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New Literature on Old Age

EDITOR
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Subject Headings Page

ALCOHOL AND DRUG MISUSE

213/1 Racial/ethnic differences and correlates of binge drinking among older adults; by Ami N Bryant, Giyeon Kim.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 208-217.
This study looked at how the prevalence and correlates of binge drinking among older adults vary by race/ethnicity. A sample of adults aged 60 and above were selected from the 2007 California Health Interview Survey. Binge drinking was measured dichotomously based on whether individuals reported consuming five or more drinks in a single day (four or more for females) in the previous year. Prevalence rates for binge drinking in the past year were calculated by race/ethnicity. A hierarchical logistic regression analysis was conducted using binge drinking in the past year as the dependent variable. Significant racial/ethnic differences were found in prevalence rates: the presence of binge drinking was most common among non-Hispanic Whites (11.9%), followed by Latinos (10.8%), American Indian/Alaska Natives (9.8%), Blacks (8.0%), and Asians (4.2%). Being a current smoker was found to be the strongest predictor of binge drinking and significant main effects were also found for being Black, being Asian, younger age, being male, being unemployed, having a higher poverty threshold, having better self-rated health, and having more psychological distress. Significant interactions between race/ethnicity and age, sex, employment status, educational attainment, smoking status, and self-rated health were found. These findings indicate that certain correlates of binge drinking vary significantly by race/ethnicity among older adults. Apparent racial/ethnic differences existed in the prevalence and correlates of binge drinking among older adults. Identification of more racial/ethnic specific predictors may be important for the development of ethnically appropriate intervention programmes. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

ARTS AND MUSIC

213/2 The impact of the Bealtaine arts programme on the quality of life, wellbeing and social interaction of older people in Ireland; by Eamon O'Shea, Aine Ni Leime.
Ageing and Society, vol 32 part 5, July 2012, pp 851-872.
There is evidence that the arts can enhance the physical and psychological wellbeing of older people. This article is based on an evaluation of a national arts festival in Ireland called Bealtaine that celebrates creativity in older people during the month of May. The festival is unique in the wide range of arts-related activities it includes and the different types of organisations involved, such as local authorities, libraries, educational institutions, health and social care organisations, and voluntary bodies for older people. The evaluation used quantitative and qualitative methods to analyse two major postal surveys with organisers and consumers of the festival and face-to-face interviews with older participants, artists and organisers. The findings were positive in terms of the personal and social gains arising from participation in the festival. The authors conclude that the provision of enhanced and sustained funding for creative programmes for older people was essential for the well-being of older people in Ireland. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

ASSISTIVE TECHNOLOGY

213/3 Persons with dementia become users of assistive technology: a study of the process; by Lena Rosenberg, Louise Nygard.
Dementia: the international journal of social research and practice, vol 11, no 2, March 2012, pp 135-154.
The aim of this study was to explore actions and driving forces of the different people (actors) involved in the process of bringing assistive technology (AT) into the life of a person with dementia. The specific focus was on the unfolding interactions in order to discover what they led to and how the AT corresponded to the situation of the person with dementia. The study was conducted in Sweden. Three persons with dementia and their significant others were followed using case methodology and grounded theory. The findings reveal that 'doing the right thing' was the main driving force, although sometimes a source of conflict between the actors. The actors' views differed in many aspects, influencing the choice of problem and selected AT solution as well as the role of the AT and how it was placed and adjusted. A potential risk scenario was identified, demonstrating how profoundly the view of the one who had power to make the decision influenced the process. (JL)
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From : http://dem.sagepub.com/

ATTITUDES TO AGEING

(See 213/10)

BLACK AND MINORITY ETHNIC GROUPS

(See Also 213/1)

213/4 Perspectives on ageing in Gypsy families; by Pauline Lane, Siobhan Spencer, Muzelley McCready, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2012, 12 pp (Perspectives).
This paper explores the views and experiences of older Gypsies, offering A glimpse into the past and reflecting on how the non-Gypsy community has influenced the Gypsy way of life. It forms part of a series of Perspectives commissioned to support the Joseph Rowntree Foundation (JRF) five-year research programme, A Better Life. The programme investigates what will improve quality of life for some of the most marginalised and least heard people in the UK - people with high support needs. (RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/better-life

213/5 Perspectives on ageing in South Asian families; by Manjit Kaur Nijjar, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2012, 12 pp (Perspectives).
This paper explores the experiences and views of South Asian elders and their families living in Wolverhampton. It highlights cultural expectations and the challenges this community faces in terms of ageing and support needs. The paper forms part of a series of Perspectives commissioned to support the Joseph Rowntree Foundation (JRF) five-year research programme, A Better Life. The programme investigates what will improve quality of life for some of the most marginalised and least heard people in the

UK - people with high support needs. (RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/better-life

CARERS AND CARING

(See Also 213/46)

213/6 Coping with caring: profiles of caregiving by informal carers living with a loved one who has dementia; by Henk Kraijo, Werner Brouwer, Rob de Leeuw ... (et al).
Dementia: the international journal of social research and practice, vol 11, no 1, January 2012, pp 113-130.
This Dutch study investigated how caregivers living with a loved one with dementia experienced their caregiving situation. Participants included 53 carers who ranked a set of opinion statements covering a representative range of aspects of care. Findings highlighted five distinct profiles of caregiving that provided information on the various care situations that could occur, the needs and dilemmas that carers faced, and the subjective burden of the carers. The findings are hoped to contribute to the development of interventions for the support of informal caregivers. The results of this study, and a larger follow-up study, will contribute to the development of a specific, demand-driven intervention for the support of informal carers living with a person with dementia. (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

213/7 A grounded theory longitudinal study of carers' experiences of caring for people with dementia; by Mei-Chun Lin, Maureen Macmillan, Norrie Brown.
Dementia: the international journal of social research and practice, vol 11, no 2, March 2012, pp 181-197.
Provision of care for older people with dementia in the UK is shifting from institutions to the community. This longitudinal, grounded approach study sought to identify, describe and explore the changes in the carers' experiences, autonomy and health over time. Six spouses (mean age 69 years, 6-10 years caring since diagnosis) were interviewed at the beginning, at six months and at eighteen months. Four themes emerged; 'my life changed', commitment, responsibility and duty, and support. The core category - 'my life changed' - represented the beginning of the caregiving journey and the learning from experience that occurred as a consequence. Commitment referred to a deepened and sustained element. Responsibility and duty increased over time and support reflected the fluctuating nature of help provided by formal and informal sources. All participants experienced changes on their caregiving journey but the degree and nature of necessary adaptations varied. The authors conclude that a theory of caring emerged, but the changes did not appear to conform to any fixed pattern. All carers learned by experience to manage their situations. Autonomy and health was challenged in every case. (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

213/8 Support groups for caregivers of Alzheimer patients: a historical review; by Carlos Hornillos, Maria Crespo.
Dementia: the international journal of social research and practice, vol 11, no 2, March 2012, pp 155-169.
This historical review looks at the use and study of support groups for family caregivers

of Alzheimer patients. It describes their main features and variations, with special emphasis on information about their efficacy. Three different time periods were identified in the analysis: an initial stage (late 1970s-1985) with studies based on subjective impressions and questionnaires showing high satisfaction among caregivers; a second stage (1985-1995) with more rigorous methodology, which led to doubts about the efficacy of SGs; and a third stage (1995-present) in which qualitative methodology focused on group process has led to renewed interest. Proposals regarding the future of research on caregiver SGs are discussed. (JL)
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DEMENTIA

(See Also 213/3, 213/6, 213/7, 213/8, 213/46)

213/9 Accessibility in public space as perceived by people with Alzheimer's disease; by Anna Brorsson, Annika Ohman, Stefan Lundberg, Louise Nygard.
Dementia: the international journal of social research and practice, vol 10, no 4, November 2011, pp 587-602.
Most people with dementia remain living at home as long as possible after being diagnosed, and hence their lives also include activities in public spaces. However it is thought likely that people living with Alzheimer's disease experience reduced accessibility as a result of their illness. The aim of this study was to examine real experiences of accessibility in public space for people with Alzheimer's disease. Seven people with early stage Alzheimer's type dementia living in the Stockholm area were interviewed in depth (age 64-80 years, 5 female) using a grounded theory approach. The core category, accessibility as a constantly changing experience, was characterised by changes in the relationship between informants and public space. Changes occurred in activities and use of place and were related to familiarity and comfort, individual motives and interests, and planning and protecting. Other changes occurred in places and problematic situations related to everyday technologies, busy, noisy, crowded places, and changing landmarks. These changes reduced feelings of accessibility and increased difficulties in carrying out activities in public space. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

213/10 A Bio-Psycho-Social model enhances young adults' understanding of and beliefs about people with Alzheimer's disease: a case study; by Steven R Sabat.
Dementia: the international journal of social research and practice, vol 11, no 1, January 2012, pp 95-112.
With an ageing population the incidence of Alzheimer's disease is predicted to grow in the coming decades, and many young adults today will become formal or informal caregivers. Their ability to support the independence and well-being of people with Alzheimer's will depend on their ability to identify intact social and cognitive abilities, selfhood, and needs of people with Alzheimer's. This study, conducted in an undergraduate seminar in the United States, provides evidence for the educational advantages of a bio-psycho-social approach to understanding these aspects of people with Alzheimer's. Results, based on the feedback from 15 students, revealed a striking increase in students' accurate understanding of: the losses due to Alzheimer's; intact positive qualities in and inaccurate negative stereotypes about people with Alzheimer's;

and important needs of people with Alzheimer's. The application of this approach is explored further in the case of one student and her family. (JL)
ISSN: 14713012
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213/11 The challenge of dementia care knowledge exchange: key factors in a national approach; by Belinda Parke, Tricia K W Woo, Kathleen E Cruttenden ... (et al).
Dementia: the international journal of social research and practice, vol 11, no 2, March 2012, pp 253-261.
This article reports on a multi-phase knowledge-to-practice exchange activity undertaken by a dementia care team in Canada to describe the process undertaken to improve care and support for older adults living with dementia. In particular it focuses on the team's early development and the decision making process (including early focus on family physicians) and the eventual creation of a Dementia Pocket Card tool for knowledge exchange. The tool is designed to support health professionals and families with dementia case-finding, assessment, diagnosis and appropriate service provision. It is designed for the practice setting with the Registered Nurses of Ontario Best Practice Guide (RNAO-BPG) algorithm on one side and the Deterioration Cognitive Observée (DECO) case finding tool on the other. The advantages of the card are that it contains two evidence-based approaches, is quick to use, and is easily accessibly as the card itself or electronically. (JL)
ISSN: 14713012
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213/12 Coping and its relationship to quality of life in dementia caregivers; by Raman Deep Pattanayak, Renuka Jena, Deepti Vibha ... (et al).
Dementia: the international journal of social research and practice, vol 10, no 4, November 2011, pp 499-508.
This study was one of a few that looked at coping and quality of life (QoL) of dementia caregivers in the Indian context. 32 patients with Alzheimer's disease were assessed for their level of cognitive functioning using the Hindi mental state examination and for severity of dementia using clinical dementia ratings. Their key caregivers were assessed using the Coping Checklist and WHO-QoL (BREF) Hindi version. Analyses revealed that education was positively correlated to total coping score, problem-solving, positive distraction, and acceptance. It was negatively correlated with religion and denial. Use of social support as coping was found to be positively correlated with domains of QoL. Problem-solving was seen to have a significant positive correlation with psychological QoL, while denial/blame had significant negative correlation with both physical and psychological QoL. Both coping strategies and QoL were shown to depend on caregiver characteristics rather than the severity of the patient's dementia.
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213/13 Dementia in the family: two Norwegian case studies; by Anna Sofie Egset, Jon Olav Myklebust.
Dementia: the international journal of social research and practice, vol 10, no 4, November 2011, pp 571-585.
The increasing number of people suffering from dementia is creating problems and dilemmas for public health care agencies as well as for close relatives who are expected to provide care. The two Norwegian studies on which this article is based aim to provide

a detailed picture of what it is like for those closest to individuals suffering from dementia. Nine families were included, and a total of 27 people interviewed (husbands, wives, sons and daughters). Key topics discussed are the initial phases of the illness, the heavy demands of home care, and dilemmas associated with multiple caregiving roles. (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

213/14 Dementia timeline: journeys, delays and decisions on the pathway to an early diagnosis; by Tom A C Chrisp, Benjamin D Thomas, Wayne A Goddard, Andrea Owens.
Dementia: the international journal of social research and practice, vol 10, no 4, November 2011, pp 555-570.
The authors present a timeline for those who reach a memory assessment service based on research conducted with 31 people living with dementia and 49 carers in one area of the UK. Two key stages of delay are exposed. First, the period from first thinking something may be amiss to the point of first talking to someone about it. Second, the period from first talking to someone, to first contact with a healthcare professional. A third period emerged where delays may occur once contact with the healthcare system is made. The mean journey time from thinking that something may be amiss to beginning the formal process of diagnosis was around three years. On average there was a gap of about a year between thinking something may be amiss and first talking to a friend or family member about the problem. It typically took just under two and a half years for a person to move from thinking something may be amiss to first contact with a healthcare professional. The mean time from first contact with a healthcare professional to arrival at a memory assessment service was around 35 weeks; however, for 90% of people it was eight weeks or less. The largest potential for achieving earlier diagnosis appears to be to encourage earlier contact with healthcare professionals. (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

213/15 Design and dementia: a case of garments designed to prevent undressing; by Sonja Iltanen-Tahkavuori, Minttu Wikberg, Paivi Topo.
Dementia: the international journal of social research and practice, vol 11, no 1, January 2012, pp 49-59.
This study investigated a patient garment developed for the care of people with severe memory problems, severe learning difficulties and brain injuries. A patient garment was designed to prevent undressing in socially inappropriate situations and/or to stop the user from removing an incontinence pad. Study findings indicated that both designers and patients found the garment to be infantilising and stigmatising for the user but accepted the basic functions of the product. The authors report on the results of a design project aimed at designing a new type of garment that takes into account the technical requirements but provides a more dignified look and opportunities for activity. Finally they explore the ethical issues concerning the use of this kind of product in dementia care settings. (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

213/16 Government, professional and public efforts in Japan to change the designation of dementia (chiho); by Misa Miyamoto, Daniel R George, Peter J Whitehouse.
Dementia: the international journal of social research and practice, vol 10, no 4, November 2011, pp 475-486.
In 2004 the label for dementia was officially changed in Japan. This move was part of a publicity campaign to raise public awareness about dementia and replace the

previously stigmatising word 'chiho', which translates as a 'disease of cognition associated with idiocy'. The aim of this study was to examine the name-changing process and to explore its implications for Japan and the field of dementia studies in general. The authors begin by explaining the process through which the new name for dementia, 'ninchisho' (cognitive syndrome), was selected and why. It then looks at the role of the Alzheimer's Association Japan (AAJ) and the influence of this organisation on the name-changing process. The final part of the article describes the educational initiative developed in response to the name-change decision and evaluates the initial impact of the project. The authors conclude that the whole process proceeded relatively quickly and efficiently and that the public education drive played a prominent role in the name changing process. One year after the decision to change almost 80% of people surveyed recognised 'ninchisho' as the new name for dementia. (JL)
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213/17 Implementing the National Dementia Strategy in England: evaluating innovative practices using a case study methodology; by Tamar Koch, Steve Iliffe.
Dementia: the international journal of social research and practice, vol 10, no 4, November 2011, pp 487-498.
The National Dementia Strategy (NSD) for England aims to help ensure that uniform care is delivered to patients with dementia and that standards are maintained at a nationally agreed level. It also encourages the identification of successful innovations that can be implemented on a wider scale. This paper uses case studies to describe some examples of innovative practice in the diagnosis and management of patients with dementia in primary care. Five GPs in different parts of England, who were identified as innovators in dementia care, discussed their experiences and practices. The study also looks at methodological problems in the evaluation and comparison of innovations in practice, focusing on the potential to compare complex with simple interventions. The authors acknowledge the role that commissioners play in making decisions about the choice and implementation of innovation. (JL)
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213/18 The lived experience of spirituality and dementia in older people living with mild to moderate dementia; by Padmaprabha Dalby, David J Sperlinger, Stephen Boddington.
Dementia: the international journal of social research and practice, vol 11, no 1, January 2012, pp 75-94.
This study aimed to understand how older people's experiences of spirituality, religion or faith were affected by having dementia, and how the spiritual aspects of their lives affected the experience of dementia. Six older people from the southeast of England with mild to moderate dementia were interviewed about their experience of spirituality and dementia. Five themes were identified: experience of faith; searching for meaning in dementia; 'I'm not as I was' - changes and losses in experience of the self; staying intact; and current pathways to spiritual connection and expression. The authors conclude that the findings offer a unique perspective on the experience of spirituality and dementia, uniting themes from both research and theory concerning the experience of the self and the experience of spirituality in dementia. Implications for dementia care services and pastoral care are discussed. (JL)
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213/19 Self and next of kin's assessment of personality and sense of coherence in elderly people: implications for dementia care; by Goran Holst, Mikael Rennemark, Ingalill R Hallberg.

Dementia: the international journal of social research and practice, vol 11, no 1, January 2012, pp 19-30.

The best people able to understand the behaviour of individuals with severe dementia are usually close family members, rather than the nurses who care for them. This study evaluated the inter-rater agreement between healthy older people's self-assessment and the assessment made by a next of kin concerning personality and sense of coherence. Participants included 154 individuals from Sweden. Findings revealed a high or moderate agreement in ratings, showing that, in general, a close relative was able to report on the personality of a next of kin. The agreement was high on coherence and extraversion and lower on neuroticism. For neuroticism, length of time in the relationship increased the odds for a good inter-rater agreement. The authors conclude that next of kin provided reliable information and could therefore aid nurses in the care of older people with dementia. (JL)

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213/20 Service users' involvement in the development of a maintenance cognitive stimulation therapy (CST) programme: a comparison of the views of people with dementia, staff and family carers; by Elisa Aguirre, Aimee Spector, Amy Streater ... (et al).

Dementia: the international journal of social research and practice, vol 10, no 4, November 2011, pp 459-473.

This study describes the process of developing a maintenance cognitive stimulation therapy (CST) programme manual following the UK Medical Research Council guidelines. It used inductive thematic analysis to examine user perceptions. Three separate focus groups were carried out with people with dementia, three with staff, and three with family carers. The main findings clearly support the recent draft NICE guidelines on dementia (NICE-SCIE, 2006) which state that all people with mild/moderate dementia should be given the opportunity to participate in a structured cognitive stimulation programme. People with dementia valued the opportunity to take part in a mental stimulating group programme highly and considered it vital in keeping them healthy and active. Most family carers and staff were very positive but expressed concerns about the effectiveness of this type of programme and gave real life examples where the idea of `use it or lose it' did not apply. Data gathered from the focus groups is to be used in the preparation of a new version of the maintenance CST draft manual and it is intended that this will be evaluated in a large randomised controlled trial (RCT). (JL)

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From : http://dem.sagepub.com/

213/21 Shared understandings of dementia?: an application of the Common Sense Self Regulation Model to a case study; by Liz Glidewell, Marie Johnston, Ruth Thomas.

Dementia: the international journal of social research and practice, vol 11, no 2, March 2012, pp 217-250.

Evidence suggests that Illness Representations (IRs: identity, cause, timeline, consequences and the ability to cure or control the condition) can improve understanding of how people talk about their health condition. Accumulating

experience also indicates that people with a diagnosis of dementia are capable of talking about their condition in an insightful and meaningful way. This in-depth case study explored whether one health care triad (a person with a diagnosis of dementia (PWD), their caregiver and primary care doctor) spoke about diagnosis in terms of the Common Sense-Self Regulation Model (CS-SRM) and considers whether PWD IRs are understood by their caregiver and doctor. Each participant was asked a series of open questions, followed by questions prompting for each IR. The caregiver and doctor were interviewed about how the PWD thought. All talked about IRs without prompting, with the exception of cause. Prompting for IRs elicited additional data. There were areas where participants shared IRs, but also areas of difference, which, it is suggested, could have implications for health outcomes. The authors conclude that IRs can provide a theoretical framework for discovering how people think about dementia, which could improve shared understandings in clinical practice. (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

213/22 The staff's view on dementia and the care in three cultures: a qualitative study in France, Portugal and Sweden; by Ulla Melin Emilsson.
Dementia: the international journal of social research and practice, vol 11, no 1, January 2012, pp 31-47.
This comparative study investigated staff views on dementia and its impact on the care delivered in France, Portugal and Sweden. It examined views on the illness itself, on older people suffering from dementia, the care provided, and the impact of various views on the care. Participants included 79 staff members at 22 care settings who were interviewed to assess their attitudes. Findings revealed large differences regarding the various staff groups' views. The findings also indicated that staff views, the cultural context and the organisational environment had an impact on the care provided. However the impact of professional affiliation and the way of collaborating seemed to be of greater significance than other similarities or differences. The authors conclude that an interdisciplinary based starting point, with close collaboration between medical based health care and social care of older people suffering from dementia in integrative care models, is of vital importance in providing effective care for dementia patients. (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

213/23 Stand up for dementia: performance, improvisation and stand up comedy as therapy for people with dementia: a qualitative study; by John Stevens.
Dementia: the international journal of social research and practice, vol 11, no 1, January 2012, pp 61-73.
The aim of this qualitative study was to describe and investigate the effects of a programme of stand up comedy and improvisation workshops on people with early stage dementia. Interviews from participants, their carers and the comedian facilitator were analysed using constant comparative analysis. The findings indicated that dementia did not prevent participants from laughing appropriately or successfully creating and performing comedy. The data suggest that the programme may have therapeutic benefits as improvements in memory, learning, sociability, communication and self-esteem were demonstrated. The study also develops a set of hypotheses for further research which includes: that active participation by people with dementia (PWD) in performing to create laughter is more beneficial therapeutically than passively induced laughter. (JL)
ISSN: 14713012 From : http://dem.sagepub.com/

213/24 Support services for people suffering from dementia in the rural areas of Kwa-Zulu Natal, South Africa; by Sara Benade.
Dementia: the international journal of social research and practice, vol 11, no 2, March 2012, pp 275-277.
This brief article describes the development of a culturally sensitive support service for people with dementia living in Kwa-Zulu Natal, South Africa. (JL)
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213/25 Use of the MMSE to screen for dementia in Delhi; by Bianca Brijnath.
Dementia: the international journal of social research and practice, vol 10, no 4, November 2011, pp 625-635.
This paper, drawing on interviews and participant observation undertaken in 2008 in New Delhi, India, examines how clinical environments influence the interpretations and use of the Mini Mental State Examination (MMSE), a popular screening instrument for dementia. Findings indicate that while doctors recognise the limitations of the MMSE in theory, its continued use in practice is because of time shortages and competing work demands. Yet misdiagnosis or even false-positive screening has implications for service delivery and quality of care. Further research is necessary into how diagnoses are made, which account for cultural and structural variance. (JL)
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213/26 Verbal fluency in Alzheimer's disease and aphasia; by E M Arroyo-Anllo, M Lorber, F Rigaleau, R Gil.
Dementia: the international journal of social research and practice, vol 11, no 1, January 2012, pp 5-18.
This study examined the impact of two neurological diseases on access to semantic knowledge and the status of semantic representations. Patients with Alzheimer's disease (AD) and Aphasia (APH) were compared with control groups using the supermarket fluency task. Several aspects were measured including: number of category names produced, number of categories sampled to produce the words, the number of words per category sampled, number of exemplars and kinds of errors recorded. Both AD and APH groups produced significantly fewer words on the fluency task than control groups. As compared with the APH and control groups, in the AD group verbal fluency was characterised by a tendency to generate more category names with fewer exemplars within a category. The findings are consistent with the view that a bottom-up disruption in semantic knowledge occurs in AD and a general semantic disruption occurs in Aphasia. (JL)
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DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

213/27 Demography of colonisation and the ageing population: population profiles and mortality in Swedish Sapmi, 1750-1900; by Lena Karlsson.
Ageing and Society, vol 32 part 5, July 2012, pp 812-832.
This Swedish study looked at population trends, age-specific death rates and causes of death for the older Sami population and settlers during the colonisation era (between 1750 and 1900). The source material was a set of data files from the Demographic Data

Base (DDB) at Umeå University that covered parish records from three different parishes. Early in the colonisation period (1750-1840) the Sami had a lower proportion of the older population (60 years of age or less), compared to the non-Sami and the rest of Sweden. At the end of the colonisation period (1841-1900), the proportion of older Sami increased and was above the proportion of older non-Sami and more similar to the rest of Sweden. The analysis also reveals that the differences in mortality rates among the older Sami and their non-Sami counterparts diminished during the entire colonisation era (1750-1900), mainly because of an increased infant mortality among the non-Sami. Rather than ethnic differences in causes of death, the results show larger differences between the parishes. The study concludes that the Sami population's mortality declined, the health improved, and the Sami advanced more rapidly in the model of epidemiologic transition, a milestone not yet reached by other indigenous people around the world. (JL)
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From : http://www.journals.cambridge.org/aso

DEPRESSION

(See Also 213/45)

213/28 Which categories of social and lifestyle activities moderate the association between negative life events and depressive symptoms among community-dwelling older adults in Japan?; by Yuriko Katsumata, Asuna Arai, Kazo Ishidu (et al).
International Psychogeriatrics, vol 24, no 2, February 2012, pp 307-315.
Social and lifestyle activities may serve as potential moderators of the association between negative life events (NLEs) and depressive symptoms among older adults. In this study, the authors examined whether social and lifestyle activities moderate the association between NLEs and depressive symptoms among older adults, and which activities are significant moderators. They used data from a community-based sample of non-institutionalised adults aged 65 years or older. Of the 731 eligible older adults, 682 completed the Japanese version of the 30-item Geriatric Depression Scale (GDS-30). They measured 15 specific negative life events as well as 17 social and lifestyle activities which were grouped into four categories. Specific NLEs pertaining to human relationships, physical condition and financial status were all or were mostly associated with depressive symptoms. Significant moderating roles of social and lifestyle activities on the association of NLEs with depressive symptoms were observed between "loss of a significant other" and "contact with family members and friends" (ß = -0.282, SE = 0.091, p = 0.002); "change in human relationships" and "contact with family members and friends" (ß = -0.270, SE = 0.137, p = 0.048); and "change in human relationships" and "community involvement" (ß = -0.344, SE = 0.133, p = 0.010). The most statistically significant variable moderating the associations between negative life events and depressive symptoms was "having frequent contact with family members". Depressive symptoms arising from troublesome interpersonal relationships in one's proximal network might be moderated by positive interpersonal relationships. (RH)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

DIGNITY

213/29 Delivering dignity: securing dignity in care for older people in hospitals and care homes: the final report of the Commission on Dignity in Care; by Keith Pearson, Dianne Jeffrey, David Rogers (chairs), Commission on Dignity in Care; Local Government Association - LGA; NHS Confederation; Age UK. [London]: Local Government Association - LGA, NHS Confederation, and Age UK, 18 June 2012, 39 pp.

The Commission on Dignity in Care was set up in July 2011 as an independent body by the Local Government Association (LGA), the NHS Confederation and Age UK, its aim being to identify the underlying causes of persistent failings and shortcomings in the care of older people. This final report is based on the knowledge of the commissioners themselves, the witnesses who gave written and oral evidence, and almost 230 submissions from organisations and individuals. It recommends fundamental changes to the culture, leadership, management, staff development (including the teaching and training ethos), clinical practice and service delivery of care homes and NHS hospitals. A number of 'always events' is recommended. These are things should never be forgotten and should be considered as basic rules for the delivery of dignified care in every hospital and care home. These include introducing formal and informal feedback from older people and their carers to improve practice. Thus, the focus of the 37 recommendations is on how to tackle the underlying causes of poor care. (RH)

From : Delivering Dignity Team, NHS Confederation, 29 Bressenden Place,
London SW1E 5DD. Website: http://www.nhsconfed.org/priorities/Quality/Partnership-on-dignity/Pages/ Commission-on-dignity.aspx

213/30 Delivering dignity: securing dignity in care for older people in hospitals and care homes: a report for consultation; by Keith Pearson, Dianne Jeffrey, David Rogers (chairs), Commission on Dignity in Care; Local Government Association - LGA; NHS Confederation; Age UK. [London]: Local Government Association - LGA, NHS Confederation, and Age UK, 2012, 39 pp.

The Commission on Dignity in Care was set up in July 2011 as an independent body by the Local Government Association (LGA), the NHS Confederation and Age UK, its aim being to identify the underlying causes of persistent failings and shortcomings in the care of older people. This draft report (public consultation ended 27th March 2012)is based on expert evidence, and recommends fundamental changes to the culture, leadership, management, staff development (including the teaching and training ethos), clinical practice and service delivery of care homes and NHS hospitals. The focus is on how to tackle the underlying causes of poor care. Four case studies illustrate what constitutes good quality of care. (RH)

From : http://www.nhsconfed.org/priorities/Quality/Partnership-on-dignity/Pages/Commission-on-dignity.aspx

DISABILITY

(See 213/40, 213/44, 213/47)

FAMILY AND INFORMAL CARE

(See 213/6, 213/19)

GERONTOLOGY (GENERAL)

213/31 The Cambridge handbook of age and ageing; by Mascolm L Johnson (ed). Cambridgeg: Cambridge University Press, 2009, 744 pp (Cambridge handbooks in psychology).

'The Cambridge handbook of age and ageing' is a guide to the body of knowledge, theory, policy and practice relevant to old age researchers and gerontologists. It is organised into seven parts and comprnses some 80 original chapters, commissioned and written by leading gerontologists from 16 countries and 5 continents. While the broad focus is on the behavioural and social sciences, the book also includes important contributions from the biological and medical sciences. It provides authoritative accounts on key topics, ranging from theories of ageing, to demography, physical aspects of ageing, mental processes and ageing, nursing and health care for older people, the social context of ageing, cross-cultural perspectives, relationships, quality of life, gender, and financial and policy provision. (RH)

Price: £41.00

From : Cambridge University Press, The Edinburgh Building, Cambridge, CB2 8RU. http://www.cambridge.org

213/32 An introduction to gerontology; by Ian Stuart-Hamilton (ed). Cambridgeg: Cambridge University Press, 2011, 447 pp.

As the world's population gets increasingly older, there has never been a more pressing need for the study of old age and ageing. In this book, a team of international authors with multidisciplinary backgrounds draw evidence from a variety of different perspectives and traditions. They assumes no previous expert knowledge and guide its student readership through the main subjects in gerontology: traditional areas, such as biological and social ageing, health and social care, and retirement; and more contemporary areas, such as technology, the arts, and sexuality. (RH)

Price: £25.99

From : Cambridge University Press, The Edinburgh Building, Cambridge, CB2 8RU. http://www.cambridge.org

GOVERNMENT AND POLICY

(See Also 213/35, 213/42, 213/58)

213/33 Choice, consumerism and devolution: growing old in the welfare state(s) of Scotland, Wales and England; by Suzanne Moffatt, Paul Higgs, Kirstein Rummery, Ian Rees Jones. Ageing and Society, vol 32 part 5, July 2012, pp 725-746.

For the first time since the inception of the UK welfare state, there are now formal differences in entitlement for older people as a result of devolution. This article reviews how choice and devolution have impacted on people over state retirement age. It considers the extent to which a more consumerist approach to public services might redress or increase later-life inequalities. The article suggests that for many people over state retirement age, the prospect of becoming a consumer in these varied contexts is difficult and unwelcome, and that although it is too early in the devolutionary process for any significant impact of these divergent policies to materialise, continued policy divergence will lead to different experiences and outcomes for older people. The authors conclude that these divergent social policies offer significant research on later-life inequalities. (JL)

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

213/34 Draft Care and Support Bill: presented to Parliament by the Secretary of State for Health; by Department of Health - DH. London: TSO, July 2012, 150 pp.

This draft Care and Support Bill follows the Government's White Paper, 'Caring for our future: reforming care and support' (Cm 8378; TSO, 2012), which sets out a long term programme to reform care and support. If and when enacted, this Draft Bill will consolidate the provisions from more than twelve different Acts into one Act, and reform the way in which care and support law works, The Law Commission made such recommendations in its report on adult social care (May 2011). The Draft Bill places the well-being, needs and goals of people at the centre of the legislation. It provides a new focus on preventing and reducing needs, and putting people in control of their care and support. For the first time, it brings carers into the heart of the law, on a par with those for whom they care. It will modernise care and support law so that the system is built around people's needs; and clarify entitlements to care and support. It will support the broader needs of local communities as a whole, by giving them access to information and advice, and promoting prevention and earlier intervention to reduce dependency, rather than just meeting existing needs. The care and support system and processes will be simplified to provide the freedom and flexibility needed by local authorities and care professionals to innovate and achieve better results for people. Among other provisions are the establishment of Health Education England (HEE) and the Health Research Authority (HRA) as non-departmental public bodies (NDPBs). This Draft Bill has been published for public consultation (responses by 19 October 2012. to: careandsupportbill@dh.gsi.gov.uk or to: Draft Care and Support Bill Team, Department of Health, 6th Floor, Richmond House, 79 Whitehall, London SW1A 2NS) and pre-legislative scrutiny in Parliament. (RH)

From: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134740.pdf

HEALTH CARE

(See 213/59)

HEALTH SERVICES

213/35 Health and Social Care Act 2012: 2012: Chapter 7; by Department of Health - DH. London: TSO, 2012, 473 pp.

The Health and Social Care Act 2012 establishes and makes provision about a National Health Service Commissioning Board and clinical commissioning groups, and makes other provision about the National Health Service (NHS) in England. It also makes provision about: public health in the United Kingdom; regulating health and adult social care services; public involvement in health and social care matters; scrutiny of health matters by local authorities and co-operation between local authorities and commissioners of health care services; and regulating health and social care workers. It establishes and makes provision about: a National Institute for Health and Care Excellence, and a Health and Social Care Information Centre. It makes other provision about information relating to health or social care matters. It abolishes certain public bodies involved in health or social care: Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) in England; the Health Protection Agency; the General Social Care Council; National Information Governance Board for Health and Social Care; the National Patient Safety Agency; the NHS Institute for Innovation and Improvement; and

standing advisory committees. (RH)
From : Weblink at: http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

HOSPITAL CARE

(See 213/29, 213/30)

HOUSING

213/36 Older people's housing: choice, quality of life, and under-occupation; by Jeremy Pannell, Hannah Aldridge, Peter Kenway, New Policy Institute; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.
Findings, May 2012, 4 pp (Ref: 2012).
If an older person is thinking about moving, do they have a wide enough choice of housing> What is the impact on their well-being and quality of life? How far do such moves free up housing for families? This study seeks answers to these questions for England using original analysis of official data, interviews with key players, and a focused literature review. The full report, 'Market assessments of housing options for older people' by Jeremy Pannell, Hannah Aldridge and Peter Kenway, is published by the New Policy Institute. It is available as a free PDF (from http://www.npi.org.uk/files/New%20Policy%20Institute/Market%20Assessment%20of%20Housing%20Options%20for%20Older%20People.pdf). (RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. http://www.jrf.org.uk/publications/older-peoples-housing-choice

213/37 Safe passage of goods and self during residential relocation in later life; by David J Ekerdt, Mark Luborsky, Catherine Lysack.
Ageing and Society, vol 32 part 5, July 2012, pp 833-850.
Older people tend to accentuate their prizing of things and their use of special dispositions to achieve the protection or 'safe passage' of things as they transfer to a new owner. Such efforts on behalf of possessions may also be undertaken to perpetuate the self. This study investigated older people's repertoire of disposition strategies during episodes of house downsizing. Participants included 75 households in the mid-western United States. People told stories about the safe passage of cherished possessions - their initiative to place things, appreciation by new owners, and attempts to project the values or memory of the giver. Large quantities of items were passed via non-specific offers of possessions to others who may volunteer to take them. This allowed people to express satisfaction that their possessions had found appreciative owners. Whole-house downsizing may affirm the self in another way, as conscientious about the care of things. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

213/38 To feel safe in everyday life at home: a study of older adults after home modifications; by Ingela Petersson, Margareta Lilja, Lena Borell.
Ageing and Society, vol 32 part 5, July 2012, pp 791-811.
The aim of this study was to explore aspects contributing to experiences of safety in everyday life for older adults who had received modification services. Qualitative interviews were conducted with eight people. Data were analysed using a comparative approach. Three main categories emanated in the analysis: prerequisites that enable

a feeling of safety, strategies that enable safety in everyday life, and use of and reliance on technology impacts on safety. The findings revealed that to feel safe in everyday life was based on three prerequisites: feeling healthy, having someone to rely on and feeling at home. The fulfilment of these prerequisites further impacted on the participants' strategies for handling problems in everyday life but also on the ability to use and benefit from technology such as home modifications. In conclusion, the findings indicated that interventions provided to increase safety for older adults should primarily be focused on the presence and fulfilment of prerequisites and later on other interventions such as technology. Technology such as home modifications and assistive devices was not found in this study to facilitate the feeling of safety unless supported by the fulfilled prerequisites. Implications of these findings for clinical practice are discussed. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

213/39 Warm homes for older people: a resource for Age Action Alliance members; by NEA - National Energy Action; Age Action Alliance; Department for Energy and Climate Change - DECC. Newcastle upon Tyne: NEA, 2012, 35 PP.
Initially devised by the Department for Work and Pensions (DWP) and Age UK, the Age Action Alliance aims to engage a wide range of partners from civil society, and from the private and public sectors to collaborate in improving older people's lives, particularly on issues relating to deprivation and disadvantage. NEA chairs the Safe, Warm Homes Working Group of the Age Action Alliance. This guide sets out the measures and benefits available to help older people to stay warm in their homes, and to ensure that their health and welfare is not compromised by living in cold, damp housing. Sections on reducing energy costs are supplemented by further information on sources of assistance on energy-related problems. (RH)
Price: Up to 12 copies available on request
From : NEA, Level 6 (Elswick), West 1, Forth Banks, Newcastle upon Tyne NE1 3PA. Email: info@nea.org.uk Website: www.nea.org.uk

HOUSING WITH CARE

213/40 Extra care housing for people with sight loss: lighting and design; by Judith Torrington, Alan Lewis, Thomas Pocklington Trust; School of Architecture, University of Sheffield. London: Thomas Pocklington Trust, 2012, 6 pp (Research findings, no 36).
This publication presents findings from research about the design of extra care housing from the perspective of people with sight loss undertaken by Judith Torrington and Alan Lewis the School of Architecture, University of Sheffield. The study asked 44 people living in 11 extra care housing schemes about their experiences of the buildings they lived in, evaluated their homes, and reviewed data from a previous evaluation of 23 extra care housing schemes. The study produced a new tool for evaluating buildings, EVOLVE (Evaluation of Older People's Living Environments), itself the outcome of research funded by the Engineering and Physical Sciences Research Council (EPSRC). The tool comprises electronic checklists that, when completed, create a new profile of how well a building can support residents. The checklists are designed to be used in a walk-through of a housing scheme. The EVOLVE toolkit is available on the Housing LIN website (at http://www.housinglin.org.uk and search for EVOLVE). (RH)
From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

INCOME AND PERSONAL FINANCE

213/41 A minimum income for healthy living (MIHL) - older New Zealanders; by Jessica O'Sullivan, Toni Ashton.
Ageing and Society, vol 32 part 5, July 2012, pp 747-768.
This study, drawing on a methodology developed by the London School of Hygiene and Tropical Medicine, the 'Minimum Income for Healthy Living (MIHL): Older New Zealanders' investigated the retirement income needs of older New Zealanders living independently in the community. The MIHL was estimated for people living alone, couples, renters and debt-free home owners. Findings revealed that the MIHL estimates were noticeably higher than the universal state pension paid to older New Zealanders. People living alone and those renting their homes were shown to be worse off than couples and debt-free home owners, respectively. The results highlight that many older New Zealanders are living on an income which may not be enough to support a healthy life. This has important implications for the demand for health, residential and social services and questions the level of income needed for healthy retirement. (JL)
ISSN: 0144686X From : http://www.journals.cambridge.org/aso

INEQUALITY AND HUMAN RIGHTS

213/42 Equality Act 2010: banning age discrimination in services, public functions and associations: Government response to the consultation on exceptions; by Government Equalities Office - GEO. London: Government Equalities Office, 2012, 55 pp.
The Government Equalities Office (GEO) claim to have taken a proportionate approach, ensuring that the Equality Act 2010 prohibits only harmful or unjustifiable treatment that results in genuinely unfair discrimination and harassment because of or related to age. The GEO has sought no exceptions in health and social care, so all medical decisions based on age must be objectively justifiable. Financial services, on the other hand, have a blanket exception from the Act, although when age is used in decision making this must be made clear and, if cover is refused, signposts to alternative providers must be given.
The intention is to bring into force the ban on age discrimination in the provision of services and exercise of public functions, and by private clubs and other associations in October 2012, along with related exceptions. Such exceptions include age based concessions, group holidays, immigration, sport, residential park homes, and age verification schemes to control the purchase of age restricted products. This report includes both the new and consultation versions of the Equality Act 2010 (Age Exceptions) Order 2012. (RH)
From : Government Equalities Office, Home Office, 3rd Floor Fry Building, 2 Marsham Street, London SW1P 4DF.
Download at: http://www.cpa.org.uk/cpa/docs/GEO-Equality-Act-2010-exceptions-consultation-response.pdf

INTERGENERATIONAL ISSUES

213/43 Modernisation and filial peity among traditional family care-givers: a study of Arab-Israelis in cultural transition; by Rabia Khalaila, Howard Litwin.
Ageing and Society, vol 32 part 5, July 2012, pp 769-789.
Filial piety refers to the cultural belief, prevalent in traditional societies, that adult children have a moral obligation to care for their ageing parents. The purpose of this

paper was to examine the association of modernisation and filial piety among adult children care-givers of older Arab parents in Israel, and to identify factors that mediate the association. Cross-sectional data were collected in 2006-07 through structured interviews with 250 randomly sampled Arab-Israeli adult child care-givers. Hierarchical regression was then applied to the study variables in the respondents' scores on a culturally relevant filial piety scale. The results revealed a negative correlation between modernisation, as measured by individualistic lifestyle and level of urbanisation, and filial piety scores. The association between individualistic lifestyle and filial piety was partially mediated by perceived care-giver burden. Given the observed trends, programme and policy planners should establish more services that are uniquely suited to the needs of a changing Arab society, in order to provide culturally relevant long-term support for the family network in a period of accelerated modernisation. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

INTERNATIONAL AND COMPARATIVE

(See 213/16, 213/22, 213/24, 213/43, 213/49)

LEARNING DIFFICULTIES

213/44 Perspectives on ageing with a learning disability; by Cathy Ward, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2012, 12 pp (Perspectives).
This paper explores what people with learning disabilities and their families have to say about getting older, their experiences and feelings, and what is most important to them in later life. It forms part of a series of Perspectives commissioned to support the Joseph Rowntree Foundation (JRF) five-year research programme, A Better Life. The programme investigates what will improve quality of life for some of the most marginalised and least heard people in the UK - people with high support needs. (RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/better-life

LONG TERM CONDITIONS

(See 213/45)

MEDICAL ISSUES

(See 213/48)

MENTAL HEALTH

(See Also 213/28, 213/52)

213/45 The effectiveness of a minimal psychological intervention on self-management beliefs and behaviors in depressed chronically ill elderly persons: a randomized controlled trial; by Catherina C M Jonkers, Femke Lamers, Hans Bosma (et al).
International Psychogeriatrics, vol 24, no 2, February 2012, pp 288-297.
Chronically ill patients often develop symptoms of depression. A minimal psychological

intervention (MPI) has been developed to break through the spiral by applying principles of self-management and cognitive behavioural therapy. This Netherlands study examines the effects of the MPI on self-efficacy, anxiety, daily functioning and social participation. A randomised controlled trial compared the MPI with usual care in 361 primary care patients. Nurses visited patients at home over a period of three months. Patients were aged 60 years and older, had minor depression or mild to moderate major depression, and either type 2 diabetes mellitus (DM) or chronic obstructive pulmonary disease (COPD). Outcomes were measured at baseline and at one week, three months, and nine months after the intervention period. At nine months after treatment, the MPI was associated with less anxiety (mean difference 2.5; 95% CI 0.7-4.2) and better self efficacy skills (mean difference 1.8; 95% CI 3.4-0.2), daily functioning (mean difference 1.7; 95% CI 0.6-2.7), and social participation (mean difference 1.3; 95% CI 0.4-2.2). Effect sizes for these outcomes were small to medium (0.29-0.40). Differences were primarily due to a stabilization of outcomes in the intervention group and deterioration in the control group. No major differences were observed between DM and COPD patients. The intervention appears to be reasonably effective in improving care for chronically ill elderly people. We recommend further evaluation of the MPI, including emphasis on detection and watchful waiting. (RH)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

213/46 Effects of home-based stress management training on primary caregivers of elderly people with dementia in South Korea; by Yoon-Ro Lee, Kyu-taik Sung, Yang-E Kim.
Dementia: the international journal of social research and practice, vol 11, no 2, March 2012, pp 171-179.
This South Korean study evaluated home-based stress management training aimed at reducing the physical and psychological vulnerability commonly associated with caring for a dementia sufferer. It used the multiple-method stress management programme developed by Whitney and Rose. In contrast to previous studies this intervention was implemented through individual counselling and took place in the client's own home. Main advantages included the ability to focus more on individual concerns and the counsellor being more involved with the whole family and better able to gain insight into the situation. The study also noted Korean caregivers' strong tendency to provide care for older people with dementia within the family setting. A total of 30 primary caregivers were recruited to the training programme (mean age 51 years, 10 female, 5 male in the intervention group). The programme included: relaxation training, cognitive restructuring, modelling sequence, and systematic problem solving. The stress level for the experimental group was significantly reduced, family relationships improved and satisfaction with life was greater. The practice implications and cultural relevance of this type of training are discussed. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

213/47 Functional disability and psychological well-being in later life: does source of support matter?; by Shiau-Fang Chao.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 236-244.
This study explored the buffering effects of instrumental and emotional support from different sources against the impact of increasing functional disability on depression and life satisfaction. Random effects modelling was utilised with data from a nationwide longitudinal study in Taiwan. A total of 6722 observations from 2856 older adults over

a seven-year period served as subjects of the study. The results suggested that instrumental support from family members and formal organisations as well as emotional support from families, friends and formal organisations was significantly associated with better psychological well-being among older persons in Taiwan. In addition, receiving instrumental support from family members and formal organisations can moderate the linkage between increasing functional disability and depression. The results emphasise the importance of encouraging a partnership between natural helpers and health care professionals. A good integration between formal and informal networks could more effectively meet the needs of frail older adults and their families. This study also calls for more attention to the cultural competence of health care policy and service delivery. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

213/48 Guide to the psychiatry of old age; by David Ames, Edmond Chiu, James Lindsay (et al). Cambridge: Cambridge University Press, 2010, 143 pp.
Published with the endorsement of the International Psychogeriatric Association (IPA), this guide provides a summary of existing knowledge and best practice in geriatric psychiatry, making the subject accessible to generalists, clinicians not medically trained, and even patients and families. The main psychiatric conditions in old age are covered: the dementias; delirium, mood disorders (depression, bipolar disorder and mania); schizophrenia; and neurotic and personality disorders. Also included are discussion of legal and ethical issues, and the neglected topics of alcohol and drug abuse in older people. (RH)
From : Cambridge University Press, The Edinburgh Building, Cambridge, CB2 8RU. http://www.cambridge.org

MENTAL ILLNESS

(See 213/48)

PARTICIPATION

(See 213/53)

PENSIONS AND BENEFITS

213/49 Evaluating the possible impact of pension reforms on future living standards in Europe; by Aaron George Grech, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2012, 19 pp (CASEpaper 161).
Successive reforms enacted since the 1990s have dramatically changed Europe's pensions landscape. This paper tries to assess the impact of recent reforms on the ability of systems to alleviate poverty and maintain living standards, using estimates of pension wealth for a number of hypothetical cases. By focusing on all prospective pension transfers rather than just those at the point of retirement, this approach can provide additional insights on the efficacy of pension systems in the light of increasing longevity. CASE's estimates indicate that while reforms have decreased generosity significantly, in most countries poverty alleviation remains strong. However, moves to

link benefits to contributions have made some systems less progressive, raising adequacy concerns for certain groups. In particular, unless the labour market outcomes of women and of lower-income individuals change substantially over the coming decades, state pension transfers will prove inadequate, particularly in Eastern European countries. Similarly, while the generosity of minimum pensions appears to have either been safeguarded by pension reforms, or improved in some cases, these transfers generally remain inadequate to maintain individuals above the 60% relative poverty threshold throughout retirement. CASE's simulations suggest that the gradual negative impact of price indexation on the relative adequacy of state pensions is becoming even more substantial in view of the lengthening of the time spent in receipt of retirement benefits. (RH)
Price: FOC
From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. http://sticerd.lse.ac.uk/case

PERSONALISATION

213/50 Personalisation and carers: whose rights? whose benefits?; by Nicola Moran, Hilary Arksey, Caroline Glendinning ... (et al).
British Journal of Social Work, vol 42, no 3, April 2012, pp 461-479.
Increasing numbers of developed welfare states now operate cash-for-care schemes in which service users are offered cash payments in place of traditional social services. However such schemes raise concerns about the extent to which they include and support carers. This study investigated the use of a cash-for-care initiative piloted in England in 2005 to 2007 - the Individual Budgets (IBs) pilot projects. Qualitative interviews were held with IB lead officers, carers' lead officers and carers of IB holders. Analyses were then undertaken of interviews with carers of IB holders and carers of people in receipt of conventional social care services. Findings revealed that, despite their primary aim of increasing choice and control for the service user, IBs had a positive impact on carers of IB holders. The authors conclude that the findings were important in that they have implications for the widespread roll-out of Personal Budgets in England, and may also provide lessons about policies aimed at promoting choice and control by disabled and older people. (JL)
ISSN: 00453102
From : http://bjsw.oxfordjournals.org

QUALITY OF LIFE

(See 213/12)

RELATIONSHIPS (PERSONAL)

213/51 Promotion of self-management in friendship; by Camille M S Martina, Nan L Stevens, Gerben J Westerhof.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 245-254.
This study examined changes in self management abilities among women in a friendship enrichment programme. The study was based on the theory of self management of well-being which identifies relevant self-management skills as self-efficacy, taking initiative, investment behaviour and attaining variety in resources. An intervention group and a control group were studied at a baseline, three months and

nine months later. Results indicate that the programme was effective in stimulating two of the four self-management abilities. Compared to the control group, participants in the intervention showed greater increases in initiative taking and more investment behaviour in friendship. There was no change in self-efficacy or variety in friendship. The authors conclude that older adult women were able to improve some self-management abilities in friendship after participating in this programme. Important goals for future studies were to improve the measurement of self-efficacy and relate improvement in self-management to subjective well-being. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

213/52 Spousal relationships in which one partner has early cognitive problems; by Helena M Prakke.
Dementia: the international journal of social research and practice, vol 11, no 2, March 2012, pp 199-215.
The purpose of this literature review was to provide an overview of research on the lived experiences of older married couples in which one partner had early cognitive problems. Nineteen core studies were identified. It appeared that couples first experienced forgetfulness as something normal for old age. However if symptoms became too great the couples would go and search for meaning. Through medical assessment the affected spouse would be diagnosed as either non-demented or demented. Both situations were experienced as hard and worrisome. Even if diagnosed with non-dementia, the couple remained confused about what was going on and how to anticipate the future. In spite of the enormous impact of early cognitive problems on the relationship, both partners still seemed able to contribute to the quality of it and had few reciprocity issues. How couples differ and what this means for the experience of early cognitive problems remains largely unexplored. No prospective research was found about spousal couples living with cognitive problems before assessment and diagnosis. Studies that looked at this period generally did so retrospectively and paid little attention to the individuality of the relationship. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

RELIGION AND SPIRITUALITY

(See 213/18)

RESIDENTIAL AND NURSING HOME CARE

(See Also 213/29, 213/30)

213/53 Training nursing home residents to serve as group activity leaders: lessons learned and preliminary results from the RAP project; by Michael J Skrajner, Jessica L Haberman, Cameron J Camp ... (et al).
Dementia: the international journal of social research and practice, vol 11, no 2, March 2012, pp 263-274.
This study aimed (1): to determine whether nursing home residents from several different long-term care facilities could effectively lead group activities; (2): to expand the number of activities available to residents by including a new type of activity for patients with more advanced dementia; and (3) to examine the amount of staff

assistance needed by Resident-Assisted Programming (RAP) leaders. Data were collected from four facilities in the Cleveland area. Residents in these long-term care facilities were trained to fill the role of group activity leaders using a RAP training regime. RAP training enabled residents across a wide range of mental status levels to fill the role of group leaders for persons with dementia in two Montessori-based activities and in an activity which focused on persons with more advanced dementia, based on the work of Jitka Zgola. Resident characteristics linked with successful leadership were identified. The results demonstrate that long-term care residents are capable of leading a variety of group activities for persons with dementia, which increases the number of individuals available for leading activities within programmes and facilities providing care for persons with dementia. The scheme also provides the opportunity for RAP leaders to fulfil meaningful social roles in these facilities. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

RURAL ISSUES

(See 213/54)

SEXUALITY

213/54 Gay and Pleasant Land?: exploring sexuality, ageing and rurality in a multi-method, performative project; by Lee-Ann Fenge, Kip Jones.
British Journal of Social Work, vol 42, no 2, March 2012, pp 300-317.
Little is known about the experience of living in a rural community as an older lesbian or gay man. This paper considers how issues such as social exclusion and discrimination may impact upon older lesbians and gay men living in rural communities. It presents a discussion of a research project that is taking place as one part of the New Dynamics of Ageing Programme. The Gay and Pleasant Land? project is a multi-method project aiming to explore sexuality, ageing and rurality in the south-west of England and Wales. This paper considers the challenges of attempting to elicit the views and experiences of marginalised groups of older people using a range of different methods. The methods used in the project include visual ethnography, focus groups and interviews using the Biographic Narrative Interpretive Method (BNIM). The findings of the project are being used in the development and production of a short, professionally made film. It is envisaged that this film will be used as a dissemination tool. Performative Social Science methods and its philosophical grounding in Relational Aesthetics have formed the bedrock of the project and are fundamental to its participatory approach. Implications for research with marginalised groups in rural communities are discussed, alongside a consideration of multi-methods and the use of tools from within social work research. (JL)
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213/55 Perspectives on ageing: lesbians, gay men and bisexuals; by Sally Knocker, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2012, 12 pp (Perspectives).
This paper explores the views of a wide range of older lesbian, gay and bisexual people. their experiences of getting older, and expectations of support services. It forms part of a series of Perspectives commissioned to support the Joseph Rowntree Foundation

(JRF) five-year research programme, A Better Life. The programme investigates what will improve quality of life for some of the most marginalised and least heard people in the UK - people with high support needs. (RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/better-life

SOCIAL CARE

(See Also 213/33, 213/34, 213/35)

213/56 Care in crisis: seven building blocks for reform; by Age UK. London: Age UK, [January 2012], 25 pp.
The current adult social care system in England is in financial crisis and needs urgent lasting reform. Many of those who need help and support are being let down by a system that is faltering, while others find themselves having to sell their homes in order to pay for the support they need. This campaign document presents individual case studies and points to a need that social care should be able to agree with seven statements. First, I receive the care and support I need and there's no chance I'll be left without it. Second, I receive high quality care and support. Third, the care and support I receive enables me to live safely and with self-respect. Fourth, I am able to plan in advance before I need care. Fifth, I am able to pay for my care in a fair and transparent way. Sixth, I find the system clear and easy to understand. Lastly, if I have a family member or friend who acts as a carer they have the support they need and are not expected to sacrifice health, career, social life or future economic security. (RH)
From : Age UK, Tavis House, 1-6 Tavistock Square, London WC1H 9NA. www.ageuk.org.uk

213/57 Caring for our future: progress report on funding reform: presented to Parliament by the Secretary of State for Health; by Department of Health - DH. London: TSO, July 2012, 40 pp (Cm 8381).
This is one of two documents published concurrently with the Coalition Government's White Paper, 'Caring for our future: reforming care and support' (Cm 8378). It follows up recommendations in the report 'Fairer care funding' made by the Commission on Funding of Care and Support, chaired by Andrew Dilnot (July 2011). This progress report considers the need for funding reform, and the Commission's case for change. It presents stakeholders' views from consultations (15 September to 2 December 2011), which support the idea of a capped cost scheme and universal deferred payments, also the importance of ensuring an adequately funded system. It examines the Commission's recommendations and how the Government is responding,namely: agreeing to a capped cost scheme and extended means test; additional resources for care and support; and universal deferred payments for residential care. It concludes that while committing to a national minimum eligibility threshold from April 2015, the Government is unable to introduce the new system in the current economic climate. (RH)
Price: £16.00
From : TSO, PO Box 29, Norwich NR3 1GN.
Download: http://www.dh.gov.uk/health/files/2012/07/2900021-Progress-Report_Accessible-11.07.2012-v2.pdf

213/58 Caring for our future: reforming care and support: presented to Parliament by the Secretary of State for Health; by Department of Health - DH. London: TSO, 2012, 68 pp (Cm 8378).

The Coalition Government presents a social care White Paper, which states that "the need for care and support is not restricted to a particular age group or to particular conditions". It is thus aimed at all adults, of every age, gender, ethnicity, religion and sexuality. The White Paper has two core primciples, the first being that individuals, communities and Government should do everything possible to prevent, postpone and minimise people's need for formal care and support, by promoting independence and well-being. The second principle is that people should be in control of their own care and support, with personal budgets and direct payments, backed by clear information and advice. Themes covered in the White Paper include: strengthening support within communities; housing; better information and advice; assessment, eligibility and portability for people who use care services; carers' support; defining high-quality care; improving quality; keeping people safe; a better local care market; workforce; personalised care and support; and integration and joined-up care. These proposals cover England only. Also published at the same time are 'Caring for our future: progress report on funding reform', and a Draft Care and Support Bill, the aim of which is to overhaul social care legislation of the last 60 years. (RH)

Price: £16.00

From : TSO, PO Box 29, Norwich NR3 1GN.

Download: http://www.dh.gov.uk/health/files/2012/07/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf

STATISTICS

213/59 The Scottish health survey 2010: Volume 1: Main report; by Catherine Bromley, Joan Corbett, Julie Day (et al), Scottish Government; Scottish Centre for Social Research; Medical Research Council - MRC, Social and Public Health Sciences Unit. Edinburgh: Scottish Government, 2010, 2 vols.

This is the sixth of a series of surveys aimed at monitoring health in Scotland. It was commissioned by the Scottish Government Health Directorates, and produced by a collaboration between the Scottish Centre for Social Research, the MRC Social and Public Health Sciences Unit based in Glasgow, and the Department of Epidemiology and Public Health at University College London (UCL). The survey is based on interviews with more than 9000 adults and children each year. Previous surveys were undertaken in 1995, 1998 and 2003. From 2008, they will be continuous until 2011. Volume 1 (Main report) presents results for the topics listed: general health and mental wellbeing; dental health; alcohol consumption; smoking; fruit and vegetable consumption; physical activity; obesity; respiratory health; cardiovascular disease diagnoses and symptoms; and multiple risks. Volume 2 (Technical report) provides methodological information and survey documentation. Both volumes are available from the website (www.scotland.gov.uk/scottishhealthsurvey). (RH)

Price: £25.00

From : BookSource, 50 Cambuslang Road, Cambuslang Investment Park, Glasgow G32 8NB.

WELL-BEING

(See Also 213/41, 213/47)

213/60 New frontiers in resilient aging: life-strengths and well-being in later life; by Prem S Fry, Correy L M Keyes (eds). Cambridge: Cambridge University Press, 2010, 365 pp.
A typically pessimistic view of ageing is that it leads to a steady decline in physical and mental abilities. Some leading gerontologists and geriatric researchers explore older people's [potential to overcome the challenges of old age and to pursue active lives. The contributors believe that the idea of resilience diminishing with age is a misconception. They argue that individuals may successfully capitalise on their existing resources, skills and cognitive processes in order to achieve new learning, continuing growth, and enhanced life-satisfaction. By identifying useful psychological resources such as social connectedness, personal engagement and commitment, openness to new experiences, social support and sustained cognitive activity, the authors present a balanced picture of resilient ageing. While coping with adversity and losses, older people can be helped to maintain a focus on psychological strengths, positive emotions, and regenerative capacities to achieve continued growth and healthy longevity. Thus, the common conception of aging as 'decline' is dispelled, and is replaced with a vision of ageing as a period of continual growth and enrichment. (RH)
Price: £68.00
From : Cambridge University Press, The Edinburgh Building, Cambridge, CB2 8RU. http://www.cambridge.org

213/61 Rasch analysis of the International Well-being Index in older adults; by Maria Joao Forjaza1a, Alba Ayala, Carmen Rodriguez-Blazquez (et al), Spanish Research Group on Quality of Life and Ageing.
International Psychogeriatrics, vol 24, no 2, February 2012, pp 324-332.
The International Wellbeing Index (IWI) is a measure of general quality of life formed by two scales: the Personal Wellbeing Index (PWI) and the National Wellbeing Index (NWI). This paper studies the psychometric properties of the PWI and NWI, using Rasch analysis and classic psychometric methods. The PWI and NWI were applied to a representative sample of 1106 community-dwelling adults, aged 60 years and over, residing in Spain. Mean ± standard deviation age was 72.07 ± 7.83 years and 56.3% were women. Five PWI items (achieving in life, relationships, safety, community connectedness, and future security), and five NWI items (economic situation, state of environment, social conditions, business, and national security of the country) fitted the Rasch model. After adjusting the response scale format, satisfactory fit was obtained, with good reliability (person separation index of 0.91 for both the PSI and NWI), local independency of items, and strict unidimensionality. The measures showed adequate external construct validity with related measures. The PWI and the NWI, with fewer items and simpler response scale formats, provided valid and reliable linear measures in older adults, according to Rasch and classic psychometric analyses. (RH)
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213/62 Subjective well-being amongst community-dwelling elders: what determines satisfaction with life?: findings from the Dublin Healthy Aging Study; by Aime M Ni Mhaolain, Damien Gallagher, Henry O'Connell (et al).

International Psychogeriatrics, vol 24, no 2, February 2012, pp 316-323.

Life satisfaction is a subjective expression of well-being and successful aging. Subjective well-being is a major determinant of health outcomes in older people. This study aimed to determine which factors predicted well-being in older people living in the community as measured by their satisfaction with life. The relationship between life satisfaction, as measured by the Life Satisfaction Index (LSI-A) and physical, cognitive and demographic variables was examined in 466 older Irish people living in the community in Dublin using a stepwise regression model. Depression, loneliness, neuroticism, extraversion, recent participation in physical activity, age and self-reported exhaustion, were the independent predictors of life satisfaction in our elderly cohort. Subjective well-being, as measured by the Life Satisfaction Scale, is predicted by depression, loneliness, personality traits, recent participation in physical activity and self-reported exhaustion. The mental and emotional status of older individuals, as well as their engagement in physical activity, are as important as physical functionality when it comes to life satisfaction as a measure of well-being and successful ageing. These areas represent key targets for intervention. (RH)

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

213/63 Understanding well-being in the oldest old; by Leonard W Poon, Jiska Cohen-Mansfield (eds). New York: Cambridge University Press, 2011, 392 pp.

The oldest 0ld (age 85 years and older) constitutes a rapidly growing segment of the population, and which tends to suffer increasing physical and cognitive decline. This book is the outcome of a 4-day workshop attended by American and Israeli scientists, and funded by the US-Israel Binational Science Foundation. The 19 papers are arranged in four parts, the first being on theory and research on well-being. The three papers in Part 2 look at trauma and the impact of life events, such as the Holocaust. Part 3 considers a range of themes: nutrition, social relationships, spirituality and religiosity, and leisure activities. Part 4 looks at the measurement of well-being. (RH)

Price: $36.00

From : Cambridge University Press, The Edinburgh Building, Cambridge, CB2 8RU. http://www.cambridge.org