From : <http://www.informaworld.com/CAMH>
- 210/54 The long-term effect of group living homes versus regular nursing homes for people with dementia on psychological distress of informal caregivers; by Dienneke Smit, Selma te Boekhorst, Jacomine de Lange ... (et al).  
Aging & Mental Health, vol 15, no 5, July 2011, pp 557-561.  
This study examined the long-term influence of group living homes (GLHs) on informal carer distress compared to regular nursing homes (NHs). 37 informal carers of GLH and 49 of NH residents participated at the time of admission, at six months, and 24 months after admission. Psychopathology, role overload, and feelings of competence were measured. All outcomes of psychological distress in GLH carers showed significantly greater decline compared with NH caregivers during the first six months after admission. The course of psychological distress stabilised in both carer groups after six months. The authors concluded that GLHs may have played a role in reducing carer burden during the first six months after the nursing home admission of the care recipient. The stabilisation of carers' psychological distress between six and 24 months indicated that there was no further improvement in the GLH and NH groups after six months. This suggested that both GLHs and NHs succeeded in keeping carers' distress

relatively low over the long term. More knowledge is needed on whether and how caregivers' psychological distress after institutionalisation of the care recipient can be reduced further. (JL)

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

### **RESPIRE CARE**

(See 210/46)

### **RETIREMENT**

(See 210/21, 210/37)

### **RETIREMENT COMMUNITIES**

210/55

[Naturally occurring retirement communities (NORCs)]: special issue.

Journal of Housing for the Elderly, vol 24, nos 3/4, 2010, pp 233-429 (whole issue).

Special issue featuring an editorial followed by 11 articles looking at naturally occurring retirement communities (NORCs), defined as housing developments which are not planned or designed for older people, but which over time come to house largely older people. Topics covered include: horizontal versus vertical NORCs (i.e. communities in high-rise apartment buildings); public health, NORCs and inter-agency collaboration; community design and active ageing; barriers to service provision within NORCs; NORCs and ageing in place; NORCs and community-based services; NORCs and manufactured home parks; risks to healthy ageing in NORCs in New York; NORCs and community transformation; NORCs and healthy ageing at home; NORCs and the needs of residents. (JL)

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From : <http://www.tandfonline.com/toc/wjhe20/current>

### **RISK**

(See 210/47)

### **SEXUALITY**

210/56

Sexuality in older people; by Jayanthi Devi Subramani, Arun Devasahayam, John Wattis, Stephen Curran.

GM (Geriatric Medicine), vol 41, no 1, January 2011, pp 31-35.

Briefly considers common myths and stereotypes about sexuality in older people and outlines a number of issues to consider when carrying out a sexual history as part of a comprehensive psychiatric assessment. These include mental illness and sexual dysfunction, dementia and inappropriate sexual behaviour, and sexual abuse. (JL)

ISSN: 0268201X

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

### **SOCIAL CARE**

(See 210/9, 210/31, 210/32, 210/36)

### **SOCIAL NETWORKS**

210/57

The effect of kin, social network and neighbourhood support on individual well-being; by Bertha M N Ochieng.

Health and Social Care in the Community, vol 19, no 4, July 2011, pp 429-437.

The research explored the effects of kin, social networks and the neighbourhood on an individual's well-being. The material was drawn from a broader study of Afro-Caribbean families

on healthy lifestyles. Participants were a convenience sample 24 adolescents and 18 adults. Data was collected using in-depth ethnographic interviews conducted in the participants' homes. Findings indicated that the participants believed that being a member of a kin network provided protective support for their health and well-being. In addition, they preferred to live in neighbourhoods with a high concentration of people of the same ethnicity, despite the effects of neighbourhood deprivation such as poor housing and lack of services. However, participants believed that ethnic segregation led to marginalisation and further deprivation. The study concludes that health and social care practitioners need to incorporate ways to promote social support and community well-being models that emphasise family and community strengths. (JL)  
ISSN: 09660410

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

## **SOCIAL SERVICES**

210/58

Social determinants of older adults' awareness of community support services in Hamilton, Ontario; by J Tindale, M Denton, J Ploeg ... (et al).

Health and Social Care in the Community, vol 19, no 6, November 2011, pp 661-672.

Community support services (CSSs), such as food services, transportation services, and volunteer visiting, enable persons coping with health or social issues to continue to live in the community. However, lack of awareness can lead to these services being underutilised. This study aimed to determine middle-aged and older adults' awareness of CSSs and to identify the relationship between the social determinants of health and awareness of CSSs. In a telephone interview, 1152 community-dwelling older adults (all aged 50 and above) from Ontario, Canada were asked to read a series of four vignettes and whether they were able to identify a CSS they could turn to in that situation. Across the vignettes, 40% of participants could name a CSS as a possible source of assistance. The respondents most likely to have awareness of CSSs included the middle-aged and higher-income groups. Being knowledgeable about where to look for information about CSSs, having social support and being a member of a club or voluntary organisation were also significant predictors of awareness of CSSs. The results suggest that efforts be made to improve the level of awareness and access to CSSs among older adults by targeting their social networks as well as their health and social care providers. (JL)

ISSN: 09660410

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

## **TRANSPORT**

210/59

Driving in later life: options for reform: report on survey research; by Craig Berry, International Longevity Centre UK - ILC UK; RIAS.: International Longevity Centre UK - ILC UK, November 2011, 15 pp.

The survey aimed to gauge public opinion - including older people themselves - on what restrictions should be placed on drivers as they get older. The report presents the results of survey research into driving behaviour across the lifecourse, and options for both stronger regulations around driving in later life and 'nudges' to support self-regulation. The survey also asked drivers of all ages to consider to what extent they would consider public transport to be a realistic alternative to driving. (JL)

From : Download report: <http://www.ilcuk.org.uk/record.jsp?type=publication&ID=111>