

# New Literature on Old Age

EDITOR

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## **ABUSE**

212/1

Elder abuse and neglect in Ireland: results from a national prevalence survey; by Corina Naughton, Jonathan Drennan, Imogen Lyons ... (et al).

Age and Ageing, vol 41, no 1, January 2012, pp 98-103.

The study aimed to measure the twelve-month prevalence of elder abuse and neglect in community-dwelling people aged 65 years and over in Ireland, and to examine the risk profile of people who experienced mistreatment and that of the perpetrators. Information was collected in face-to-face interviews on abuse types, socioeconomic, health and social support characteristics of the population. Overall the prevalence of elder abuse and neglect was 2.2% in the previous twelve months. The frequency of mistreatment type was financial 1.3%, psychological 1.2%, physical abuse 0.5%, neglect 0.3%, and sexual abuse 0.05%. In the univariate analysis lower income, impaired physical health, mental health and poor social support were associated with a higher risk of mistreatment but only social support and mental health remained independent predictors. Among perpetrators adult children (50%) were most frequently identified. Unemployment (50%) and addiction (20%) were characteristics of this group. (JL)

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## **ASSESSMENT**

(See 212/31, 212/44, 212/50)

## **ASSISTIVE TECHNOLOGY**

(See 212/17)

## **ATTITUDES TO AGEING**

212/2

Do adults adjust their socio-economic status identity in later life; by Jennifer C Cornman, Noreen Goldman, Amy Love Collins ... (et al).

Ageing and Society, vol 32, part 4, May 2012, pp 616-633.

Previous research shows that socio-economic status (SES) identity, or perceived social status, is shaped by objective measures of status, socio-cultural influences and psychological attributes and predicts current and future wellbeing. Prior studies however have not examined whether older adults reassess their SES identity over time. In this study, two assessments of subjective social status were measured six years apart in a sample of older Taiwanese adults to: (a) determine the degree to which respondents adjusted their perceptions of social rank; and (b) identify the characteristics of individuals who were most likely to revise their assessments. Study results showed that many older Taiwanese adults reassessed their SES identity, but most respondents showed small to moderate levels of change. Females, more highly educated respondents and people with a positive economic outlook tended to revise their subjective social status upward relative to their respective counterparts. People who became widowed during the period adjusted their rankings downward compared with those who did not. These findings suggest that SES identity may be dynamic, highlighting the importance of collecting information on SES identity at multiple stages of the lifecourse. (JL)

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## CARERS AND CARING

(See Also 212/4, 212/6, 212/23)

- 212/3      Gay and lesbian carers: ageing in the shadow of dementia; by Elizabeth Price.  
Ageing and Society, vol 32, part 3, April 2012, pp 516-532.  
This article reports on findings from an English qualitative study which explored the experiences of 21 gay men and lesbian women who care, or cared, for a person with dementia. The aim of the study was to explore this experience through the lens of a person's gay or lesbian sexuality. The paper reports two related themes that emerged from the wider study - respondents' hopes, fears and plans for the future and, specifically, the way in which their caring experiences had coloured their views and expectations of how their own health and social care needs may be met. Respondents' narratives reflect a range of pervasive anxieties about the future. First, about the possibility that they might be diagnosed with a condition such as dementia and, consequently, the myriad ways in which their sexualities and lifestyle choices may be perceived and interpreted as they themselves aged and, possibly, required health and/or social care and support. In light of these concerns, respondents reflected upon the need for specialist service provision for older gay and lesbian people - an idea that was not universally welcomed. (JL)  
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## DEMENTIA

- 212/4      Care-givers' perspectives of occupational engagement of persons with dementia; by Megumi Tsunaka, Jenny C C Chung.  
Ageing and Society, vol 32, part 4, May 2012, pp 543-560.  
Reduced participation in activities is common among persons with dementia. Family care-givers play an important role in engaging their relatives with dementia in activities but little is known about their perception of occupational engagement. This study aimed to examine care-givers' perception of occupational performance of their relatives from three aspects: person, occupation and environment. In-depth interviews were conducted with 14 family care-givers, who were also asked to document the activity patterns of their relative, using the Activity Card Sort Hong Kong version (ACS-HK). The ACS-HK findings suggested that high-demand leisure activities were mostly retained (61%) while instrumental activities of daily living were the least retained (37%). Qualitative analysis revealed that care-givers' perception of activity participation was intertwined with their motives and behaviours to get their relatives engaged in activities. Care-givers acknowledged occupational engagement as a means of maintaining wellness and used various strategies to encourage their relative's activity participation. Apathy and passivity however were difficult to deal with. Also activity decisions appeared to depend on the availability of support resources and a balance between safety concerns and risk-taking. (JL)  
ISSN: 0144686X    From : <http://www.journals.cambridge.org/aso>
- 212/5      The impact of anticholinergic burden in Alzheimer's Dementia: the Laser-AD study; by Chris Fox, Gill Livingston, Ian D Maidment ... (et al).  
Age and Ageing, vol 40, no 6, November 2011, pp 730-735.  
The study aimed to examine the effect of medications with anticholinergic effects on cognitive impairment and deterioration in Alzheimer's dementia (AD). Cognitive

function was measured at baseline and at six- and 18-month follow-up using the Mini-Mental State Exam (MMSE), the Severe Impairment Battery (SIB) and the Alzheimer's Disease Assessment Battery, Cognitive subsection (ADAS-COG) in a cohort study of 224 participants with AD. Baseline anticholinergic Burden score (ABS) was measured using the Anticholinergic Burden scale and included all prescribed and over the counter medication. The sample was 224 patients with Alzheimer's dementia of whom 71.4% were women. Their mean age was 81.0 years (range 55-98). The mean number of medications taken was 3.6 and the mean anticholinergic load was 1.1. The total number of drugs taken and anticholinergic load correlated. Study findings revealed that there were no differences in MMSE and other cognitive functioning at either six or 18 months after adjusting for baseline cognitive function, age, gender and use of cholinesterase inhibitors between those with, and those without high anticholinergic load. Medications with anticholinergic effect in patients with AD were not found to affect deterioration in cognition over the subsequent 18 months. So the study did not support a continuing effect of these medications on people with AD. (JL)

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212/6

The impact of dementia on care transitions during the last two years of life; by Mari Aaltonen, Pekka Rissanen, Leena Forma ... (et al).

Age and Ageing, vol 41, no 1, January 2012, pp 52-57.

This study aimed to compare the number and timing of transitions between care settings in the last two years of life among older people with and without dementia. Data were derived from Finnish national registers, and included all those who died in 2002 and 2003 at the age of 70 or older. Negative binomial regression analyses were used to analyse the impact of dementia on the number of transitions among people with and without dementia and to adjust the number for age, gender and other diagnoses. In the group that lived at home two years before death people with a dementia diagnosis had 32% more care transitions than people without dementia, while the group that was in a residential care facility two years before death had 12% fewer moves than those without dementia. The average number of transitions was highest in the last three months of life. People with dementia had their last move more often between care facilities and hospitals offering basic health care than people without dementia. These findings show that dementia has a significant impact on the number and type of transitions. As the number of people with dementia increases, the quality and equity of care of these patients in their last years constitute a special challenge. (JL)

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212/7

The impact of dementia on influenza vaccination uptake in community and care home residents; by Sunil M Shah, Iain M Carey, Tess Harris ... (et al).

Age and Ageing, vol 41, no 1, January 2012, pp 64-69.

The present study aimed to examine the effect of dementia diagnosis on flu vaccination uptake in community and care home residents in England and Wales. Study participants were 378,462 community-dwelling older adults and 9,106 care home residents, all aged between 65 and 104 years in 2008-09. Predictors of vaccine uptake were examined adjusted for age, sex, area deprivation and major chronic diseases. Age and sex standardised uptake of influenza vaccine was 74.7% in community patients without dementia, 71.4% in community patients with dementia, 80.5% in care home patients without dementia and 83.3% in care home patients with dementia. In a fully adjusted

model, compared with community patients without dementia, patients with dementia in the community were less likely to receive vaccination while care home patients with and without dementia were more likely to receive vaccination. Area deprivation and chronic diseases were, respectively, negative and positive predictors of uptake. (JL)  
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212/8

Validation and diagnostic accuracy of the Alzheimer's questionnaire; by Michael Malek-Ahmadi, Kathryn Davis, Christine Belden ... (et al).

Age and Ageing, vol 41, no 3, May 2012, pp 396-399.

Accurately identifying individuals with cognitive impairment is difficult. The purpose of this study was to determine the diagnostic accuracy of the Alzheimer's questionnaire (AQ) in identifying individuals with mild cognitive impairment (MCI) and Alzheimer's Disease (AD) Utilising a case-control design, 300 AD, 100 MCI and 100 cognitively normal (CN) older adults between the ages of 53 and 93 from a neurology practice and a brain donation programme had the AQ administered to an informant. Diagnostic accuracy was assessed through receiver-operating characteristic analysis, which yielded sensitivity, specificity and area under the curve (AUC). The AQ demonstrated high sensitivity and specificity for detecting MCI and AD. AUC values also indicated high diagnostic accuracy for both MCI and AD. Internal consistency of the AQ was also high. The study concludes that the AQ is a valid informant-based instrument for identifying cognitive impairment, which could be easily implemented in a clinician's practice. It has high sensitivity and specificity in detecting both MCI and AD and allows clinicians to quickly and accurately assess individuals with reported cognitive problems. (JL)

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## **DEPRESSION**

212/9

Depression in older people in the general hospital: a systematic review of screening instruments; by Michael Dennis, Adil Kadri, John Coffey.

Age and Ageing, vol 41, no 2, March 2012, pp 148-154.

Depression is common among older in-patients in general hospitals, and is associated with poor outcomes, increased length of stay and compromised care. The recognition and diagnosis of depression is therefore a key first step in managing the condition, and this may be facilitated by the use of an appropriate screening instrument. The aim of this study was to review all relevant literature on rating scales used to detect depression in older people in general hospitals so as to identify the most appropriate tool and cut-off score with optimal performance. An electronic search was conducted applying key search terms. Only 14 studies satisfied the inclusion criteria and only one instrument - the Geriatric Depression Scale (GDS) - was found to have been studied to an adequate extent in older people in the acute general hospital setting. Best performance for the GDS was for a cut-off of 5/6 for the GDS-15 and 10/11 for the GDS-30. The authors conclude that further research is required before recommending the use of brief depression screening instruments in the acute hospital setting. Though a number of tools show promise, the GDS would appear the most validated instrument currently in use. (JL)

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212/10

A psychometric evaluation of a negative mood scale in the MDS-HC using a large sample of community-dwelling Hong Kong Chinese older adults; by Doris Y P Leung, Angela Y M Leung, Iris Chi.

Age and Ageing, vol 41, no 3, May 2012, pp 317-322.

Negative mood is an important construct when assessing the health of older people. The profile of mood states questionnaire is commonly used to measure mood, however it might not be suitable for use outside the North American context. The present study aimed to examine a negative mood scale formed by nine items in the Mood Section of the Minimum Data Set-Home Care of the Resident Assessment Instrument. Study participants were 3,523 Hong Kong Chinese people aged 60 or over who had first applied for long-term care services and completed the screening tool in 2006. Exploratory and confirmatory factor analyses were used to test the factor structure and multiple-group confirmatory factor analysis to test the gender invariance of the Negative Mood Scale in the Minimum Data Set-Home Care. Its reliability using Cronbach's alpha was examined. Results showed that both a three-factor model at the first level and a one-factor model at the second level provided excellent fits to the overall data, and held equally well for both men and women as well as two randomly split samples. Multiple-group confirmatory factor analyses revealed both genders demonstrating an equivalent pattern of factor loadings. Cronbach's alpha value was acceptable for the overall data. The study concludes that the Negative Mood Scale is a reliable and valid scale and both genders responded to it using the same framework and metric, suggesting it could be used to measure negative mood in Chinese community-dwelling older adults. Further testing of the instrument is needed. (JL)

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#### **DISABILITY**

212/11

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

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

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

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212/12

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

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

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

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### **ECONOMIC ISSUES**

212/13

Stepping into my shoes: generativity as a mediator of the relationship between business owners' age and family succession; by Hannes Zacher, Antje Schmitt, Michael M Gielnik. Ageing and Society, vol 32, part 4, May 2012, pp 673-696.

The authors investigated generativity - the concern in establishing and guiding the next generation - as a mediator of the relationship between family business owners' age and succession in family businesses. Data came from 155 family business owners in Germany from different industries between the ages of 26 and 83 years. Results showed that age was positively related to generativity, and that generativity, in turn, positively influenced an objective measure of family succession. Generativity fully mediated the positive relationship between age and family succession. The findings suggest that generativity is an important psycho-social construct for understanding ageing, careers and succession in family business settings. (JL)

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### **EMPLOYMENT**

(See 212/13)

## EPIDEMIOLOGY

(See Also 212/26, 212/27, 212/37, 212/48)

- 212/14 Chronic diseases in elderly men: underreporting and underdiagnosis; by Morten Frost, Kristian Wraae, Claire Gudex ... (et al).  
Age and Ageing, vol 41, no 2, March 2012, pp 177-183.  
The aim of this Danish study was to estimate the self-reported and clinical prevalence of common chronic disorders in older men. A questionnaire was sent to a random sample of 4,975 men aged 60-74 years. An age-stratified randomised sample of those with complete questionnaires was invited to participate in a telephone interview, followed by physical examination. Self-reported data on risk factors and disease prevalence were compared with data from hospital medical records. Physical inactivity, smoking and excessive alcohol intake were reported by 27, 22 and 17% of the study population, respectively. Except for diabetes, all the chronic diseases investigated, including hypertension, musculoskeletal and respiratory diseases were underreported by study participants. Erectile dysfunction and hypogonadism were substantially underreported in the study population even though these diseases were found to affect 48 and 21% of the participants, respectively. In conclusion, the study showed a high prevalence of detrimental lifestyle factors including smoking, excessive alcohol consumption and physical inactivity in older Danish men. Except for diabetes and respiratory disease, chronic diseases were underreported and in particular erectile dysfunction and osteoporosis were underdiagnosed in the study population, underlining the importance of awareness of chronic diseases among both the general population and physicians. (JL)  
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## EXERCISE

(See Also 212/42)

- 212/15 Do exercise interventions designed to prevent falls affect participation in life roles?: a systematic review and meta-analysis; by Nicola Fairhall, Catherine Sherrington, Lindy Clemson, Ian D Cameron.  
Age and Ageing, vol 40, no 6, November 2011, pp 666-674.  
The aim of this study was to evaluate the extent to which measurement of participation has been reported in trials of fall prevention interventions in older people, and to determine the effect of exercise interventions on participation in life roles. Randomised controlled trials of exercise interventions that aimed to reduce falls in older people aged 60 and above in community, aged care facilities or hospital settings were included. The outcome of interest was participation in life roles. Trials that measured participation at two time-points were included in the meta-analysis. 96 trials met the review inclusion criteria. Participation was measured in 19 of these trials (20%). Nine instruments were used to measure participation. Fifteen trials, involving 3,616 participants, were included in the meta-analysis. The pooled estimate of the effect of interventions including exercise indicated a small improvement in participation. Meta-regression that showed multifactorial intervention with an exercise component had a larger effect than exercise intervention alone, but the difference was not statistically significant. (JL)  
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## FALLS

(See Also 212/15, 212/41, 212/49)

- 212/16 Declining age-adjusted incidence of fall-induced injuries among elderly Finns; by Niina Korhonen, Seppo Niemi, Mika Palvanen ... (et al).  
Age and Ageing, vol 41, no 1, January 2012, pp 75-79.  
The study aimed to determine current trends in the number and age-adjusted incidence (per 100,000 persons) of fall-induced injuries among older adults in Finland by taking into account all persons 80 years of age or older who were admitted to Finnish hospitals for primary treatment of a first fall injury over the period 1970-2009. The number of fall-induced injuries in older Finns increased considerably during the study period: for women and men separately, these numbers were from 927 to 10,333 (an 11-fold rise), and from 212 to 3,258 (a 15-fold rise), respectively. In both genders, the age-adjusted incidence (per 100,000 persons) of fall-induced injuries increased until the late 1990s but decreased thereafter, the incidence being 2,729 (women) and 1,455 (men) in 1970, and 5,930 (women) and 4,240 (men) in 2009. Even with the current injury incidence the number of these injuries is expected to more than double by 2030. (JL)  
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From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>
- 212/17 Detection of falls using accelerometers and mobile phone technology; by Robert Y W Lee, Alison J Carlisle.  
Age and Ageing, vol 40, no 6, November 2011, pp 690-696.  
The purpose of the research was to study the sensitivity and specificity of fall detection using mobile phone technology. An experimental investigation was carried out using motion signals detected by a mobile phone. The research was conducted in a laboratory setting, and 18 healthy adults were recruited. Each participant was requested to perform three trials of four different types of simulated falls (forwards, backwards, lateral left and lateral right) and eight other everyday activities (sit-to-stand, stand-to-sit, level walking, walking up- and downstairs, answering the phone, picking up an object and getting up from supine). Acceleration was measured using two devices, a mobile phone and an independent accelerometer attached to the waist of the participants. Bland-Altman analysis showed a higher degree of agreement between the data recorded by the two devices. Using individual upper and lower detection thresholds, the specificity and sensitivity for mobile phone were 0.81 and 0.77, respectively, and for external accelerometer they were 0.82 and 0.96, respectively. In conclusion, fall detection using a mobile phone is a feasible and highly attractive technology for older adults, especially those living alone. It may be best achieved with an accelerometer. (JL)  
ISSN: 00020729 From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>
- 212/18 Effect of vertebral fractures on function, quality of life and hospitalisation: the AGES-Reykjavik study; by Kristin Siggeirsdottir, Thor Aspelund, Brynjolfur Y Jonsson ... (et al).  
Age and Ageing, vol 41, no 3, May 2012, pp 351-357.  
Understanding the determinants of health burden after a fracture in ageing populations is important. The present study aimed to assess the effect of clinical vertebral and other osteoporotic fractures on function and the subsequent risk of hospitalisation. 5,764 men

and women with a mean age of 77 years from the AGES (Age, Gene/Environment Susceptibility) Reykjavik study were examined between 2002 and 2006 and followed up for 5.4 years. Four groups with a verified fracture status were used: vertebral fractures, other osteoporotic fractures excluding vertebral, non-osteoporotic fractures and no fractures. All were compared and analysed for the effect on mobility, strength, Quality of Life (QoL), Activities of Daily Living (ADL), co-morbidity and hospitalisation. Worst performance on functional tests was in the vertebral fracture group for women and the other osteoporotic fractures group for men. Both vertebral and other osteoporotic fractures showed an increased risk of hospitalisation. Individuals with vertebral fractures had 50% longer hospitalisation than those with no fracture and 33% longer than the other osteoporotic fractures group. The study concludes that individuals with a history of clinical vertebral fracture seem to carry the greatest health burden compared with other fracture groups. (JL)  
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212/19

Falls incidence underestimates the risk of fall-related injuries in older age groups: a comparison with the FARE (Falls risk by Exposure); by Astrid Etman, Gert Jan Wijnhuizen, Marieke J G van Heuvelen ... (et al).

Age and Ageing, vol 41, no 2, March 2012, pp 190-195.

Hitherto the risk of falls has been expressed as falls incidence (i.e. the number of falls or fallers per 100 person-years). However the risk of an accident or injury is the probability of having an accident or injury per unit of exposure. The FARE (Falls Risk by Exposure) is a measure for falls risk which incorporates physical activity as a measure of exposure. The objective of this study was to compare falls incidence and the FARE when expressing the age-related risk of fall-related injuries. Data of 21,020 community-dwelling men and women aged 55 years and above obtained from a national survey were used to compare incidence of fall-related injuries and the FARE. In order to compare both measures, risk ratios (of both outcome measures) were calculated for each age group. Hierarchical regression analyses were conducted to check the best model fit when expressing falls risk by age for the total study population and for men and women separately. Results showed that the risk of fall-related injuries, calculated on the basis of the incidence of fall-related injuries, showed a linear relationship with age, whereas the risk calculated on the basis of fall-related injuries corrected for exposure (Falls Risk by Exposure, FARE) showed an exponential relationship. Calculations on the basis of the incidence of fall-related injuries underestimated the risk of fall-related injuries in people aged 70 years and older, and especially in women. Calculation of the risk of fall-related injuries based on the incidence of these injuries underestimates the risk of such injuries relative to that calculated on the basis of the FARE. FARE-based calculations enable the early identification of people at high risk of falls and provide a more sensitive outcome measure for studies evaluating falls prevention interventions. (JL)

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212/20

Older people's participation in and engagement with falls prevention interventions in community settings: an augment to the cochrane systematic review; by Samuel R Nyman, Christina R Victor.

Age and Ageing, vol 41, no 1, January 2012, pp 16-23.

Recently, randomised controlled trials (RCTs) of fall prevention interventions conducted in community settings were systematically reviewed. The purpose of this study was to

augment the review by analysing older people's participation in the trials and engagement with the interventions. The study aimed to calculate aggregate data on recruitment (proportion who accepted the invitation to participate), attrition at 12 month follow-up (loss of participants), adherence (to intervention protocol) and whether adherence moderated the effect of interventions on trial outcomes. The median recruitment rate was 70.7%. At 12 months the median attrition rate including mortality was 10.9%. Adherence rates were 80% for vitamin D/calcium supplementation; 70% for walking and class-based exercise; 52% for individually targeted exercise; approximately 60-70% for fluid/nutrition therapy and interventions to increase knowledge; and 58-59% for home modifications. No improvement was found for medication review/withdrawal of certain drugs. Adherence to multifactorial interventions was generally 75% but ranged 28-95% for individual components. The 13 studies that tested for whether adherence moderated treatment effectiveness produced mixed results. Using median rates for recruitment (70%), attrition (10%) and adherence (80%), it was estimated that, at 12 months, on average half of community-dwelling older people were likely to be adhering to falls prevention interventions in clinical trials. (JL)

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212/21

The role of cognitive impairment in fall risk among older adults: a systematic review and meta-analysis; by Susan W Muir, Karen Gopaul, Manuel M Montero Odasso.

Age and Ageing, vol 41, no 3, May 2012, pp 299-308.

The objective of the study was to evaluate the epidemiological evidence linking cognitive impairment and fall risk. Studies were identified through systematic searches of three electronic medical databases covering the period 1988-2009. Bibliographies of retrieved articles were also searched. A fixed-effects meta-analysis was performed using an inverse-variance method. 27 studies met the inclusion criteria. Impairment on global measures of cognition was associated with any fall, serious injuries and distal radius fractures in community-dwelling older adults. Executive function impairment, even subtle deficits in healthy community-dwelling older adults, was associated with an increased risk for any fall and falls with serious injury. A diagnosis of dementia was associated with risk for any fall but not serious fall injury in institution-dwelling older adults. There is strong evidence that global measures of cognition are associated with serious fall-related injury, although there is no consensus on threshold values. Executive function was also associated with increased risk, which supports its inclusion in fall risk assessment especially when global measures are within normal limits. (JL)

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212/22

The role of health professionals in promoting the uptake of fall prevention interventions: a qualitative study of older people's views; by Angela Dickinson, Khim Horton, Ina Machen ... (et al).

Age and Ageing, vol 40, no 6, November 2011, pp 724-730.

Uptake of and adherence to fall prevention interventions is often poor and little is known about older people's perceptions of and beliefs about fall prevention interventions. The present study aimed to explore older people's perceptions of the facilitators and barriers to participation in fall prevention interventions in the UK. A qualitative study was carried out with older people using semi-structured interviews and 17 focus groups. These groups included 32 Asian and 30 Chinese older people. The

study took place in community settings in four geographical areas of the South of England. The mean age of participants was 75 years (range 60-95). Data analysis used a constant comparative method. Study participants reported that health professionals and their response to reported falls played a major role in referral to and uptake of interventions, both facilitating and hindering uptake. Health professionals frequently failed to refer people to fall prevention interventions following reports of falls and fall-related injuries. Consideration should be given to inclusion of opportunistic and routine questioning of older people about recent falls by practitioners in primary care settings. Referrals should be made to appropriate services and interventions for those who have experienced a fall to prevent further injuries or fracture. (JL)

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## **FAMILY AND INFORMAL CARE**

(See Also 212/25, 212/34)

212/23

Why does institutionalised care not appeal to Indian families?: legislative and social answers from urban India; by Bianca Brijnath.

Ageing and Society, vol 32, part 4, May 2012, pp 697-717.

In India there is a continued preference among families for home-based care of elderly relatives. In this paper the legislative policies and cultural practices that shape this preference are examined with specific reference to aged-care facilities and the 2007 Maintenance and Welfare of Parents and Senior Citizens Act. Using qualitative data from a study on dementia care in urban India it is shown how the Act and old-age homes are understood and experienced by Indian families and key service providers. In juxtaposing policy and practice it is argued that while notions of care are being redefined by processes like migration and urbanisation, the preference for home care remains. So existing services need to be re-oriented and expanded to support families in providing this care. (JL)

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

## **FRAILITY**

212/24

The impact of frailty and delirium on mortality in older inpatients; by Eamonn M P Eeles, Susan V White, Sinead M O'Mahony ... (et al).

Age and Ageing, vol 41, no 3, May 2012, pp 412-416.

Delirium and frailty are common among hospitalised older people but delirium is often missed and frailty considered difficult to measure in clinical practice. This study aimed to explore the relationship between delirium and frailty in older in-patients and determine their impact on survival. 273 patients aged 75 years and above were screened for delirium at presentation and on alternate days throughout their hospital stay. Frailty status was measured by an index of accumulated deficits (FI), giving a potential score from 0 (no deficits) to 1.0 (all 33 deficits), with 0.25 used as the cut-off between 'fit' and 'frail'. Delirium was detected in 102 patients (mean FI: 0.33) and excluded in 171 (mean FI: 0.18); 111 patients were frail. Among patients with delirium, the median survival in fit patients was 359 days (95% CI: 118-600) compared with 88 days for those who were frail (95% CI: 5-171). Delirium was associated with higher levels of frailty: the identification of frail patients may help to target those at a greatest

risk of delirium. Survival following delirium was poor with the combination of frailty and delirium conferring a particularly bleak prognosis. (JL)

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## **GRANDPARENTS**

212/25

Caring for grandchildren and intergenerational support in rural China: a gendered extended family perspective; by Zhen Cong, Merrill Silverstein.

*Ageing and Society*, vol 32, part 3, April 2012, pp 425-450.

The study looked at how support from adult children was affected by their parents' involvement in grandchild care. A gendered extended family perspective was adopted in order to examine how financial and emotional support from children was influenced when their siblings received help with child care from their older parents. The data were from a two-wave longitudinal study of 4,791 parent-child dyads with 1,162 parents aged 60 and older living in rural areas of China. Random effects regression showed that emotional support from both sons and daughters was strengthened when parents provided more child care for their other adult children. In addition daughters were more emotionally responsive than sons in this situation. Concerning dyadic parent-child relationships, daughter and sons increased their financial support, and sons increased their emotional support when they themselves received help with child care from parents. It is suggested that a gendered extended family perspective should be used when studying intergenerational relationships in rural China. (JL)

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## **HEALTH CARE**

212/26

Patterns and correlates of grip strength change with age in Afro-Caribbean men; by Kimberly Y Z Forrest, Clareann H Bunker, Yahtyng Sheu ... (et al).

*Age and Ageing*, vol 41, no 3, May 2012, pp 326-332.

Muscle strength is essential for physical functions and an indicator of morbidity and mortality in older adults. Among the factors associated with muscle strength loss with age, ethnicity has been shown to play an important role. The present study aimed to examine the patterns and correlates of muscle strength change with age in a population-based cohort of 1,710 middle-aged and older Afro-Caribbean men in which hand grip strength and body composition were measured. Data were also collected for demographic variables, medical history and lifestyle behaviours. The age range of the study population was 29-89 years. Grip strength increased below age 50 years and decreased after age 50 years over 4.5-year follow-up. The average loss in grip strength was 2.2% for ages 50 years or older and 3.8% for ages 65 years or older. Significant independent predictors of grip strength loss included older age, a greater body mass index, lower initial arm lean mass and greater loss of arm lean mass. The study concludes that Afro-Caribbean men experience a significant decline in muscle strength with advanced age. Major independent factors associated with strength loss are similar to other ethnic groups, including age, body weight and lean mass. (JL)

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212/27

Socioeconomic status and the trajectory of self-rated health; by Randi E Foraker, Kathryn M Rose, Patricia P Chang ... (et al).

Age and Ageing, vol 40, no 6, November 2011, pp 706-711.

Self-rated health (SRH) reflects both mental and physical health domains and is assessed by asking individuals to describe their health status. Poor SRH is associated with disease incidence and subsequent mortality. In the present study, SRH was assessed via annual telephone interviews over a median of 17.6 years. Individual quadratic growth models were used for repeated measures of SRH in persons who remained disease-free during follow-up as well as among those who were diagnosed with myocardial infarction, stroke, heart failure or lung cancer and those who underwent a cardiac revascularisation procedure during follow-up. Among disease-free participants and across time, there was a trend for lowest mean SRH among persons living in low socioeconomic areas and highest mean SRH among persons living in high socioeconomic areas. Factors contributing to the decline in SRH over time included advanced age, lower educational attainment, smoking and obesity. Addressing factors related to poor SRH trajectories among patients pre- and post-incident disease may favourably affect health outcomes among patients regardless of type of disease. (JL)  
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#### **HEALTH SERVICES**

(See 212/22)

#### **HIV AND AIDS**

212/28

Intergenerational relationships within families of HIV-infected adults under antiretroviral treatment in Northern Thailand; by Eva Lelievre, Sophie Le Coeur.

Ageing and Society, vol 32, part 4, May 2012, pp 561-585.

Thailand has been severely affected by AIDS/HIV. The epidemic has undermined the health of the working-age population, placing stress on intergenerational relations and threatening the social fabric. Older people in families affected by the disease, although not the main victims, have experienced major changes in relationships with their adult children and grandchildren. However the availability of antiretrovirals has transformed HIV infection from a lethal to a chronic disease. In this study intergenerational relationships were analysed with data from a quantitative survey of HIV-infected adults receiving antiretroviral treatment in Thailand. The introduction of antiretroviral treatment was found to have eased the pressure on families. Where HIV-infected adults were more dependent on their older parents, it was because they were single, childless and/or single parents. While ageing parents remained a source of support for their adult children, the introduction of antiretroviral treatment was found to have radically changed the prospects for HIV-infected adults and their regained health allowed them to work, take care of their family and fulfil their filial duties as expected in Thai society. (JL)

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## HOME CARE

212/29

Goal setting as a feature of homecare services for older people: does it make a difference?; by John Parsons, Paul Rouse, Elizabeth M Robinson ... (et al).

Age and Ageing, vol 41, no 1, January 2012, pp 24-29.

Home care services often have a tendency to focus on treating disease and 'taking care' of the patient rather than promoting independence. The aim of restorative homecare is to change the philosophy from one where delivery of care may create dependency to provision of care which maximises independence, self-esteem, self-image and quality of life, and reduces the care required. The present study aimed to assess impact of a designated goal facilitation tool on health-related quality of life (HRQoL), social support and physical function among community-dwelling older people referred for homecare. 205 participants in their late seventies were cluster randomised to an intervention or control assessor. The intervention arm involved participants completing a goal facilitation tool with assessors. This established rehabilitation aims. Control participants received a standard needs assessment. Clients from both groups were then referred to a homecare organisation for service delivery. Results of the study showed that there was greater change over time in HRQoL in the intervention group. There was a marked variation across homecare providers in types of services provided. Identification of a goal did not predict completion of a formalised review of participants' needs by the homecare organisation. The authors conclude that the use of a goal facilitation tool in assessment of an older person's needs on referral for homecare leads to significant improvements in HRQoL. (JL)

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212/30

Informal and formal home-care use among older adults in Europe: can cross-national differences be explained by societal context and composition?; by Bianca Suanet, Marjolein Broese van Groenou, Theo van Tilburg.

Ageing and Society, vol 32, part 3, April 2012, pp 491-515.

Cross-national comparisons employed welfare state classifications to explain differences in care use in the European older population. Yet these classifications do not cover all care-related societal characteristics and limit our understanding of which specific societal characteristics are most important. Using the Survey of Health, Ageing and Retirement (second wave, 2006-07), the effect of societal determinants relating to culture, welfare state context and socio-economic and demographic composition on informal and formal care use of older adults in 11 European countries was studied. Multinomial multi-level regression analyses showed that, in addition to individual determinants, societal determinants are salient for understanding care use. In countries with fewer home-based services, less residential care, more informal care support and women working full time, older adults are more likely to receive informal care only. Older adults are more likely to receive only formal home care or a combination of formal and informal care in countries with more extensive welfare state arrangements, whereas the odds of receiving a combination of informal and formal care are also larger in countries that specify a legal obligation to care for parents. In conclusion, the incorporation of societal determinants rather than commonly used welfare state classifications results in more understanding of the societal conditions that determine older adults' care use. (JL)

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## HOSPITAL CARE

212/31

The prediction of functional decline in older hospitalised patients; by Jita G Hoogerduijn, Bianca M Buurman, Johanna C Korevaar ... (et al).

Age and Ageing, vol 41, no 3, May 2012, pp 381-387.

Many older patients experience functional decline after hospitalisation, associated with an increase in dependence, readmission, nursing home placement and mortality. First step in prevention is the identification of patients at risk. The present study aimed to develop and validate a prediction model to assess the risk of functional decline in older hospitalised patients. Study participants were patients aged 65 years and above who were acutely admitted to hospital for at least 48 hours. Two studies took place: a development study based at two university hospitals and one regional hospital; and a validation study based in one university hospital. Both studies were followed up after three months. Functional decline was defined as a decline of at least one point on the Katz Activities of Daily Living (ADL) index at follow-up compared with pre-admission status. 35% of all patients in the development cohort and 32% in the validation cohort developed functional decline. A four-item model could accurately predict functional decline with an AUC of 0.71. At threshold 2 sensitivity, specificity, positive and negative predictive values were 87, 39, 43 and 85%, respectively. In the validation study, this was, respectively, 0.68, 89, 41, 41 and 89%. Pre-admission need for assistance in instrumental activities of daily living, use of a walking device, need for assistance in travelling and no education after age 14, are the items of a prediction model to identify older patients at risk for functional decline following hospital admission. The strength of the model is that it relies on four simple questions and this makes it easy to use in clinical practice and easy to administer. (JL)

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## HOSPITAL SERVICES

(See 212/40, 212/45)

## HOUSING

212/32

Meeting the income needs of older people in East Asia: using housing equity; by John Doling, Richard Ronald.

Ageing and Society, vol 32, part 3, April 2012, pp 471-490.

In the welfare systems of East Asian countries, the income, care and other needs of older people have traditionally been met by the family, supported by what might be termed the first home ownership strategy: widening access to home ownership as a physical, emotional and financial basis of family wellbeing. However recent political, economic and demographic developments have undermined this model. Examining policy responses in the three most advanced East Asian economies, namely Japan, Singapore and South Korea, this paper identifies common tendencies in the ways in which the ability to use home ownership has been strengthened. As a second strategy, home ownership has been used to reduce geographical constraints on family support, while, as a third strategy, governments have introduced mechanisms through which older people are able to release some or all of the equity they have built up through the housing market. These mechanisms include downsizing or converting to a rental

solution as well as forms of reverse-mortgage products, some available through private financial institutions and others involving state-organised and state-operated devices. (JL)

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## **INCOME AND PERSONAL FINANCE**

(See Also 212/32)

212/33

Lifecourse determinants and incomes in retirement: Belgium and the United Kingdom compared; by Caroline Dewilde.

Ageing and Society, vol 32, part 4, May 2012, pp 587-615.

The study analysed and compared the impact of lifecourse family and labour market experiences on household incomes of older people in Belgium and the United Kingdom. To this end panel data and life history information from the Panel Study of Belgian Households and the British Household Panel Survey were combined. The results showed that old-age income was indeed influenced by previous lifecourse experiences, and that differences between Belgium and the UK could be explained in terms of welfare regime arrangements. Family experiences were found to have a larger impact on old-age incomes in 'male-breadwinner' Belgium, while in Britain labour market events were more important. As social transfers in Britain were more aimed at poverty prevention and less at income replacement, a 'scarring effect' of unemployment persisted even into old age. Also the more one's career was spent in blue-collar work or self-employment/farming, the lower the income in old age. A new finding was that, notwithstanding the high level of 'de-commodification' achieved by the Belgian welfare state, this effect turned out to be significantly stronger in Belgium than in the UK. (JL)  
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## **INTERGENERATIONAL ISSUES**

(See Also 212/13, 212/25, 212/28)

212/34

'Returning the love', not 'balancing the books': talk about delayed reciprocity in supporting ageing parents; by Laura M Funk.

Ageing and Society, vol 32, part 4, May 2012, pp 634-654.

A desire to 'return' or 'pay back' past care has been identified as a potential motivator of support provided by adult children to their ageing parents. The purpose of this study was to examine whether and how adult children interpret and apply the concept of delayed reciprocity in filial relationships. 28 men and women supporting one or both ageing parents in a Western Canadian city participated in a qualitative study of filial responsibility. Data were analysed interpretively, using thematic coding, contextualised reflection and guiding questions. Findings suggested delayed reciprocity was limited as an interpretive framework for describing parent support. Overall comments reflected qualification or rejection of 'paying back' in the sense of a filial contract. Delayed reciprocity appeared for most participants to symbolise imbalance, expectedness or obligation, and a lack of affection. In response, participants tended to reject delayed reciprocity in favour of interpretations emphasising mutuality, family role duties and reciprocated love. (JL)

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## INTERNATIONAL AND COMPARATIVE

(See Also 212/23, 212/30, 212/32, 212/33)

- 212/35 'We want a peaceful life here and hereafter': healthy ageing perspectives of older Malays in Malaysia; by Noorlaili Tohit, Colette Joy Browning, Harriet Radermacher. *Ageing and Society*, vol 32, part 3, April 2012, pp 405-424.
- Healthy ageing concepts have been extensively studied in Western societies but few studies have explored the perceptions of older people from other cultural backgrounds. The aim of the study was to explore the conceptualisations of healthy ageing and perceived influences on ageing well amongst relatively healthy older Malays, a major ethnic group in Malaysia. Eight focus groups were conducted, with 38 participants recruited via community groups and leaders. Six themes were identified: spirituality, physical health and function, peace of mind, financial independence, family and living environment. A major focus in this paper was the role of spirituality in healthy ageing which was a core resource in participants' lives. Participants reported that good physical health was an important resource that facilitated commitment to their spiritual activities. Furthermore deteriorating functional ability appeared to provide an opportunity to optimise their spirituality rather than hinder it. Participants wished for a 'peaceful life' and experienced this by enhancing their spirituality. Other ingredients for a peaceful life were financial independence, living in a place they loved and having family members living in harmony. In this community where religious affiliation was a tradition, spirituality could be fundamental for healthy ageing and its inclusion in aged care policy was imperative. (JL)
- ISSN: 0144686X
- From : <http://www.journals.cambridge.org/aso>

## LEISURE

- 212/36 An exploration of the Innovation Theory of Successful Ageing among older tourists; by Galit Nimrod, Arie Rotem. *Ageing and Society*, vol 32, part 3, April 2012, pp 379-404.
- The research aimed to examine patterns of innovation in older adults' tourism, and to explore whether innovation was associated with the benefits gained from the overall tourism experience. 298 older adults had who travelled abroad at least once in the previous year took part in the survey. Results indicated that participants' involvement in new experiences during their last travel abroad was quite high. Factor analysis of new experiences data identified two factors: 'external innovation', which included experiences that were associated with the external environment visited; and 'internal innovation', which consisted of experiences that were associated with some intrapersonal processes. Overall three groups of older tourists were identified, namely non-innovators, external innovators and absolute innovators. These groups were differentiated in terms of travel patterns and destination activities. Examining the findings through the lenses of the Innovation Theory of Successful Ageing helps to explain older adults' tourism experiences. (JL)
- ISSN: 0144686X
- From : <http://www.journals.cambridge.org/aso>

## MEDICAL ISSUES

212/37

Osteoporosis and vertebral fractures in men aged 60-74 years; by Morten Frost, Kristian Wraae, Bo Abrahamsen ... (et al).

Age and Ageing, vol 41, no 2, March 2012, pp 171-177.

The present study aimed to evaluate the prevalence of osteoporosis and vertebral deformities in a population-based sample of men. Bone mineral density (BMD) was measured and vertebral deformities were assessed using DXA and Vfx assessment (VFA), respectively, in a random sample of 600 Danish men aged 60-74 years. Osteoporosis was defined as a T-score of -2.5 or less. Results showed that the study population was comparable with the background population with regard to age, body mass index and co-morbidity. Osteoporosis was diagnosed in less than 1% of the participants at inclusion. Using Danish and NHANES III reference data, 10.2 and 11.5% of the study population had osteoporosis, respectively. In all, 6.3% participants had at least one Vfx. BMD was significantly lower in participants with vertebral deformities, but only 24% of these cases had osteoporosis. The authors conclude that osteoporosis and Vfxs are prevalent in men aged 60-74 years. Although the majority of deformities were present in individuals without osteoporosis, BMD was lower in patients with Vfxs at all sites investigated. Male osteoporosis was markedly underdiagnosed. (JL)

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## MEDICATION

212/38

Drug use in centenarians compared with nonagenarians and octogenarians in Sweden: a nationwide register-based study; by Jonas W Wastesson, Marti G Parker, Johan Fastbom ... (et al).

Age and Ageing, vol 41, no 2, March 2012, pp 218-224.

The number of centenarians increases rapidly, however little is known about their health and use of medications. The present study aimed to investigate pharmacological drug use in community-dwelling and institutionalised centenarians compared with nonagenarians and octogenarians. Data were analysed on dispensed drugs for centenarians, nonagenarians and octogenarians from the Swedish Prescribed Drug Register, record-linked to the Swedish Social Services Register. Multivariate logistic regression analysis was used to analyse whether age was associated with use of drugs, after adjustment for sex, living situation and co-morbidity. In the adjusted analysis, centenarians were more likely to use analgesics, hypnotics/sedatives and anxiolytics, but less likely to use antidepressants than nonagenarians and octogenarians. Moreover, centenarians were more likely to use high-ceiling diuretics, but less likely to use beta-blockers and ACE-inhibitors. The findings suggest that centenarians' high use of analgesics, hypnotics/sedatives and anxiolytics either reflects a palliative approach to drug treatment in this age group or that pain and mental health problems increase into extreme old age. Also centenarians do not seem to be prescribed cardiovascular drug therapy according to guidelines to the same extent as nonagenarians and octogenarians. Whether this reflects an age or cohort effect should be evaluated in longitudinal studies. (JL)

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## MENTAL HEALTH

(See Also 212/21)

- 212/39 Cognitive decline in the elderly: an analysis of population heterogeneity; by Kathleen M Hayden, Bruce R Reed, Jennifer J Manly ... (et al).  
Age and Ageing, vol 40, no 6, November 2011, pp 684-689.  
The study aimed to evaluate patterns of cognitive decline in a cohort of older adults initially free of dementia. From a sample of 1,049 participants (mean age 75 years), three subgroups were identified based on the distribution of baseline performance and change over time. The majority (65%) of participants belonged to a slow decline class that did not experience substantial cognitive decline over the observation period. About 27% experienced moderate decline, and 8% belonged to a class experiencing rapid decline. A subsample analysis revealed that when substantial cognitive decline does occur, the magnitude and rate of decline is correlated with neuropathological processes. In this sample, the most common pattern of cognitive decline was extremely slow, perceptible on a time scale measured by decades, not years. While in need of cross validation, these findings suggest that cognitive changes associated with ageing may be minimal and emphasise the importance of understanding the full range of age-related pathologies that may diminish brain function. (JL)  
ISSN: 00020729  
From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>
- 212/40 Cost-effectiveness of multi-component interventions to prevent delirium in older people admitted to medical wards; by Anayo Akunne, Lakshmi Murthy, John Young.  
Age and Ageing, vol 41, no 3, May 2012, pp 285-291.  
Evidence suggests that delirium incidence can be reduced in older patients admitted to medical wards using multi-component interventions that target delirium risk factors, however the cost-effectiveness of this approach is uncertain. Thus a novel cost-effectiveness model for delirium prevention was developed. The study compared multi-component delirium prevention intervention with usual care using a model based on a decision tree analysis. The model was used to estimate the incremental net monetary benefit (INMB). The robustness of the cost-effectiveness result was explored using deterministic and probabilistic sensitivity analyses. Findings suggested that the multi-component prevention intervention was cost-effective when compared with usual care. Multi-component prevention interventions for delirium should be considered as a cost-effective health care strategy for medically ill people admitted to hospital. (JL)  
ISSN: 00020729  
From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>
- 212/41 Good memory as a predictor of falls: fact or artefact; by Kim Delbaere, Jacqueline C T Close, Nicole A Kochan ... (et al).  
Age and Ageing, vol 41, no 3, May 2012, pp 404-408.  
Accurate classification of older people into fallers and non-fallers is crucial for falls research, but largely dependent on the accuracy of fall reporting by the participants. The present study aimed to investigate the influence of memory in relation to fall reporting. Participants were 500 community-dwelling adults aged 70-90 years. Memory and executive functioning were assessed using the Rey Auditory Verbal Learning and Trail Making test, respectively. Fall risk was estimated using the physiological profile assessment (PPA). Falls were recorded prospectively for 12 months using monthly falls

diaries and follow-up phone calls as required. Spearman correlations showed that falls were significantly correlated to worse executive functioning, worse PPA scores and better memory. People with better memory had an increased risk of being classified as single fallers and multiple fallers, but not when reported injuries were included as part of the definition. Good memory appears to influence the recording of falls in community-dwelling older people and likely reflects a reporting bias. In research studies, there may be value in using a combination of injurious falls and multiple falls when classifying people into faller and non-faller groups. (JL)

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212/42

Is there a role for physical activity in preventing cognitive decline in people with mild cognitive impairment?; by Sally E Barber, Andrew P Clegg, John B Young.

Age and Ageing, vol 41, no 1, January 2012, pp 5-8.

This short commentary looks at the effectiveness of physical exercise for older people with mild cognitive impairment (MCI) who may be at risk of developing dementia. Preliminary evidence has identified potential neuro-protective effects of physical activity, which may lead to improved outcomes. However, there is uncertainty regarding the effectiveness, feasibility and acceptability of this treatment strategy. These uncertainties require further investigation before physical activity interventions can be recommended for routine care. (JL)

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212/43

The meaning of reporting forgetfulness: a cross-sectional study of adults in the English 2007 Adult Psychiatric Morbidity Survey; by Claudia Cooper, Paul Bebbington, James Lindesay ... (et al).

Age and Ageing, vol 40, no 6, November 2011, pp 711-717.

The purpose of the study was to measure subjective memory impairment (SMI) across the whole adult age range in a representative national survey. It was hypothesised that SMI prevalence would rise with age in a non-dementia population. Data was analysed from the English 2007 Adult Psychiatric Morbidity Survey, representative of people in private households. Participants were asked whether they had noticed problems with forgetting in the last month, or forgotten anything important in the last week. They also completed the modified Telephone Interview for Cognitive Status. Among those who took part in the study, and after excluding participants screening positive for dementia, 31.7% reported forgetfulness in the last month, while 6.4% had forgotten something important in the last week. Reporting forgetfulness was not associated with age. In a multivariate analysis including cognition and age, the only significant associates of reporting forgetfulness were anxiety, depression and somatic symptoms. So the hypothesis that subjective forgetfulness prevalence would rise with age in a non-demented population was not supported. Although subjective forgetfulness could be an early symptom of future or mild dementia, it was common and non-specific and more likely to be related to mood than to be an early symptom of dementia. Asking those presenting with subjective forgetfulness additional questions about memory and functional decline and objective forgetfulness were likely to help clinicians to detect those at risk of dementia. (JL)

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212/44 Measures of everyday competence in older adults with cognitive impairment: a systematic review; by Lawla L F Law, Fiona Barnett, Matthew K Yau, Marion A Gray. Age and Ageing, vol 41, no 1, January 2012, pp 9-16.  
This study aimed to conduct a systematic review on instruments available for evaluating the competence and problem-solving abilities of older adults with cognitive impairment and to critically review the measurement properties of the identified instruments. A literature search was carried out covering the time period between January 1995 and December 2010. Reference lists of the included papers were also manually searched. Five instruments were included, all of which focused their framework on Instrumental Activities of Daily Living (IADL) domains which met well with suggestions from other studies on the importance of IADL in determining an older individual's capability to live independently in the community. No available instruments for the moderate to severe impairment group were identified under this review. The authors conclude that few existing instruments to assess the ability of everyday problem-solving of older people with cognitive impairment could be identified in the literature. Further research validating them against functional, real-world outcomes is needed. (JL)  
ISSN: 00020729  
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212/45 The prevalence of mental health problems among older adults admitted as an emergency to a general hospital; by Sarah E Goldberg, Kathy H Whittamore, Rowan H Harwood ... (et al).  
Age and Ageing, vol 41, no 1, January 2012, pp 80-86.  
The present study, based in a 1,800 bed teaching hospital, aimed to illustrate the high prevalence rate of co-morbid mental health problems among older adults admitted to general hospitals. Consecutive general medical and trauma orthopaedic admissions aged 70 or older were screened for mental health problems. Those screening positive were invited to undergo further assessment, and were interviewed to complete a battery of health status measurements. Of 1,004 patients screened, 36% had no mental health problems or had anxiety alone. Of those screening positive 250 took part in the full study. Adjusting for the two-stage sampling design, 50% of admitted patients over 70 were cognitively impaired, 27% had delirium and 8-32% were depressed. 6% had hallucinations, 8% delusions, 21% apathy and 9% agitation/aggression (of at least moderate severity). Of those with mental health problems, 47% were incontinent, 49% needed help with feeding and 44% needed major help to transfer. Study results confirmed the high prevalence of mental health problems among older adults admitted to general hospitals. These patients had high levels of functional dependency, psychological and behavioural problems with implications for how they should be cared for. Services that identify these problems and offer therapeutic intervention should be evaluated. (JL)  
ISSN: 00020729  
From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>

## **MIGRATION**

212/46 Forty years in Aotearoa, New Zealand: white identity, home and later life in an adopted country; by Molly George, Ruth P Fitzgerald.  
Ageing and Society, vol 32, part 2, February 2012, pp 239-260.  
The study looked at some of the memories, hopes and strategies of 22 older migrants who were ageing in their adopted country of New Zealand. Having arrived as young

adults in the 20 years after World War II, most of the immigrants had lived on 'foreign' soil for twice as long as their brief sojourns of childhood and early adulthood in their country of origin. Arriving from a variety of backgrounds in 12 different countries, they could all be considered 'white' immigrants in relation to New Zealand's indigenous Maori population and other non-European immigrant groups. Their lives encompassed the experience of globalisation and transnationalism in communication technologies and inter-country migration. As they recounted the meaning of living through these changes, these older people discussed the delicacies of assimilation in post-World War II New Zealand and the interplay between the daily life of New Zealand as 'home' and the homeland as Heimat. Their stories argued against the assumption that decades of residence, particularly for white immigrants in a white-majority nation, implied an 'assimilation' of cultural identity. Instead, the stories evoked recognition of the negotiation of gain and loss which continued as they, and their contexts, changed over time. (JL)

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### **PARTICIPATION**

212/47

Ageing activists: who gets involved in older people's forums?; by Marian Barnes, Elizabeth Harrison, Lesley Murray.

Ageing and Society, vol 32, part 2, February 2012, pp 261-280.

Based on research with members of two Senior Citizens Forums in the South East of England, this article examines the biographies and motivations of those who get involved in such activities, with particular emphasis on (a) how they see themselves in relation to 'other older people' and (b) their relationships with the places in which they live. The first forum involved participatory research with members to explore issues prompting their participation and their experiences of this. The second comprised biographical interviews with forum members with reference to mobility and participation over their lifespan. The findings are discussed in relation to the characterisation of participants in such forums as the 'usual suspects' whose legitimacy to speak on behalf of others may be questioned, and by reference to a growing recognition of the significance of place in the lives of older people. Important differences in motivations, backgrounds and priorities of forum members are shown between the two forums. The research confirms that place-based participation tends to engage those who are fitter and who have more social and cultural capital, but questions assumptions that this means they are spaces for the pursuit of self-interest. (JL)

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### **PREVENTION**

(See Also 212/7, 212/20, 212/22, 212/24, 212/41)

212/48

The impact of social vulnerability on the survival of the fittest older adults; by Melissa K Andrew, Arnold Mitnitski, Susan A Kirkland, Kenneth Rockwood.

Age and Ageing, vol 41, no 2, March 2012, pp 161-165.

The present study, part of the Canadian Study on Health and Ageing, aimed to evaluate mortality risk in relation to social vulnerability among the fittest older adults in a

representative community-dwelling sample of adults aged 70+ years. A frailty index was used to grade relative levels of fitness/frailty, using 31 self-reported health deficits. The analysis was limited to the fittest people (those reporting 0-1 health deficit). Social vulnerability was trichotomised from a social vulnerability scale, which consisted of 40 self-reported social deficits. Results indicated that 584 individuals had a 0-1 health deficit. Among them, absolute mortality risk rose with increasing social vulnerability. In those with the lowest level of social vulnerability, five-year mortality was 10.8%, compared with 32.5% for those with the highest social vulnerability. The authors conclude that a 22% absolute mortality difference in the fittest older adults is of considerable clinical and public health importance. Routine assessment of social vulnerability by clinicians could have value in predicting the risk of adverse health outcomes in older adults. (JL)

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212/49

Inferior physical performance test results of 10,998 men in the MrOS Study is associated with high fracture risk; by Bjorn E Rosengren, Eva L Ribom, Jan-Ake Nilsson ... (et al). *Age and Ageing*, vol 41, no 3, May 2012, pp 339-344.

The aim of this study was to determine whether tests of physical performance are associated with fall-related fractures. 10,998 men aged 65 years or above were recruited. Questionnaires evaluated falls sustained twelve months before administration of a grip strength test, a timed stand test, a six-metre walk test and a 20-centimetre narrow walk test. Fallers with a fracture performed worse than non-fallers on all tests. Fallers with a fracture performed worse than fallers with no fractures both on the right-hand-grip strength test and on the six-metre walk test. A score below -2 standard deviations in the right-hand-grip strength test was associated with an odds ratio of 3.9 (95% CI: 2.1-7.4) for having had a fall with a fracture compared with having had no fall and with an odds ratio of 2.6 (95% CI: 1.3-5.2) for having had a fall with a fracture compared with having had a fall with no fracture. The study concludes that these tests performed by old men help discriminate fallers with a fracture from both fallers with no fracture and non-fallers. (JL)

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

212/50

Predicting late-life disability and death by the rate of decline in physical performance measures; by Calvin Hayes Hirsch, Petra Buzkova, John A Robbins ... (et al). *Age and Ageing*, vol 41, no 2, March 2012, pp 155-161.

In the present study the authors hypothesised that the rate of decline in physical performance in older adults may increase the risk of disability or death. For 4,182 Cardiovascular Health Study participants, the study assessed the contribution of physical performance in 1998-99, and the rate of performance change between 1992-93 and 1998-99, to the risk of death or disability in 2005-06 in three domains: mobility, upper-extremity function (UEF) and activities of daily living (ADL). The study evaluated performance in finger-tapping, grip strength, stride length, gait speed and chair stands separately and together for each outcome, adjusting for age, gender, race and years of disability in that outcome between 1992-93 and 1998-99. Participants' age averaged 79.4 in 1998-99; of these, 1,901 died over seven years. Compared with the lowest change quintile in stride length, the highest quintile had a 1.32 relative risk (RR) of ADL disability and a 1.27 RR of death. The highest change quintile for grip strength increased the risk of ADL disability by 35% and death by 31%, compared with the lowest quintile.

The annual change in stride length and grip strength also predicted disability in mobility and UE. The authors conclude that physical performance trajectories independently predict death and disability. (JL)

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## **QUALITY OF LIFE**

(See 212/18)

## **RELIGION AND SPIRITUALITY**

(See 212/35)

## **RESEARCH**

212/51

Improving recruitment of older people to research through good practice; by Marion E T McMurdo, Helen Roberts, Stuart Parker ... (et al).

Age and Ageing, vol 40, no 6, November 2011, pp 659-665.

This review provides practical advice to assist researchers both to adopt realistic, achievable recruitment rates and to increase the number of older people taking part in research. The value of planning and logistics are outlined, and approaches to optimising recruitment in hospital, primary care and care home settings are discussed, together with the challenges of involving older adults with mental incapacity and those from minority groups in research. The increasingly important task of engaging older members of the public and older patients in research is also discussed. The authors show how increasing the participation of older people in research will improve and inform best practice in the clinical management of the growing older population. (JL)

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212/52

Using photovoice with older adults: some methodological strengths and issues; by Sheila Novek, Toni Morris-Oswald, Verena Menec.

Ageing and Society, vol 32, part 3, April 2012, pp 451-470.

Photovoice is a qualitative research technique in which participants record and reflect on their community through photography. The technique is gaining popularity as a participatory research methodology. Few studies however have described the use of photovoice with older adults. This paper examined the application of photovoice in a qualitative participatory research study examining age-friendly characteristics in four communities in Manitoba, Canada. 30 older adults were provided with cameras and took photographs to illustrate how age-friendly their communities were and participated in group discussions to identify priorities in becoming more age-friendly. The research process and results were analysed in order to assess the application of the methodology with older adults. The authors conclude that photovoice is an effective tool for eliciting older persons' perceptions of their communities, giving voice to the unique concerns of older adults, and identifying strategies for change. On the other hand there are a number of challenges to be overcome if photovoice is to be a truly effective research instrument. These include recruitment, photography training, retrieving consent forms and issues of time and distance. (JL)

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## **RESIDENTIAL AND NURSING HOME CARE**

(See 212/11, 212/56)

## **RETIREMENT**

(See 212/58)

## **RURAL ISSUES**

(See 212/56)

## **SEXUALITY**

(See 212/3)

## **SLEEP**

212/53

A gendered lifecourse examination of sleep difficulties among older women; by Ruth B Walker, Mary A Luszcz, Jenny Hislop, Vivienne Moore.

Ageing and Society, vol 32, part 2, February 2012, pp 219-238.

This article takes a gendered lifecourse approach to explore the high prevalence of sleep difficulties in older women, and to understand the sociological underpinnings of why sleep disorders disproportionately affect older women. In-depth interviews were conducted with 12 community-dwelling women aged 80 years and over who currently experienced sleep difficulties. The participants were encouraged to share their personal experience of factors which had impacted on their sleep and were asked to describe how they responded to their sleep disturbance. Five themes emerged from the analysis: significant life stages; contingent lives; daily concerns in relation to ageing; attitudes and responses of women and general practitioners; and stigma and sleeping pills. For all women, sleep difficulties were not related to physical aspects such as pain or discomfort, but were largely shaped by demands associated with family relationships at different times in the lifecourse. The findings suggest that responses by women themselves, and health professionals, reflect a sense of stigma around sleep difficulties and use of sleeping pills. The article concludes that more emphasis on the social contextual explanations underpinning sleep difficulties might lead to better prevention and treatment of such problems, and increase quality of life. (JL)

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## **SOCIAL EXCLUSION**

212/54

Social inclusion through ageing-in-place with care?; by Patrick Barrett, Beatrice Hale, Robin Gauld.

Ageing and Society, vol 32, part 3, April 2012, pp 361-378.

The onset of ill-health and frailty in later life, within the context of the policy of ageing-in-place, is increasingly being responded to through the provision of home care. In the philosophy of ageing-in-place, the home provides for continuity of living environment, maintenance of independence in the community and social inclusion. The

provision of assistance to remain at home assumes continuity in the living environment and independence in the organisation of daily life and social contact. This paper explores the changes that occur as a result of becoming a care recipient within the home and concludes that the transition into receiving care is characterised by discontinuity and upheaval which tends to reinforce social exclusion. In analysing this transition the authors draw on the rites of passage framework, which highlights the social processes of separation, liminality and reconnection. Separation from independent living leads to a state of liminality. The final stage in the rites of passage framework draws attention to reconnection. Whilst not inevitable, reconnection can be an appropriate goal for the care sector when supporting frail or disabled older people through the transition into becoming a home-care recipient. (JL)

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## **SOCIAL NETWORKS**

212/55

An exploration of the value and mechanisms of befriending for older adults in England; by Helen Lester, Nicki Mead, Carolyn Chew Graham ... (et al).

*Ageing and Society*, vol 32, part 2, February 2012, pp 307-328.

Befriending services can be a useful intervention used to mitigate social isolation and loneliness in older adults. The aim of this study was to explore service users' experiences of befriending and to identify the key components of befriending. Interviews were conducted with 25 older adults who had used one of five different befriending services across England. Berkman's theoretical model of how individual social networks impact on health was used as a framework to help interpret the data. The findings suggest that befriending offers some compensation for loss of elective relationships from older adults' social networks, providing opportunities for emotional support and reciprocal social exchange through development of safe, confiding relationships. Good conversational skills and empathy were the foundation of successful relationships within which commonalities were then sought. Befrienders broadened befriendees' perspectives on life, particularly among older adults in residential care. Social engagement was a powerful mechanism of action, particularly in terms of connecting people back into the community, reinforcing meaningful social roles and connecting to a past life that had often been significantly disrupted by loss. (JL)

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212/56

The social lives of rural Australian nursing home residents; by Glenda Parmenter, Mary Cruickshank, Rafat Hussain.

*Ageing and Society*, vol 32, part 2, February 2012, pp 329-353.

Visits from family and friends are very important to the quality of the lives of rural nursing home residents. The aim of this study was to focus on the relationships of nursing home residents with people external to the nursing home, and to examine the factors that predict more frequent visiting. Telephone surveys were conducted with the designated next-of-kin of 257 residents in 13 residential care facilities in a rural area of New South Wales, Australia. The findings showed that the wider, potential, social networks of rural nursing home residents comprised approximately 17 people and involved a wide range of family and friends. However, their actual social networks consisted of approximately two females, daughters and friends, who had high-quality relationships with the resident and who visited at least once per month. The findings

show that, in contrast to previous assertions that nursing home residents have robust support from their family and friends, the actual social networks of these residents have dwindled considerably over recent years, which may place them at risk of social isolation. Recommendations are made for rural nursing homes to help address the risk of social isolation faced by their residents. (JL)

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## **TRANSPORT**

212/57

Ageing driver licensing requirements and traffic safety; by Richard Tay.

Ageing and Society, vol 32, part 4, May 2012, pp 655-672.

As the population continues to age, there is an increasing concern about its effect on traffic safety, resulting in calls to tighten licensing renewal policies for older drivers. This study looked at licensing requirements in five Canadian provinces and their respective vehicle collision rates for ageing drivers. Contrary to expectation, the authors found a positive correlation between the stringency of the licensing system and mean crash rates. So increasing mandatory testing and licensing requirements for older drivers is deemed unnecessary. (JL)

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## **WELL-BEING**

212/58

The effect of retirement and age at retirement on self-perceived health after three years of follow-up in Dutch 55-64-year-olds; by Kelly J Rijs, Rabina Cozijnsen, Dorly J H Deeg.

Ageing and Society, vol 32, part 2, February 2012, pp 281-306.

The study looked at the effect of retirement and age at retirement on self-perceived health. Study participants were 506 Dutch men and women aged between 55 and 64 years and taking part in the Longitudinal Aging Study Amsterdam (LASA). Characteristics tested for confounding and effect modification were: demographic, health, psychological, job, and retirement characteristics. After three years, 216 retired and 290 remained employed. Multinomial logistic regression analyses showed no main effect for retirement compared to continued employment. Modal (59-60) retirees were more likely to attain excellent or good self-perceived health. Early (55-58) and late (61-64) retirees were unaffected by retirement if they did not receive a disability pension. Early and late retirees who received a disability pension were less likely to attain excellent self-perceived health after retirement. Higher educated participants were less likely to attain excellent self-perceived health after retirement, especially at late retirement age, although health selection might explain this result. Finally, mastery possibly acts as an adjustment resource. The paper concludes with a discussion on explanations for the effect of retirement and age at retirement. (JL)

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