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New Literature on Old Age

EDITOR
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Contents for vol 36 no 214, 2012

Continued...

Subject Headings Page

ABUSE

214/1 Promoting excellence in all care homes [PEACH] (025/0056): a report for the Department of Health and Comic Relief; by Win Tadd, Robert Woods, Martin O'Neill (et al), PANICOA, Preventing Abuse and Neglect in Institutional Care of Older Adults; Cardiff University; Bangor University. Revised draft: PANICOA, Preventing Abuse and Neglect in Institutional Care of Older Adults, September 2011, 224 pp.

PANICOA, Preventing Abuse and Neglect in Institutional Care of Older Adults is a research initiative to enhance dignity in care homes and hospitals, which is jointly funded by the Department of Health (DH) and Comic Relief. It follows on from the 2005 national prevalence study of the abuse and neglect of older people living in the community. This Promoting excellence in all care homes (PEACH) study aimed to explore the needs, knowledge and practices of the care home workforce in relation to abuse, neglect and loss of dignity. This draft report comprises a qualitative study, in the course of which dissatisfaction with both the content and delivery of much existing training was identified by staff, residents and relatives. Topics thought to be inadequately covered by current training included dignity, respectful communication, responding appropriately to the needs of people with dementia, and end of life care. The report also includes preliminary evaluation of an evidence-based training package based on the study's findings. (RH)

From : http://www.panicoa.org.uk/studies

ACTIVE AGEING

214/2 Gardening and the social engagement of older people; by Sharon Middling, Jan Bailey, Sian Maslin-Prothero, Thomas Scharf.

Working with Older People, vol 15, no 3, 2011, pp 112-122.

The Community Action in Later Life - Manchester Engagement (CALL_ME) project promotes independence and social engagement among older people in disadvantaged communities. This paper identifies ways in which community action can enhance the quality of life of older residents and reports specifically on four community gardening initiatives in Manchester. The paper presents evidence of how older people can be actively engaged in community projects. It explores the benefits of involvement including enhanced well-being, increased socialisation, learning and empowerment. The challenges faced by the initiative include maintaining interest, recruiting new members and needing external support. The paper discusses how gardening initiatives can involve and benefit older people and the wider community and the value of an action oriented approach in disadvantaged communities. Recommendations regarding the sustainability of such projects are made by providing education and training to enhance participants' skills. (JL)

ISSN: 13663666

From : http://www.emeraldinsight.com/products/journals/journals.htm?id=wwop

AGEING (GENERAL)

214/3 Examining the aging process through the stress-coping framework: application to driving cessation in later life; by Moon Choi, Kathryn Betts Adams, Briana Mezuk.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 75-83.

The ageing process is marked by a series of transitions that influence multiple domains of well-being. One important transition for older adults is the process of driving

cessation. Recent research has focused on the consequences of driving cessation in later life for health and well-being. However, these reports have been largely empirical and are not drawn from a defined conceptual framework. Establishing a theoretical model of how driving cessation interacts with other processes and domains of aging will promote synthesis of seemingly disparate findings and also link the empirical research on cessation to the broader field of gerontology. This article describes a conceptual model for articulating and examining the components of the driving cessation process based on the stress-coping paradigm. This model situates driving cessation within the context of exogenous stressors, individual vulnerabilities and coping strategies, and environmental hazards and buffers over the lifespan. This model could assist in guiding intervention strategies aimed at reducing premature driving cessation in older drivers with ameliorable impairments while assisting at-risk older drivers to reduce or stop driving in a less stressful way. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

ANXIETY

214/4 Assessment of anxiety in older adults: a systematic review of communly used measures; by Zoe Therrien, John Hunsley.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 1-16.
This article set out to systematically review the research literature in order to identify anxiety measures most commonly used in the assessment of older adults. Once identified, the literature was reviewed to determine the extent to which these instruments had age-relevant norms and psychometric data supporting their use with older adults. After screening for suitability, 213 articles were reviewed to determine the most commonly used anxiety measures with older adults to examine the psychometric properties of these instruments and to evaluate whether the instruments were appropriate for use with older adults. 91 different anxiety measures were used in the articles concerned. Twelve anxiety measures were most commonly used in the literature and of those three were specifically developed for older adults. Of the most commonly used measures, the majority lacked sufficient evidence to warrant their use with older adults. Based on psychometric evidence, three measures (Beck Anxiety Inventory, Penn State Worry Questionnaire, and Geriatric Mental Status Examination) showed psychometric properties sufficient to justify the use of these instruments when assessing anxiety in older adults. In addition, two measures developed specifically for older adults (Worry Scale and Geriatric Anxiety Inventory) were also found to be appropriate for use with older adults. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

ASSISTIVE TECHNOLOGY

214/5 Assistive technology: a practical guide to assistive technology in the home; by Ros Levenson, Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2011, 15 pp (Good practice guide, 6).
This good practice guide uses recent research funded by the Thomas Pocklington Trust to examine how assistive technology may be used to support people with sight loss to manage the home and work surroundings more effectively and to live more independently. Case studies illustrate the ways in which people use assistive technology

gadgets and equipment. The content and style of this publication has been informed by the experiences of Pocklington's service users and staff. (RH)
From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN.
www.pocklington-trust.org.uk

BEREAVEMENT

214/6 Late-life bereavement and complicated grief: a proposed comprehensive framework; by Shruti N Shah, Suzanne Meeks.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 39-56.
Following a bereavement, some older adults experience grief reactions that are considered to be difficult or complicated in terms of duration and emotional intensity. The recent proposal to include the construct of complicated grief (CG) as a diagnostic category for the upcoming Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V) has resulted in a proliferation of research on CG. The aim of this review is to critically examine the construct validity in light of a proposed conceptual framework that considers pre-loss conditions in the prediction of late-life grief outcomes, and to determine the degree to which research supports the inclusion of CG as a valid standardised diagnostic entity. The review critically examines current bereavement and grief models, exploring discriminant and convergent validity between CG and uncomplicated grief and other psychopathological constructs in terms of symptom intensity, symptom trajectories, bereavement outcomes, and treatment response. The findings show mixed support for differentiating CG from other outcomes of bereavement. They also emphasise the importance of considering pre-bereavement circumstances, such as pre-existing depression, in the conceptualisation of broader bereavement outcome. A comprehensive framework that emphasises pre-bereavement circumstances is proposed in order to better predict various grief trajectories and outcomes of late-life loss. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

214/7 Older adults' response to the loss of a spouse: the function of spirituality in understanding the grieving process; by Thecla Damianakis, Elsa Marziali.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 57-66.
The objective of this study was to examine the role of spirituality in helping older adults grieve the loss of a spouse in the context of a model of group psychotherapy. 24 older adults, ranging in age from 65 to 82, whose spouses had died in the previous year, were assigned, in groups of six, to a 14-week group therapy intervention facilitated by trained, experienced co-therapist social workers. All sessions were audio recorded. Qualitative analysis of the four therapy groups at beginning, middle and ending sessions yielded salient themes that illustrate associations between spirituality and shifts in self-identity, mourning the loss and social re-engagement. Observed were within process acknowledgement of the role played by spiritual beliefs in mourning the loss of a spouse. Implications for group intervention for older adults grieving the loss of a spouse are discussed. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

CARERS AND CARING

(See Also 214/1, 214/10, 214/11, 214/22)

214/8 Can we move beyond burden and burnout to support the health and wellness of family caregivers to persons with dementia?: evidence from British Columbia, Canada; by Meredith B Lilly, Carole A Robinson, Susan Holtzman, Joan L Bottorff.
Health and Social Care in the Community, vol 20, no 1, January 2012, pp 103-112.
Policy in Canada and elsewhere encourages older adults to age at home. However there is recognition that this has had negative consequences for family members who care for them. This paper outlines findings of a qualitative study investigating the health support needs of family caregivers to persons with dementia, and how health policy decisions and practices influence these needs and resources. Focus groups were conducted in 2010 with 23 caregivers and the health professionals who supported them in three communities in British Columbia. Thematic analysis revealed two overarching themes: forgotten: abandoned to care alone and indefinitely, and unrealistic expectations for caregiver self-care. The article concludes that the sociopolitical context giving rise to negative consequences for caregivers to individuals with dementia has not improved. New expectations upon caregivers to engage in self-care without adequate support serve to amplify caregivers' experience of burden. The Canadian homecare policy context prevents caregivers from successfully addressing their health and wellbeing by embedding incentives to declare burnout as their only means of receiving support. A fundamental re-orientation towards caregivers and caregiver support is necessary, beginning with viewing caregivers as a critical human resource in a system that depends on their contributions in order to function. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

DEATH AND DYING

(See 214/7)

DEMENTIA

(See Also 214/8, 214/22, 214/53, 214/54, 214/55, 214/56, 214/59, 214/61, 214/65, 214/66)

214/9 Dementia 2012: a national challenge; by Louise Lakey, Karishma Chandaria, Chris Quince (et al), Alzheimer's Society. London: Alzheimer's Society, 2012, 62 pp.
There are now some 800,000 people with dementia in the UK; and there are estimated to be 670.000 family and friends acting as primary carers. 'Dementia 2012' is the first in a series of annual reports, and describes how well people are living with dementia in England, Wales and Northern Ireland. It describes and makes recommendations on six quality of life outcomes of care that are important to older people and people living with dementia: personal choice and control or influence over decisions; services that are designed around an individual's needs; social networks and peer support; enough information and advice to make decisions about managing as the dementia progresses; living in an enabling and supportive environment; and having a sense of belonging and of being a valued part of family, community and civic life. The report uses the findings of a survey conducted by YouGov in December 2011 and other research, complemented

by case studies to illustrate each outcome. (RH)
From : Alzheimer's Society, Devon House, 58 St Katharine's Way, London E1W 1JX. Website: www.alzheimers.org.uk/dementia2012

214/10 The dementia social care workforce in England: secondary analysis of a national workforce dataset; by Shereen Hussein, Jill Manthorpe.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 110-118.
Little is known about the social care workforce supporting people with dementia in England. This article seeks to compare the characteristics of people employed in the social care sector supporting people with dementia with other members of the social care workforce. It reports on the secondary analysis of a new national workforce dataset from England covering social care employees. Secondary analysis of this dataset was undertaken using 457,031 unique workers' records. There are some important differences between the dementia care workforce and other parts of the social care workforce in respect of the dementia care workforce being more likely to be female, to work part-time, to be employed by agencies and to be less qualified. Many work for medium-sized care businesses and in people's own homes. The findings are set in the context of efforts to increase training and skills. Knowledge of the social care workforce is relevant to care quality and should be borne in mind when planning interventions and commissioning services. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

214/11 Person-centred dementia care: problems and possibilities; by Elaine Argyle.
Working with Older People, vol 16, no 2, 2012, pp 69-77.
The implementation and efficacy of person centred approaches in dementia care is difficult to measure and there are still huge variations in working practices. In order to address these issues the procedure of dementia care mapping has been developed, which aims to assess the wellbeing of people with dementia and other vulnerable groups through the observation of communal activities. This article assesses the implementation of a person centred approach with a group of care home residents. All were female and their ages ranged from 77 to 92. Findings suggest that while participants potentially experienced many benefits from person centred approaches and the social engagement and integration that derived from this, its efficacy and impact was undermined by contextual factors such as staff shortages. The author concludes that practice should transcend its focus on the promotion of individual wellbeing and address the wider group and social contexts which can facilitate or prevent its fulfilment. (JL)
ISSN: 13663666
From : http://www.emeraldinsight.com/products/journals/journals.htm?id=wwop

214/12 Perspectives on ageing with dementia; by Dot Weaks, Heather Wilkinson, Agnes Houston (et al), Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2012, 16 pp (Perspectives).
This paper explores the formation, development, challenges and benefits of nearly ten years of the Scottish Dementia Working Group, through the view and experiences of people living with dementia. 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

214/13 A population-based study on dementia and stroke in 97 year olds; by Mats Andersson, Xinxin Guo, Anne Borjesson-Hanson ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 529-533.
The number of nonagenarians continues to increase dramatically worldwide. The aim of the present study was to examine the prevalence of stroke/transient ischaemic attack (TIA) and dementia, their inter-relationship and their relation to two-year mortality and intitutionalisation in 97-year-olds. A population-based sample of this age group was examined. Information on stroke/TIA was obtained from self-reports, key informants and hospital discharge registers. Dementia was diagnosed according to DSM-III-R criteria. The response rate was 65%. The prevalence of dementia was 32.7% in men and 59.3% in women. The prevalence of stroke/TIA was 21.5% (17.8% in men, 22.3% in women). Stroke/TIA was related to dementia in women but not in men. Dementia, but not stroke/TIA, was related to two-year mortality and institutionalisation in logistic regression models. These figures show that dementia was very common in this age group, and related to mortality and institutionalisation. Stroke/TIA in 97 year olds showed less association with dementia, mortality and institutionalisation than reported in studies of younger populations. The finding that stroke was not associated with dementia in men needs to be taken cautiously due to the small number of men. The findings also emphasise that more studies are needed to scrutinise the aetiology of dementia in nonagenarians. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

214/14 Preparedness for Alzheimer's disease and its determinants among laypersons in Israel; by Perla Werner.
International Psychogeriatrics, vol 24, no 2, February 2012, pp 205-211.
Despite the increasing prevalence of Alzheimer's disease (AD), very few studies have examined advanced preparation for the possibility of becoming sick with AD, and these few studies indicate a general lack of preparation. Based on a national representative sample of 632 younger and older Israeli laypeople, this study aimed to expand knowledge regarding preparedness for AD. Participants were interviewed by telephone to assess their preparedness for AD, beliefs related to AD in terms of vulnerability, worry, fear, and perceptions about the importance of planning for the future, and their perceived knowledge of AD. Low levels of preparation for AD were reported, especially among younger participants. Multivariate analyses indicated that for both older and younger participants, taking actual steps to prepare oneself for AD was significantly associated with a general sense of preparedness, and that a general sense of preparedness was associated with perceptions regarding the importance of planning for the future. For older participants, a general sense of preparedness was also associated with greater knowledge of AD. Findings indicate that Israeli laypersons are not preparing for AD, and that attitudes and beliefs play an important role in this preparation. Thus, measures should be taken to emphasize the importance of planning for the future contingency of AD and to expand people's knowledge regarding the disease. (RH)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

214/15 Prime Minister's challenge on dementia: delivering major improvements in dementia care and research by 2015; by Older People and Dementia Team, Department of Health - DH;
Prime Minister. London: Department of Health, 2012, 25 pp (Gateway ref: 17302).
'Living well with dementia - a national dementia strategy (2009), one of the first strategies of its kind, set the standard for improving the lives of people with dementia, for their families and their carers, through raising awareness, encouraging earlier diagnosis and providing high-quality treatment and care. While progress has been made in the past three years, the present document sets out how the quality of life for people living with dementia, their families and carers could be radically improved in the next three years. The focus is on three key areas: driving improvements in health and care; creating dementia-friendly communities that understand how to help; and better research. Case studies illustrate how the 14 commitments listed in the document could be achieved. Three "champion groups" comprising co-chairs and 10-15 members drawn from key sectors, including health and social care, industry and the third sector will report on progress in these key areas to the Prime Minister through Department of Health (DH) ministers. An annex sets out a list of actions, for example, increased diagnosis rates through existing checks for over 65s. (RH)
From : DH Publications Orderline, PO Box 777, London SE1 6XH. Email: dh@prolog.uk.com Tel: 0300 123 1002.
Download: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133176.pdf

214/16 Relatedness among people diagnosed with dementia: social cognition and the possibility of friendship; by Steven R Sabat, Joanna M Lee.
Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 315-327.
The social relatedness of people in the moderate stage of dementia is explored. The authors report on the ways in which people diagnosed with dementia attending an adult day centre in the US developed patterns of what appeared outwardly to be positive social interaction and sustained and supportive communication. They go on to explore the possible meaning of this for the social lives of dementia sufferers in other settings such as long term care. The observations were made over a four month period. Mutually desired, independently initiated, supportive social relationships were observed revealing meaning-driven behaviour that would not have been predicted by the criteria that contributed to their diagnosis. Losses in social functioning described in the clinical diagnosis of dementia appear to be caused more by social dynamics involving healthy others than by brain injury alone. Implications for the non-pharmacological treatment of people with dementia are explored and discussed within the context of positive person. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

214/17 There's no apprenticeship for Alzheimer's: the caring relationship when an older person experiencing dementia falls; by Anne McIntyre, Frances Reynolds.
Ageing and Society, vol 32 part 5, July 2012, pp 873-896.
Older people experiencing dementia are twice as likely to fall, resulting in serious injury, reduction in everyday activity and admission to long-term care. Carer burden also increases when a care recipient falls. This study investigated the experiences of falling

of community-living older people with dementia and their carers. Participants included nine older people with Alzheimer's disease and their ten carers recruited from a large mental health National Health Service trust. The antecedents, falls events and consequences of falls were discussed. Findings revealed three themes: 'learning as you go', 'we're always together', 'nobody was interested'. The findings demonstrated how falling accentuates the impact of dementia on the dyad. Spouse-carers' discussion of their own falls highlighted the need for joint assessment of health and well-being to reduce carer burden and preserve the 'couplehood' of the dyad. Implications for practice are discussed. (JL)
ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

DEPRESSION

(See Also 214/44)

214/18 Association between obesity and depression: evidence from a longitudinal sample of the elderly in Taiwan; by Hung-Hao Chang, Steven T Yen.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 173-180.
Obesity has been identified as a worldwide epidemic. In Taiwan the highest prevalence of obesity is observed in adults aged 65 and above. This article investigates the effects of body weight status on the likelihood of depression among older adults in Taiwan. A longitudinal sample of older persons (1351 males and 1165 females) interviewed in both the 1999 and 2003 Surveys of Health and Living Status of the Elderly in Taiwan was used. A random effect logit model was estimated to examine the effects of body weight status, lifestyle and socio-demographic characteristics on the likelihood of depression. Findings showed that about 10.4% of older men were overweight and 13.4% were obese in 2003. A higher prevalence of obesity was found among older women, with 19.3% being overweight and 26.4% obese. Older men who were underweight were more likely to be depressed than those from other weight categories, while overweight and obese women were less likely to be depressed than their counterparts with normal weight. In contrast to most findings for Western countries, a negative association between obesity and depression among older persons is evident in Taiwan. The different findings between Western and Asian countries may be due to cultural differences. Unlike Western countries that attach a stigma to being excessively overweight, the phenomenon in Chinese society is not a symbol of poor health because only the wealthy can afford to eat more and put on more weight. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

214/19 Depression and body composition among older adults; by Briana Mezuk, Sherita Hill Golden, William W Eaton, Hochang Ben Lee.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 167-172.
The objective of this study was to explore the relationship between depression and body composition among older adults. Data were from a case-cohort study of adults aged 60 and older nested within the Baltimore Epidemiologic Catchment Area (ECA) Study. Lifetime depression syndrome was assessed using the Diagnostic Interview Schedule (DIS). Body composition (total and central lean and fat mass) was assessed by dual-energy x-ray absorptiometry (DEXA). The association between depression and body composition was evaluated using linear regression with bootstrap standard errors.

Overall, there was no association between depression and total fat or total lean body mass. Among women, depression was associated with reduced central fat and lean mass adjusting for age, race, smoking status and physical activity. Depression was unrelated to total or central fat or lean mass among men. The study concludes that depression is associated with significantly lower central fat and lean mass among older women. These findings are consistent with the hypothesis that depression and frailty are interrelated in later life, particularly among women. (JL)
ISSN: 13607863
<u>From</u> : http://www.informaworld.com/CAMH

214/20 Effects of a stepped-care intervention programme among older subjects who screened positive for depressive symptoms in general practice: the PROMODE randomised controlled trial; by Gerda M van der Weele, Margot W M de Waal, Wilbert B van den Hout ... (et al).
Age and Ageing, vol <u>41</u>, no 4, July 2012, pp 482-488.
This Dutch study aimed to determine the cost-effectiveness of a stepped-care intervention programme among subjects aged 75 years or over who screened positive for depressive symptoms in general practice. Programme design consisted of a cluster-randomised controlled trial with12-month follow-up. 239 study participants screened positive for untreated depressive symptoms. Usual care was then compared with the stepped-care intervention consisting of three steps: individual counselling, Coping with Depression course and - if indicated - referral back to general practitioner to discuss further treatment. Measurements included severity of depressive symptoms using the Montgomery-Åsberg Depression Rating Scale (MADRS), quality of life, mortality and costs. Study results showed that at baseline subjects mostly were mildly or moderately depressed. At six months MADRS scores had improved more in the usual care than the intervention group but not at 12 months. No significant differences were found within two separate age groups (75-79 years and 80 years or over). In intervention practices, 83% accepted referral to the stepped-care programme, and 19% accepted course participation. The control group appeared to have received more psychological care. Among older subjects who screened positive for depressive symptoms, an offered stepped-care intervention programme was not cost-effective compared with usual care, possibly due to a low uptake of the course offer. (JL)
ISSN: 00020729
<u>From</u> : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

214/21 Identification and recognition of depression in community care assessments: impact of a national policy in England; by Paul Clarkson, Michele Abendstern, Caroline Sutcliffe (et al).
International Psychogeriatrics, vol <u>24</u>, no 2, February 2012, pp 261-269.
Depression continues to be under-recognized in older people; and most policies addressing this issue focus on the primary health care team. However, recognition may be improved by use of assessment tools and collaboration between secondary health and social care, particularly at the assessment stage. This PSSRU, University of Manchester study aimed to evaluate whether the Single Assessment Process (SAP), introduced in England from April 2004, promoting such processes, improved the identification and correct recognition of depression by enhancing the content of statutory community care assessments by social services care managers. An observational study compared depression identification and its accuracy ("correct

recognition") in samples of older people before and after SAP introduction. Participants were interviewed using standardized measures including the Geriatric Depression Scale (GDS). Depression elicited from the GDS was compared with that recorded in community care assessments with calculation of inter-rater reliabilities (kappa statistic) pre- and post-SAP. Logistic regression examined the associations between the policy's introduction, potential confounding factors (depression, cognitive impairment, function, behaviour and characteristics) and the identification and correct recognition of depression. Whilst the identification of depression was more likely after SAP, its correct recognition did not improve after the policy, with only slight agreement between GDS and community care assessments. The existence of depression and cognitive impairment made identification, but not correct recognition, more likely. Correct recognition of depression was not improved in these statutory care assessments following the policy. Recognizing and thus responding to depression in a coordinated and appropriate way in the community requires further action. (RH)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

214/22 Identifying target groups for the prevention of depression among caregivers of dementia patients; by Karlijn J Joling, Filip Smit, Harm W J van Marwijk (et al).
International Psychogeriatrics, vol 24, no 2, February 2012, pp 298-306.
Depression in informal caregivers of persons with dementia is a major, costly and growing problem. However, it is not yet clear which caregivers are at increased risk of developing depression. With this knowledge preventive strategies could focus on these groups to maximize health gain and minimize effort. The onset of clinically relevant depression was measured with the Center for Epidemiologic Studies - Depression Scale (CES-D) in 725 caregivers who were not depressed at baseline and who were providing care for a relative with dementia. Caregivers were followed over 18 months. The indices calculated to identify the most important risk indicators were: odds ratio, attributable fraction, exposure rate and number needing to be treated. The following significant indicators of depression onset were identified: increased initial depressive symptoms, poor self-rated health status, and white or Hispanic race/ethnicity. The incidence of depression would decrease by 72.3% (attributive fraction) if these risk indicators together are targeted by a completely effective intervention. Race/ethnicity was not a significant predictor if caregivers of patients who died or were institutionalised were left out of the analyses. Detection of only a few characteristics makes it possible to identify high-risk groups in an efficient way. Focusing on these easy-to-assess characteristics might contribute to a cost-effective prevention of depression in caregivers. (RH)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

214/23 Why may older people with depression not present to primary care?: messages from secondary analysis of qualitative data; by Carolyn Chew-Graham, Marija Kovandzic, Linda Gask ... (et al).
Health and Social Care in the Community, vol 20, no 1, January 2012, pp 52-60.
Depression in older people is common, under-recognised and often undertreated. This study aimed to explore reasons why older people with depression may not present to primary care. Secondary analysis was carried out of qualitative data collected in two previous studies in North-West England. Study findings showed that older people are reluctant to recognise and name 'depression' as a set of symptoms that legitimises

attending their general practitioner (GP). They do not consider themselves candidates for help for their distress. This is partly due to perceptions of the role of the GP but also to previous negative experiences of help seeking. In addition, treatments offered, which are predominantly biomedical, may not be acceptable to older people. Interventions offered to older people need to encourage social engagement, such as befriending, and enhancement of creative, physical and social activity. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

DIET AND NUTRITION

214/24 No increased mortality risk in older persons with unexplained anaemia; by Jorien M Willems, Wendy P J den Elzen, L Tom Vlasveld ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 501-506.
In older persons, anaemia is associated with a number of unfavourable outcomes. In roughly 30% of cases the cause of the disease is unexplained. The present study aimed to assess the clinical differences between subjects with explained and unexplained anaemia and to investigate whether these subjects had different mortality patterns compared with subjects without anaemia. 491 persons aged 86 years and above took part in this Dutch programme, known as the the Leiden 85-plus study. The study population was divided in three groups: no anaemia, explained anaemia (iron deficiency, folate deficiency, vitamin B12 deficiency, signs of myelodysplastic syndrome or renal failure) and unexplained anaemia. Mortality risks were estimated with Cox-proportional hazard models. Haemoglobin levels were significantly lower in subjects with explained anaemia than in subjects with unexplained anaemia. An increased risk for mortality was observed in subjects with explained anaemia but not in subjects with unexplained anaemia. Adjusted analyses (sex, co-morbidity, MMSE, institutionalised and smoking) did not change the observed associations for both explained and unexplained anaemic subjects. In conclusion, older subjects with unexplained anaemia had similar survival rates compared with non-anaemic subjects. Increased mortality risks were observed in subjects with explained anaemia compared with non-anaemic subjects. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

DISABILITY

214/25 Determinants of disability among the elderly population in a rural south Indian community: the need to study local issues and context; by A S Duba, A P Rajkumar, M Prince (et al).
International Psychogeriatrics, vol 24, no 2, February 2012, pp 333-341.
Disability among older people is a cause of significant burden; but there is dearth of relevant research from low- and middle-income countries. The authors aimed to establish the nature and factors associated with disability among 1000 participants aged over 65 years from a rural cmomunity in Kaniyambadi block, Vellore, in south India. Disability status, sociodemographic profile, psychiatric morbidity, cognitive functioning and anthropometrics were assessed using the following structured instruments: WHO Disability Assessment Scale II, Geriatric Mental State, Community Screening Instrument for Dementia, and Neuropsychiatric Inventory (NPI).The authors used appropriate

multivariate statistics to study the factors associated with a higher level of disability, and to determine the population attributable fractions for various modifiable risk factors. Advanced age, illiteracy, hunger, poor nutrition, arthritis, hearing impairment, gastro-intestinal and respiratory diseases, dementia and travel costs to primary health facilities increased the risk of disability significantly. Hypertension, diabetes and depression were not associated with disability. Modifiable social determinants and medical diseases together contributed to disability in this population. Locally relevant social determinants combine with prevalent medical diseases to produce the disability burden among elderly. There is a need to focus on local contexts and modifiable risk factors to design locally appropriate public health policies and interventions. (RH)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

EDUCATION

214/26 Education in gerontology and geriatrics comes of age: special section; by Renée R Shield, Richard W Besdine.
Gerontology & Geriatrics Education, vol 32, no 4, 2011, pp 291-366.
This issue of Gerontology & Geriatrics Education presents a group of articles on innovative strategies for the education of American health care professionals about ageing. Included are: the development of a course using theatre scripts; an analysis of students' interdisciplinary ageing interest groups; the comparison of pedagogic techniques for learning geriatric competencies; a consortium for the enhancement of psychosocial learning; and a course to integrate ageing=relevant content into medical consortia. The contributors use different measures of success to determine whether goals were achieved. Each article focuses on promoting and disseminating the application of feasible methods for the enhanced care of older patients - including e-newsletters and websites. (RH)
ISSN: 02701960
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. http://www.taylorandfrancis.com

EPIDEMIOLOGY

(See 214/47)

FALLS

214/27 Older people's preferences regarding programme formats for managing concerns about falls; by Tanja A C Dorresteijn, G A Rixt Zijlstra, Yvonne J J van Eijs ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 474-481.
This Dutch study aimed to explore the preferences of community-dwelling older persons regarding different programme formats for managing concerns about falls. 5,755 community-dwelling people aged 70 years or over took part in the study. A questionnaire assessed people's willingness to participate per programme format, i.e. a programme at home, via telephone, via home visits and telephone consultations, via television or via Internet. Of the 2,498 participants who responded, 62.7% indicated no interest in any of the formats. The willingness to participate per programme format varied between 21.5 (at home) and 9.4% (via Internet). Among people interested in at least one of the formats, higher levels of fall-related concerns were associated with

increased preference for a programme with home visits. Poor perceived health and being aged over 80 were associated with less preference for a group programme. Higher educated people were more in favour of a programme via Internet compared with their lower educated counterparts. In conclusion, most community-dwelling older people were not likely to participate in any of the six proposed programme formats for managing concerns about falls. However, when diverse formats of effective programmes were made available, uptake and adherence were likely to be increased since programme preferences were associated to specific population characteristics. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

FAMILY AND INFORMAL CARE

(See Also 214/8, 214/38)

214/28 Caring for Mum and Dad: lesbian women negotiating family and navigating care; by Elizabeth Price.
British Journal of Social Work, vol 41, no 7, October 2011, pp 1288-1303.
This article reports on findings from a qualitative study that explored the experiences of 21 gay men and lesbian women who care, or cared, for a person with dementia in England. The aim of the study was to explore how a person's gay or lesbian sexuality might impact upon their experience of providing care. Analysis of the data identified a number of consistent themes - carers' experiences of the early signs and symptoms of dementia, of receiving the diagnosis, becoming a carer and their hopes and fears for the future in light of their care-giving experiences. The article reports on one theme that emerged from the wider study - the strategies lesbian carers used to negotiate the complex and contested category of the 'family' in the context of their care-giving experiences. The findings highlight the variety of ways in which families, of both biology and choice, were central to respondents' experiences of providing care for parents with dementia and of receiving support for themselves. (JL)
ISSN: 00453102
From : http://bjsw.oxfordjournals.org

GERONTOLOGY (GENERAL)

(See 214/26)

GOVERNMENT AND POLICY

(See 214/15)

HEALTH CARE

214/29 Pulling back from the edge: an asset-based approach to ageing well; by Cormac Russell.
Working with Older People, vol 15, no 3, 2011, pp 96-105.
This article describes how the desire to age well is linked to both human constructs and professional services. It reflects on proven qualities of asset-based community development as a process by which communities can build from the inside out and promote and implement an ageing agenda according to their capacities. It is suggested

that citizens and communities co-producing health outcomes will out-perform individuals reliant on professional medical services only. Ten domains are outlined in which older citizens are uniquely competent, namely: health, safety, care for the environment, safe food production and consumption, local economic development, raising young people, building strong communities, civic action for deeper democracy and a more just society, response to emergencies and co-producing knowledge. The article challenges the medicalised sickness model of healthcare and encourages the adoption of a model of healthcare in which citizens, older or otherwise, co-produce healthy lifestyles and health outcomes in their communities with the assistance of professionals. (JL)
ISSN: 13663666
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HEALTH SERVICES

(See 214/29, 214/64)

HOME CARE

214/30 Challenges facing domiciliary care agencies delivering person centred care; by Patricia Duff, Rosemary Hurtley.
Working with Older People, vol 16, no 2, 2012, pp 61-68.
This paper explored the benefits of the 360 Standard Framework (SF) diagnostic audit for assessing person centeredness of a domiciliary agency and to highlight the challenges they faced. The pilot study involved data gathered from the clients, relatives and staff, which were analysed resulting in findings, conclusions and suggestions for ongoing improvement from which action plans were devised and implemented. The audit results provide examples of the primary interface relationship and co-ordination challenges, highlighting learning needs for staff delivering person centred care in domiciliary settings. The authors conclude that the paper raises important practice development issues both inside and outside the agency's responsibility. Use of the tool would support cultural and interface relationship issues affecting the client experience and highlight ways to assist the achievement of collaborative ways of working needed for the integration of health and social care. (JL)
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214/31 Outcomes and well-being part 1: a comparative longitudinal study of two models of homecare delivery and their impact upon the older person self-reported subjective well-being; by Stephen Gethin-Jones.
Working with Older People, vol 16, no 1, 2012, pp 22-30.
This paper investigated two models of home care delivery for older people, and how they impacted on the older persons' self-reported well-being. It examined whether altering the delivery of care to an outcome-focused model would improve the individual participant's subjective well-being and save money for the local authority. An 18 month longitudinal study was conducted on 40 service users aged 65 and over, all of whom had critical and substantial care needs. Half of the sample of service users was receiving the new form of outcome-focused care and the other half was a comparison group who were receiving care packages according to the traditional form of delivery that could be characterised as a 'task-focused' model. Participants identified quality of life issues

where they were seeking improvement and change over time in relation to these. Findings revealed an improvement in subjective well-being in the group receiving outcome-focused care. Implications for practice are discussed. (JL)
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214/32 Outcomes and well-being part 2: a comparative longitudinal study of two models of homecare delivery and their impact upon the older person self-reported subjective well-being. A qualitative follow up study paper; by Stephen Gethin-Jones.
Working with Older People, vol 16, no 2, 2012, pp 52-60.
This paper follows up on a previous qualitative study which aimed to investigate why outcome-focused home care appeared to be associated with an increase in older individuals' subjective well-being. Participants included 20 service users who were the subject of two semi-structured interviews, one at the start of the intervention and one at the six month stage. The data were then analysed under core themes raised by the service user in these interviews. The sample was divided into two, with one group receiving the outcome-focused model of care and the other group receiving the traditional time focused care. Findings indicated that service users' subjective well-being improved due to the ability of outcome-focused care to provide consistency, flexibility and most importantly the ability of the service user to form a relationship with the homecare workers providing their care. Implications for practice are discussed. (JL)
ISSN: 13663666
From : http://www.emeraldinsight.com/products/journals/journals.htm?id=wwop

214/33 A restorative home care intervention in New Zealand: perceptions of paid caregivers; by Anna I I King, Matthew Parsons, Elizabeth Robinson.
Health and Social Care in the Community, vol 20, no 1, January 2012, pp 70-79.
Paid caregivers provide a vital role in home care services but there are widespread recruitment and retention issues due to poor working conditions and inadequate training. The aim of this study was to explore paid caregiver perceptions of a restorative home care intervention. Caregivers were recruited from a home care agency in Auckland, New Zealand and randomised to either the control or the intervention group. The intervention group undertook two specialised training programmes based on a restorative care philosophy designed to optimise independence in older people. Focus groups were undertaken with the caregivers, two at baseline and two after 14 months. Two themes emerged from both the control and intervention focus groups: relationship with older people and issues with home care service delivery. A further two themes were pertinent to the intervention group: job satisfaction and pre-intervention. The findings reveal the intervention had a substantial positive impact on paid caregiver job satisfaction in comparison with usual care. This appeared to be due to improved training, increased support and supervision, and more flexibility. The intervention also resulted in substantially reduced staff turnover in comparison with usual home care. However both groups identified the need for further improvements to their working conditions. The need to regulate this vulnerable workforce is discussed. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

HOUSING WITH CARE

214/34 The characteristics of residents in extra care housing and care homes in England; by Robin Darton, Theresia Baumker, Lisa Callaghan ... (et al).
Health and Social Care in the Community, vol 20, no 1, January 2012, pp 87-96.
Extra care housing has been viewed as a possible alternative or replacement for residential care. In 2003, the Department of Health announced capital funding to support the development of extra care housing, making funding conditional on participating in an evaluative study. This paper forms part of this evaluation. It presents findings on the characteristics of the residents, drawing on information collected on demographic characteristics and care needs for the residents at the time of moving into 19 schemes within six months of opening. The findings are compared to a 2005 survey of residents moving into care homes providing personal care. The findings show that overall the people who moved into extra care were younger and much less physically and cognitively impaired than those who moved into care homes, although a minority had similar levels of physical impairment. Overall levels of severe cognitive impairment were much lower in all schemes than the overall figure for residents of care homes, even among schemes designed specifically to provide for residents with dementia. The results suggest that, although extra care housing may be operating as an alternative to care homes for some individuals, it is mainly providing for a population who may be making a planned move rather than reacting to a crisis. (JL)
ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

INCOME AND PERSONAL FINANCE

214/35 Developing a daily money management service model: navigating the uncharted waters of liability and viability; by Kathleen H Wilber, Leah M Buturain.
The Gerontologist, vol 33, no 5, October 1993, pp 687-691.
This article discusses the development and implementation of a Daily Money Management (DMM) Service within a mature health and social service agency. Although there is increasing recognition of the need for DMM programs, major obstacles to their development include problems of securing adequate financial support and concerns about the liability risks inherent in providing financial services. This article describes an innovative DMM service model developed at Senior Health and Peer Counseling in Santa Monica, California, that has serviced more than 100 elders during its first two years of operation. The article explores the mission, key components and organization of the service model, including the development of a multidisciplinary Technical Advisory Group and a professionally supervised volunteer staff, the service planning and care coordination issues, the risk management protocols, and the need for multiple sources of financial support. (RH)
ISSN: 00169013

INFORMATION AND COMMUNICATION TECHNOLOGY

214/36 Distribution of personality, individual characteristics and internet usage in Swedish older adults; by Jessica Berner, Mikael Rennemark, Claes Jorgréus, Johan Berglund.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 119-126.
The study investigated factors associated with internet usage in Swedish older adults with age ranges 60-96. In particular the relationships between personality, individual

characteristics and internet usage were investigated. A descriptive analysis of the personality tests of 1402 subjects included in the Swedish National Study on Ageing and Care was conducted. Three variables were controlled for sex, age and education. Descriptive statistics, Mann-Whitney and Kruskal-Wallis tests, chi-square tests and a logistic regression were used in order to detect the relationships with internet usage. Study findings showed that men differ significantly from women in the personality traits analysis. Those with higher education were more open and neuroticism was lower in the oldest older adults. Internet usage declined significantly with age and those with middle to higher education were using the internet the most. No other associations with internet use were found. In conclusion, personality traits and individual characteristics do not seem to influence the Swedish older adult and their internet usage. What one needs to account for is the age and education of the individual. The more educated and the youngest cohorts were using the internet more frequently. (JL)
ISSN: 13607863 From : http://www.informaworld.com/CAMH

214/37 Using embedded outreach to bridge the digital divide; by Ian Agnew, Laura Ripper.
Working with Older People, vol 15, no 3, 2011, pp 127-134.
A wide range of schemes support older people to get online yet most rely on participants actively seeking out opportunities. There has been little research into techniques that use existing infrastructure to bring the web to older people. This paper tackled the problem of digital inclusion for older people, specifically in an effort to increase internet usage as part of their daily lives. It presented a new engagement technique called embedded outreach. Baseline surveys were conducted with 895 attendees at the beginning of the sessions to measure existing web use. A follow-up survey of 295 older people examined patterns of change and attitude as a result of the sessions. Findings revealed that embedded outreach was effective in addressing the barriers which prevented older people from using the web by using existing voluntary sector infrastructure to reach people. The authors conclude that embedded outreach was a success in empowering older people in web access. (JL)
ISSN: 13663666
From : http://www.emeraldinsight.com/products/journals/journals.htm?id=wwop

INTERGENERATIONAL ISSUES

214/38 The security for Chinese older people in urban-rural one-child families; by Guojun Wang, Xing Su, Alan Hatton-Yeo.
Working with Older People, vol 16, no 2, 2012, pp 88-96.
In China the one child policy has not only reduced the capacity of families to support their older relatives but has also caused an imbalance in the ratio of male to female children. It has now become essential to develop models of non-familial support for older people to complement traditional systems. This article provides an insight into the challenges facing China around the care of older people as a consequence of social policy change and increased economic mobility. It presents an overview of how care will be financed in the future in China as a consequence of changes in society. It then describes the responses and systems of funding that are being developed in China to address changes in care support structures and systems particularly in response to the single child policy and the impact of the increased financial aspirations of young Chinese people. (JL)
ISSN: 13663666
From : http://www.emeraldinsight.com/products/journals/journals.htm?id=wwop

214/39 Shared site intergenerational programs: common space, common ground: special issue; by Shannon E Jarrott, Matthew S Kaplan, Sheri Y Steinig (eds).
Journal of Intergenerational Relationships, vol 9, no 4, 2011, pp 343-484.
Shared site programmes are those where young people and older people receive ongoing services concurrently at a single site. This special issue of the Journal of Intergenerational Relationships presents scholarly and "from the field" papers presented at the 2011 Generations United international conference. The concepts of shared sites discussed include shared physical environments in which intergenerational learning, sharing and growing occurs and expands. Themes that emerged from the conference included: the impact of individual and community change through small actions; reaching across sectors and traditional disciplines to form new partnerships; and providing for care across the life span. (RH
ISSN: 15350770
From : http://www.tandf.co.uk/journals/WJIR/

214/40 Think community: an exploration of the links between intergenerational practice and informal adult learning; by Mandy Thomas, Family Learning Team, NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2009, 23 pp.
The Department for Innovation, Universities and Skills (DIUS) funded this research as part of a project on intergenerational learning aimed at improving practice through case study and policy analysis. The project formed one element of a wider research programme, building on the Informal Adult Learning review and initiating development work on the access strand. The case studies from ten contrasting localities provide examples of the ways in which intergenerational or multigenerational learning can transform lives. (RH)
From : Download available at: http://shop.niace.org.uk/thinkcommunity.html

INTERNATIONAL AND COMPARATIVE

(See 214/14, 214/25, 214/38)

LIFE-LONG LEARNING

(See 214/40)

LONG TERM CARE

(See Also 214/54)

214/41 Rethinking sociability in long-term care: an embodied dimension of selfhood; by Pia C Kontos.
Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 329-346.
The author argues for an expansion of the discourse on sociability to include embodied self-expression as contained in the theoretical notion of 'embodied selfhood'. Embodied selfhood is the pre-reflective nature of selfhood deriving from the body's pre-reflective capacity for engaging with the world and the socio-cultural significance of the body. This paper calls for the discourse on sociability in dementia to include embodied selfhood as a source of interactive practices. An eight-month ethnographic study of selfhood in

dementia was conducted in a Canadian long-term care facility. The majority suffered with Alzheimer's disease and a smaller number of residents had vascular dementia. Thirteen residents took part in the study. The findings are discussed in terms of empathy, social etiquette, and the power of gesture. The observations suggest that social and cultural habits, movements and other physical cues serve important communicative functions in the course of social interaction. The author believes this underscores how sociability is an embodied dimension of selfhood, which not only broadens the discourse on sociability in dementia but also offers important insights to inform person-centred dementia care. (JL)
ISSN: 14713012
From : http://dem.sagepub.com/

MEDICAL ISSUES

(See Also 214/24)

214/42 Managing patients with COPD exacerbation: does age matter?; by Robert A Stone, Derek Lowe, Jonathan M Potter ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 461-468.
There is little information about the relationship between age and the management of COPD (chronic obstructive pulmonary disease) exacerbation, although older persons are known to be at a greater risk of hospital admission. In the present study the authors investigated responses from the clinical and patient questionnaire elements of the 2008 UK COPD audit, splitting the data into age deciles. The ages among participants ranged from 27 to 102. Patient-reported data suggested older patients had inferior knowledge of COPD, undertook less self-care and were less likely to recognise symptoms of exacerbation prior to hospitalisation. Clinician-reported data showed that although older patients had severe disease and symptoms, greater co-morbidity at presentation and higher mortality, fewer were seen in hospital or followed up subsequently by respiratory specialists. Older patients were more likely to have a DNR (Do Not Resuscitate) order signed within 24 hours of admission, irrespective of co-morbidities or performance status. The observations were particularly applicable to those aged 80 or above. The authors conclude that clinicians should consider increasing age as a specific risk factor in the management of COPD. Acute units and community teams should review carefully their protocols and pathways for how they assess, manage, discharge and follow-up older patients with COPD exacerbation. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

214/43 Tuberculosis in ageing: high rates, complex diagnosis and poor clinical outcomes; by Luis Pablo Cruz-Hervert, Lourdes García-García, Leticia Ferreyra-Reyes ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 488-495.
Worldwide the frequency of tuberculosis among older people almost triples that observed among young adults. The purpose of the present study was to describe clinical and epidemiological consequences of pulmonary tuberculosis among older people. Study participants from Southern Mexico with a cough lasting more than two weeks were screened between March 1995 and February 2007. Information on clinical and mycobacteriological data (isolation, identification, drug-susceptibility testing and IS6110-based genotyping and spoligotyping) was collected from individuals with

bacteriologically confirmed pulmonary tuberculosis. Patients were treated in accordance with official norms and followed to ascertain treatment outcomes, retreatment, and vital status. 893 tuberculosis patients were older than 15 years of age; of these, 147 (16.5%) were 65 years of age or older. Individuals aged 65 years or over had significantly higher rates of recently transmitted and reactivated tuberculosis. Older age was associated with treatment failure and/or death due to tuberculosis adjusting for sociodemographic and clinical variables. In conclusion, community-dwelling older individuals participate in chains of transmission indicating that tuberculosis is not solely due to the reactivation of latent disease. Untimely and difficult diagnosis and a higher risk of poor outcomes even after treatment completion emphasise the need for specific strategies for this vulnerable group. (JL)
ISSN: 00020729
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http://www.bgs.org.uk/

MENTAL HEALTH

(See Also 214/3, 214/4, 214/8, 214/18, 214/19, 214/20, 214/21, 214/22, 214/50, 214/51, 214/62)

214/44 Daily hassles, physical illness, and sleep problems in older adults with wishes to die; by Sylvie Lapierre, Richard Boyer, Sophie Desjardins (et al).
International Psychogeriatrics, vol 24, no 2, February 2012, pp 243-252.
Using a representative sample of 2777 community living older adults aged 65 years and over in Quebec, the authors compared 163 individuals with the wish to die with those without the wish to die on the basis of the presence and severity of daily hassles, physical illness, and sleep quality. Logistic regression revealed that when depression and sociodemographic variables were held constant, self-rated physical health, number of chronic illnesses, number and intensity of daily hassles, as well as sleep problems were significantly associated with the wish to die in older adults. Painful illnesses and daytime dysfunction due to sleep problems were also associated factors with the wish to die. Since desire for death is the first step into the suicidal process, health professionals should seriously consider the important and unique contribution of these variables, in order to have more opportunities for detection and intervention. (RH)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

214/45 The relationship between visceral adiposity and cognitive performance in older adults; by Dae Hyun Yoon, Seong Hye Choi, Jae Hak Yu ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 456-461.
Visceral adiposity refers to excess body fat around the stomach and abdomen. The present study aimed to investigate the associations between total and regional adiposity measured with abdominal computed tomography (CT) and cognitive performance in older adults and to explore their modification by age. 250 individuals aged 60 years and above underwent anthropometric measurements, abdominal CT and cognitive testing. Adiposity measures included body mass index (BMI), waist circumference and visceral and subcutaneous adiposity by abdominal CT. Poor cognitive performance was defined as Mini-Mental State Examination score being at or below 1 standard deviation (SD) of age, sex and education-normative values. In multivariate logistic regression analyses obesity and being in the top tertile of the visceral adiposity

area were associated with poor cognitive performance in subjects younger than 70 years, but not in those 70 years and older. The authors conclude that high adiposity, particularly visceral adiposity, was associated with poor cognitive functioning in people under 70 but not in people aged 70 or older. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

214/46 Self-efficacy is independently associated with brain volume in older women; by Jennifer C Davis, Lindsay S Nagamatsu, Chun Liang Hsu ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 495-501.
Ageing is highly associated with brain deterioration and evidence suggests that personality variables are risk factors for reduced brain volume. The present study looked at whether falls-related self-efficacy is independently associated with brain volume. The study method was a cross-sectional analysis of whether falls-related self-efficacy is independently associated with brain volumes (total, grey and white matter). Three multivariate regression models were constructed. Covariates included in the models were age, global cognition, systolic blood pressure, functional comorbidity index and current physical activity level. MRI scans were acquired from 79 community-dwelling older women aged between 65 and 75. Falls-related self-efficacy was assessed by the activities-specific balance confidence (ABC) scale. Results showed that after accounting for covariates, falls-related self-efficacy was independently associated with both total brain volume and total grey matter volume. The final model for total brain volume accounted for 17% of the variance, with the ABC score accounting for 8%. For total grey matter volume, the final model accounted for 24% of the variance, with the ABC score accounting for 10%. Overall evidence suggests that falls-related self-efficacy, a modifiable risk factor for healthy ageing, is positively associated with total brain volume and total grey matter volume. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

214/47 Temporal relationship between handgrip strength and cognitive performance in oldest old people; by Diana G Taekema, Carolina H Y Ling, Susan E Kurrle ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 506-512.
Cognitive decline and muscle weakness are prevalent health conditions in older people. The present study aimed to test the hypothesis that cognitive decline precedes muscle weakness, and to analyse the temporal relationship between cognitive performance and handgrip strength in the oldest old. 555 subjects, all aged 85 years at baseline, were included into this population-based study over four years. Handgrip strength was measured at age 85 and 89 years. A neuropsychological test battery was also carried out to assess global cognitive performance, attention, processing speed and memory at baseline and repeated at age 89 years. Associations between handgrip strength and cognitive performance were analysed by repeated linear regression analysis adjusted for common confounders. At both ages 85 and 89 years, better cognitive performance was associated with higher handgrip strength except for attention. There was no longitudinal association between baseline handgrip strength and cognitive decline except for global cognitive performance. Better cognitive performance at age 85 years was associated with slower decline in handgrip strength after adjustment for common confounders. In conclusion, baseline cognitive performance was associated with decline

in handgrip strength, whereas baseline handgrip strength was not associated with cognitive decline. The results suggest that cognitive decline precedes the onset of muscle weakness in the oldest old. (JL)
ISSN: 00020729 From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

MENTAL ILLNESS

214/48 Professional social workers' views on self-neglect: an exploratory study; by Mary Rose Day, Geraldine McCarthy, Patricia Leahy-Warren.
British Journal of Social Work, vol 42, no 4, June 2012, pp 725-743.
Self-neglect is characterised by an inability to meet one's own basic needs. It can include poor self-care, poor nutrition, non-compliance with prescribed medication, dilapidated environments, and hoarding of rubbish. Ageing populations, chronic illness, disability and poverty place individuals at risk for self-neglect. The aim of this study was to explore the views and experiences of Senior Case Workers (SCWs) in Ireland on self-neglect. The participants were a purposeful sample of 7 SCWs working in Elder Abuse Services who had clients with self-neglect on their caseload. Data was collected using in-depth semi-structured interviews which were tape recorded, transcribed and thematically analysed. Four major themes emerged from the findings: self-neglect as an entity; assessment; interventions; and ethical challenges. SCWs were challenged and frustrated by this complex multidimensional phenomenon. Furthermore, poor operational definitions of 'exceptional circumstances' and 'self-neglect' could lead to diversity in choosing and responding to self-neglect. Suggestions are made about ways in which practice, policy and research can be developed. (JL)
ISSN: 00453102 From : http://bjsw.oxfordjournals.org

OLDER OFFENDERS

214/49 Bromley briefings: prison factfile: December 2011; by Prison Reform Trust. London: Prison Reform Trust, 2011, 77 pp.
This 'Bromley briefings: prison factfile' is one in a series with this title produced twice a year since November 2006 in memory of Keith Bromley, a friend of the Prison Reform Trust (PRT). It presents recent facts and figures from government and other official sources on prisons and prisoners in England, Wales, Scotland and Northern Ireland. It includes information on older prisoners (aged 50+). On 31 March 2011, there were 8,804 prisoners aged over 50 in England and Wales, including 42 aged 81 and over. Other concerns relating to older prisoners include physical and mental health problems. (RH)
From : Prison Reform Trust, 15 Northburgh Street, London EC1V 0JR. e-mail: prt@prisonreformtrust.org.uk Website: www.prisonreformtrust.org.uk

PARTICIPATION

214/50 Patient and carer participation in old age psychiatry in England: Part II: models of participation; by Susan Mary Benbow.
International Psychogeriatrics, vol 24, no 2, February 2012, pp 185-196.
There are a number of models of patient and carer participation. This article considers their usefulness and applicability to old age psychiatry. Models of participation are reviewed and related to examples of participation initiatives drawn from the author's

work in the context of the National Health Service (NHS) in the United Kingdom (UK). Models of participation which emphasise collaboration and partnership are found to be useful. Simple interventions such as copying letters to patients and/or carers can lead to change in the balance of power between staff and patients or carers. Initiatives which draw on the experiences of patients and carers can facilitate organisational learning and development. Involving patients and carers in education offers a way to influence services and the staff working in them. Participation is better understood as a spectrum rather than a hierarchy. Old age psychiatry services would benefit from developing greater patient and carer participation at all levels. (RH)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

214/51 Patient and carer participation in old age psychiatry in England: Part I: a systematic perspective of the historical and policy context; by Susan Mary Benbow.
International Psychogeriatrics, vol 24, no 2, February 2012, pp 175-184.
Patient and carer participation in old age psychiatry is less developed than in other areas of mental health. What can we learn about increasing participation in the service from the historical context? The author reviews and relates the historical and policy context of patient and carer participation in the National Health Service (NHS) to the development of old age psychiatry in England and the parallel development of the mental health user movement. She offers a systemic theory as a way of understanding how partnership between healthcare professionals, patients and carers might lead to service evolution. She suggests that such partnership might empower not only patients and carers but also healthcare staff at a time when they are under increasing pressures. Old age psychiatry patients and carers struggle to be heard, but have much to offer to services in partnership with healthcare professionals as partners and allies in service development. (RH)
ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

QUALITY OF LIFE

(See 214/58)

RELATIONSHIPS (PERSONAL)

(See Also 214/16, 214/41, 214/65, 214/66)

214/52 The discourse of friendship: mediators of communication among dementia residents in long-term care; by Pamela A Saunders, Kate de Medeiros, Patrick Doyle, Amanda Mosby.
Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 347-361.
One the most difficult challenges experienced by people with dementia and their caregivers is their communication. The ability to communicate is essential to creating and maintaining social relationships. Many individuals who suffer from dementia experience increased agitation and diminished social interaction in the long-term care setting. This paper demonstrates how, through language, they construct social relationships. As part of The Friendship Study, which is an ethnographic observation of persons with dementia living in long-term care, the authors analysed transcripts from

video- and audio-taped data and performed a discourse analysis of conversations to show how persons with dementia who live in long-term care use language to create friendships. These analyses show that friendships are constructed using concepts such as conversational objects, discourse deixis, indexicality, and alignment among speakers. (JL)
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214/53 Friendships among people with dementia in a variety of social settings: special issue; by Kate de Medeiros, Pamela A Saunders, Steven R Sabat (eds).
Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 281-423 (whole issue).
Special issue featuring an introduction followed by eight articles. Topics covered include: supporting friendships of people with dementia; maintaining friendships in early stage dementia; relatedness among people diagnosed with dementia; rethinking sociability in long-term care; mediators of communication among dementia care residents; friendship among dementia residents in long-term care; social groups and dementia care; and environmental influences on informal social interaction in dementia care settings. (JL)
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214/54 Friendships among people with dementia in long-term care; by Kate de Medeiros, Pamela A Saunders, Patrick J Doyle ... (et al).
Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 363-381.
Despite the growing literature on social interaction in dementia settings, few studies have investigated friendship in people with dementia living in long-term care. Social interaction describes communicating at least once with another person while friendship suggests a deeper, more meaningful connection that may include reciprocity, intimacy, and shared trust. This six-month, mixed-methods study investigated friendships among assisted living residents with moderate to advanced dementia. The results revealed no correlation between test scores or demographic characteristics (except gender) and friendship dyads identified by staff. However staff perceptions of residents' friendships were not supported by the study observations. Friendships were seen among residents, characterised by voluntary participation and accommodation in conversation, and recognition of the uniqueness of the other. The authors suggest that staff perceptions of residents' friendships are not sufficient and that more research on this topic is needed. (JL)
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214/55 Maintaining friendships in early stage dementia: factors to consider; by Phyllis Braudy Harris.
Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 305-314.
As dementia becomes more severe it can take its toll on social relationships. Many friends withdraw and 'disappear', because they can no longer bear to see the changes that are taking place in their diagnosed friend. However the need for true friends becomes even more important as sufferers struggle to maintain their sense of self. This

study focuses on friendships that remain and seeks to answer two questions: Do remaining friendships have a meaningful impact on the experience of early stage dementia? What factors are crucial to the retention of these friendships? The authors examine in depth the experiences of eight people in the early stages of dementia who have been able to maintain strong friendships despite the diagnosis (all female, mean age 75 years, mean time since diagnosis three years). Factors that seem to play important roles are: the importance and quality of the friendships, mutually beneficial relationships, core values, acceptance and disclosure, and recognition of strengths and understanding of limitations. (JL)
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214/56 Supporting the friendships of people with dementia; by Richard Ward, Mike Howorth, Heather Wilkinson ... (et al).
Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 287-303.
Using illustrative case examples, this paper explores the friendships of people with dementia in the early stages of the condition and the benefits of looking beyond the family as the 'go to' support network that practitioners tend to focus on in their work with people with dementia. The importance of participatory approaches in both research and practice for understanding the friendship experiences of people with dementia is highlighted. The case studies include a personal narrative on friendships from one of the authors, a person living with dementia. This is followed by an account of a peer support group for people with dementia where the interactions in the group are explored alongside consideration of the significance and outcomes of creating such social spaces for people with dementia. Particular attention is paid to the emerging phenomenon of 'facilitated friendships' as practitioners work to support collective agency on the part of people with dementia. (JL)
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RESIDENTIAL AND NURSING HOME CARE

(See Also 214/1, 214/34)

214/57 Living well in care homes: a systematic review of qualitative studies; by Siobhan Aine Bradshaw, E Diane Playford, Afsane Riazi.
Age and Ageing, vol 41, no 4, July 2012, pp 429-440.
Research in care home settings is often negatively focused, portraying life as sterile and devoid of meaningful experiences. However care homes have the potential to influence people's lives socially, physically and psychologically. The purpose of the present study was to conduct a systematic qualitative review of care home life and provide practical recommendations to enhance residents' quality of life. 31 studies were identified in the literature . People in care homes voiced concerns about lack of autonomy and difficulty in forming appropriate relationships with others. Four key themes were identified: acceptance and adaptation, connectedness with others, a homelike environment and caring practices. The authors conclude that positive experiences in care homes can occur and are important for residents' quality of life. The review supports literature highlighting the need for relationship-centred approaches to care and emphasises the importance of understanding the resident's attitude towards living in care homes. (JL)
ISSN: 00020729 From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

214/58 Quality of life outcomes for residents and quality ratings of care homes: is there a relationship?; by Ann Netten, Birgit Trukeschitz, Julie Beadle-Brown ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 512-517.
Quality ratings of care homes are used by decision makers in the absence of direct information about outcomes. However, there is little evidence about the relationship between regulators' ratings of homes and residents' quality of life outcomes. The present study aimed to capture social care-related quality of life (SCRQoL) outcomes for residents and investigate the relationship between outcomes and regulator quality ratings of homes. Data were collected for 366 residents of 83 English care homes for older people inspected during 2008. Outcomes were measured using the Adult Social Care Outcomes Toolkit (ASCOT). Multivariate multilevel modelling was used to investigate the relationship between quality of life outcomes and star ratings of homes, controlling for resident and home characteristics. Study results showed that care homes were delivering substantial gains in SCRQoL, but were more successful in delivering 'basic' (e.g. personal cleanliness) than higher-order domains (e.g. social participation). Outcomes were associated with quality ratings of residential homes but not of nursing homes. The approach to providing quality ratings by the regulator in England is currently under review. Future quality indicators need to demonstrate their relationship with quality of life outcomes if they are to be a reliable guide to commissioners and private individuals purchasing care. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

214/59 What matters for people with dementia in care homes?; by Carolyn Popham, Martin Orrell.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 181-188.
The study sought to determine to what extent the care home environment met the requirements of residents with dementia in the context of the views of managers, family carers and staff, and a standard environmental assessment. 60 participants joined focus groups to give their views, and the managers of five care homes were interviewed. An environmental assessment of each home was carried out using the Sheffield Care Environment Assessment Matrix (SCEAM). The most common themes identified from the residents and carers groups were the need for activities and outings, staffing levels, and staff training, attitudes and commitment. Managers felt comfort and homeliness were most important features whilst staff rated health and safety highest. Care homes scored well on the SCEAM for health and safety and comfort, however key aspects such as activities and staff factors were not covered by the tool. Care homes may be designed and organised according to the priorities of staff and managers rather than the needs of residents and family carers. Service planners need to be aware of this discrepancy and consider the views of residents. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

RETIREMENT

214/60 Age maze: prepare for changes in later life; by Age Scotland. Edinburgh: Age Scotland, 2012, 43 PP.
This 'Age maze' guide provides basic information for older people in Scotland on issues such as money, benefits, care services, carers, health, housing, travel concessions, lifelong learning, employment and keeping active. (RH)
From : Age Scotland, Causewayside House, 160 Causewayside, Edinburgh EH9 1PR. www.agescotland.org.uk

SEXUALITY

(See Also 214/28)

214/61 Gender differences in sexual behaviors of AD patients and their relationship to spousal caregiver well-being; by Helen D Davies, Sneha B Sridhar, Lori A Newkirk ... (et al).
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 89-101.
Little is known about gender differences in sexuality among heterosexual couples in which one partner has Alzheimer's disease (AD). Few studies have examined gender differences in specific sexual behaviours or their associations with caregiver well-being. This study evaluated the impact of gender differences on intimacy and sexual satisfaction in marital relationships in which one partner had AD. Baseline measures were collected from 162 AD patients and their partners enrolled in a multi-site study between 2001 and 2009 to evaluate gender differences in measures of intimacy, caregiver well-being, and patient sexual behaviours. While over 70% of all patients initiated physically intimate activities (i.e., kissing, hugging, and intercourse), most did not initiate intercourse specifically. Female caregivers reported higher levels of stress and depressive symptoms than male caregivers. Satisfaction with intimacy was significantly associated with fewer stress and depressive symptoms in female caregivers. Caregiver gender, satisfaction with intimacy, and caring for a patient with mild AD were significant predictors of caregiver depressive symptoms. The majority of couples dealing with AD reported engaging in intimacy, suggesting its importance in the relationship. Female caregivers who reported less sexual satisfaction reported more frequent stress and depressive symptoms. Caregiver gender, satisfaction with intimacy, and the AD patient's level of cognitive functioning significantly contributed to caregiver well-being. Gender-specific therapies to address patient sexual difficulties and caregiver well-being could potentially maintain or improve the marital relationship. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

214/62 Viagra: the little blue pill with big repercussions; by Zoe L Barnett, Sofia Rebleda-Gomez, Nancy A Pachana.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 84-88.
Erectile dysfunction (ED) affects millions of men and their partners worldwide. Viagra, widely used to treat ED, impacts on both individuals and interpersonal relationships yet social and psychological aspects of treatment are absent from the majority of research on the drug. The advent of Viagra has seen diminishing sexual capacities once linked with normal ageing now viewed as dysfunctional, with possible alternative psychological factors largely ignored. Research reveals a lack of discussion relating to the key users of Viagra (older men), with partners largely absent from the consultation

process. In this article the authors identify gaps in the extant literature on Viagra, including the social, psychological and emotional impact on sexual relationships and the experiences of older men and women. (JL)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

SLEEP

(See Also 214/44)

214/63 Clinical characteristics and mortality risk in relation to obstructive and central sleep apnoea in community-dwelling elderly individuals: a 7-year follow-up; by Peter Johansson, Urban Alehagen, Eva Swanborg ... (et al).
Age and Ageing, vol 41, no 4, July 2012, pp 468-474.
Little is known about demographic and clinical characteristics associated with sleep-disordered breathing (SDB) and obstructive sleep apnoea (OSA) or central sleep apnoea (CSA) in community-dwelling older people. In the present study the authors investigated the association between these disorders and cardiovascular (CV) and all-cause mortality. 331 community-dwelling older people aged 71-87 years underwent a clinical examination and one-night polygraphic recordings in their homes. Mortality data were collected after seven years. Results showed that 55% of participants had SDB, 38% had OSA and 17% had CSA. Compared with those with no SDB and OSA, more participants with CSA had a left ventricular ejection fraction (LVEF), ischaemic heart disease (IHD) and transient ischaemic attack (TIA) or stroke. There was no difference in the rate of IHD and TIA/stroke between OSA and no SDB, but more LVEF was found in those with OSA. CSA significantly increased the risk for all-cause and CV mortality by more than double. After adjustments for CV disease, diabetes and the biomarker NT-pro-brain natriuretic peptide CSA associations to all-cause mortality and CV mortality lost significance. The authors conclude that OSA in persons aged over 75 years does not appear to be associated with cardiovascular disease (CVD) or mortality, whereas CSA might be a pathological marker of CVD and impaired systolic function associated with higher mortality. (JL)
ISSN: 00020729
From : http://ageing.oxfordjournals.org/
http://www.bgs.org.uk/

SOCIAL CARE

214/64 Good support for people with complex needs: what does it look like and where is the evidence?; by Social Policy Research Unit - SPRU, University of York. [London]: NIHR School for Social Care Research, 2012, 4 pp (Research findings).
This study represents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR), which was conducted by the Social Policy Research Unit (SPRU) between June 2010 and February 2012. The study aimed to ascertain the evidence for adopting particular approaches to person-centred support for people with complex needs. These findings outline the key points from study, in which 22 people with complex needs, 23 carers and 22 members of specialist organisations were consulted on what they consider to be good support. (RH)
From : Download available at: http://php.york.ac.uk/inst/spru/pubs/2225/

SOCIAL NETWORKS

214/65 Informal social interaction among residents with dementia in special care units: exploring the role of the physical and social environments; by Michael Campo, Habib Chaudhury.
Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 401-423.
The importance of meaningful social interaction in the lives of dementia sufferers is widely recognised but relatively little of this research has examined the impact of the environment in dementia care settings. The purpose of this ethnographic study was to identify and explore key elements of the physical and social environments that act as facilitators or barriers for social interaction among people with dementia living in special care units (SCUs). SCUs are designed to address the specific and often complex needs of those living with dementia. The authors conducted in-depth interviews with staff members and completed a series of resident observations at two SCUs in Vancouver. The following factors appeared to be influential for prompting or supporting informal social interactions: staff work roles, resident group size, non-institutional character and ambience of the home, the nursing station location, and adequate seating and sightlines. Implications for practice are discussed and include design recommendations for physical environments that foster informal social interactions among people in dementia care environments. (JL)
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From : http://dem.sagepub.com/

214/66 Nested social groups within the social environment of a dementia care assisted living setting; by Patrick J Doyle, Kate de Medeiros, Pamela A Saunders.
Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 383-399.
Entering long-term care is a radical transition and particularly difficult for people with dementia whose social environments are often complex. This ethnographic study looked at the ways in which residents in a dementia care setting navigated and participated within social groups. The 31 participants were residents in a long-term care facility in the US. Observation of social environments within the residence revealed active socialisation and even the formation of strong and lasting friendships between people with dementia. Many of these relationships were observed to be a part of groups, 'nested' within the larger social environment. These 'nested social groups' had unique dynamics and their structure was often influenced by outside factors (e.g. physical environment and staff preferences). The authors discuss the existence of these groups and their implications for the experiences and quality of life of residents in long-term care. Nested social groups are defined and their function within the social environment debated. (JL)
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STROKE

(See 214/13)

TRANSPORT

(See 214/3)

VOLUNTEERING

214/67 Experiences of volunteers serving older adults; by Nancy Kelly-Gillespie, Frances Wilby. Working with Older People, vol 16, no 1, 2012, pp 31-40.

This study assessed the volunteer component of the Neighbors Helping Neighbors (NHN) programme, a service programme based in Salt Lake City, Utah, designed to help community-residing older adults to remain in their own homes. The study examined how meaningful and satisfying the volunteer experience had been for individuals involved with NHN. Participants included 26 NHN volunteers who completed a survey examining their experiences with the NHN programme. Findings revealed 91% of volunteers being 'satisfied' or 'very satisfied' with their volunteer experience, and 70% felt that they had made a difference in their community. The authors conclude that programmes such as NHN are potentially promising service models to meet the needs of older adults by building communities from the 'inside-out'. Implications for practice are discussed. (JL)Volunteering

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